

Suprep Bowel Cleansing

Instructions for Morning Procedure

Please follow these instructions instead of manufacture instructions given by the pharmacy.

Diet

THE DAY BEFORE YOUR EXAM You will need to be on a **CLEAR LIQUID DIET** the entire day. Examples of clear liquids include: Fat-free broth, Bouillon, liquid portions of soup, coffee, tea, pulp-free juices, sodas, popsicles, etc. It is okay to use one to two ounces of milk to flavor your coffee. **Please AVOID anything with bright artificial coloring such as RED, BLUE, or GREEN dye (this will turn your colon that color!). AVOID JELL-O** as this will harden your stools. It is important to drink adequate fluid throughout the day. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT, EXCEPT FOR LAXATIVE.**

Laxative Dosage



1. **AT 6:00PM THE DAY BEFORE YOUR EXAM** prepare Suprep Bowel Prep Kit by pouring 1 (6oz) bottle of Suprep liquid into the provided (16 oz) mixing container.
2. Add cool drinking water to the fill line on the container and mix.
3. Drink all the liquid in the container.
4. Drink 2 additional (16 oz) glasses of water within the next hour.
5. **AT 4:00AM THE DAY OF YOUR EXAM** repeat steps 1-4.

Medications

1. Stop taking Coumadin (a blood thinning medication) and Iron 7 days before the procedure, if possible. Please consult with your primary care physician to make sure it is OK to stop your Coumadin. We will check your blood tests the day before the procedure to make sure that your blood is not too thin.
2. Please let us know if you are taking any of the following: Aspirin, Plavix, Bufferin, Motrin, Ibuprofen, Advil, Naprosyn, Aleve, Nuprin, Alka-Seltzer, Aggrenox or any other blood thinners.

You should otherwise take all of your other usual medications the day of the exam with a small amount of water.

Diabetic Patients

1. Do not take oral diabetic medication (pills) the day of the exam.
2. If Insulin is used at bedtime, take half of your usual dose.
3. If Insulin is used twice a day, take half of your morning dose on the day of the exam.

Date of Exam: ___ / ___ / _____ **Time of Exam:** ___ : ___ am/pm **Arrival Time:** ___ : ___ am/pm

Please make arrangements for someone to drive you home after the exam. Due to the medication administered to sedate you, you will be unable to drive or take on any responsible tasks for the remainder of the day. The exam WILL NOT BE DONE IF YOU COME BY YOURSELF, VIA BUS, OR TAXI CAB. You should be ready for discharge approximately 30 minutes after the exam.

Patients who have procedures will receive bills from separate entities, including GAB Endoscopy Center and Digestive Diseases Center.

• The statement from GAB Endoscopy Center is the facility charges, similar to a statement you would receive if your procedure was performed in a hospital setting.

• The statement from Digestive Diseases Center is the physician charges for the procedure.

Additionally, you may receive statements from anesthesia, pathology, and laboratory if services were rendered. Please contact your insurance carrier to verify your coverage as all unpaid charges are the responsibility of the patient.

Baptist Medical Center
111 Dallas Street
San Antonio, Texas 78205
(210)-297-7000

Christus Santa Rosa Hospital
Alamo Heights at 403 Treeline Park
San Antonio, Texas 78209
(210)-294-8000

Connally Memorial Medical Center
499 10th Street
Floresville, Texas 78114
(830) 393-1300

GAB Endoscopy Center, Ltd
621 Camden Street #102
San Antonio, Texas 78215
(210) 253-3430

Medina Regional Hospital
3100 Avenue E
Hondo, Texas 78861
(830) 426-7700

Metropolitan Methodist Hospital
1310 McCullough
San Antonio, Texas 78212
(210) 757-2200

Mission Trails Baptist Hospital
3333 Research Plaza
San Antonio, Texas 78235
(210) 297-3000

Nix Medial Center
414 Navarro Street
San Antonio, Texas 78205
(210) 271-1800

Nix Alamo Heights
5307 Broadway St Ste 200
San Antonio, Texas 78209
(210) 824-3130

South Texas Regional Medical Center
1905 Highway 97 East
Jourdanton, Texas 78026
(830) 769-3515

Southwest General Hospital
2317 Sw Military Dr
San Antonio, TX 78224
(210) 922-8989

Christus Santa Rosa Hospital
Westover Hills at 11212 TX-151
San Antonio, Texas 78251
(210) 703-8000