Colonoscopy Preparation Using Osmoprep

Name: _____ DOB: _____

How to Prepare for Your Colonoscopy Using Osmoprep Tablets

STARTING 5 DAYS BEFORE YOUR COLONOSCOPY: _____

- NO **SEEDY** FOODS – Nuts, Popcorn, Seeds (flax, sunflower, and quinoa), multigrain bread, fresh and dried fruit, seedy vegetables (like tomatoes, cucumbers, squash, peppers)
- NO medicines that stop diarrhea – no **iron** or **fiber** supplements
- Blood thinners like *Plavix®, Brilinta®, Effient®,* Warfarin*, Pradaxa®, Eliquis®, Xarelto®,* may have to be stopped. **Do not make this decision without prescribing doctor's approval!**

DAY BEFORE COLONOSCOPY - CLEAR LIQUID DIET ALL DAY: _____

Please NOTHING red, purple, or with pulp

Drinks – Gatorade, Powerade, Sports drinks are encouraged for their electrolytes
Black coffee or tea, plain with **NO cream or milk.** Any flavor soda or soft drink
Any flavor clear juice such as white grape juice or apple juice
Boost, Ensure, Glucerna (not plus or high fiber): Up to 2, NONE on procedure day

Desserts – Gelatin, Jell-O, Slurpee, and popsicles. NO red or purple, NO sherbets, NO smoothies

Soups – Clear broth which can be canned, home-made, or bouillon

Sweets – Hard candy such as mints, lifesavers, and gum

Diabetic medications **will** need to be adjusted per diabetic protocol.

Please take all prescribed medication including heart and BP medications!

TAKING THE PREP DAY BEFORE- 1ST DOSE (20 pills total) (5 hours before bedtime):_____

1. Take 4 OsmoPrep tablets with 8 ounces of clear liquids.
2. Wait 15 minutes.
3. Take 4 more OsmoPrep tablets with 8 ounces of clear liquids.
4. Repeat steps 2 and 3 above, three more times. Make sure to wait 15 mins after each time.

TAKING THE PREP DAY OF- 2ND DOSE (5 hours before your procedure): _____

1. Take 4 OsmoPrep tablets with 8 ounces of clear liquids.
2. Wait 15 minutes.
3. Take 4 more OsmoPrep tablets with 8 ounces of clear liquids.
4. Repeat steps 2 and 3 one more time.

NOTHING BY MOUTH STARTING THREE HOURS PRIOR TO PROCEDURE

Tel: 757.942.2566 • Fax: 757.932.9279
2790 Godwin Blvd, Suite 205, Suffolk, VA 23434-1874 • www.VirginiaGastro.com

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You should not take another medicine that contains sodium phosphate while you take OsmoPrep. Take OsmoPrep exactly as prescribed by your doctor. It is important for you to drink clear liquids before, during, and after taking OsmoPrep. Examples of clear liquids are listed on page. Do not drink any liquids colored purple or red. You should not take other laxatives or enemas made with sodium phosphate, while taking OsmoPrep. You should not use OsmoPrep if you have already used it in the last 7 days. **This prep can rarely cause permanent kidney failure.**

Date and Time of Your Procedure

_____

Arrival Time to Procedure Location

_____

Location of Procedure:

☐ **Sentara Obici Outpatient Surgery Center**
2800 Godwin Blvd, Suffolk, VA 23434
Second floor of main hospital building

☐ **Lakeview Ambulatory Surgery Center**
2000 Meade Pkwy, Suffolk, VA 23434
East entrance

Important Transportation Note

_____ Patients CANNOT drive a vehicle for the remainder of the day after having a colonoscopy. Please be sure to bring a responsible adult with you to drive you home after the procedure.

Procedure Cancellation and No-Show Policy

_____ Our office must be notified of all procedure cancellations at least two business days prior to the procedure. Appointments cancelled within 48 business hours of the procedure time or a missed appointment will be subject to a **$100** no-show fee. To cancel a procedure, please call our office.

Billing Notice

_____ If polyps are removed or biopsies are taken during a **screening** colonoscopy, the colonoscopy becomes **diagnostic** per most health insurance companies. Your copay for a preventive exam is affected by this insurance company policy, as you would have a higher copay.

By signing below, I acknowledge that I have read and understood the information provided on this form. I understand that I am responsible for adhering to the preparation and all policies listed above, which were reviewed with me by _____ on _____.

PATIENT NAME: _____ DOB: _____

PATIENT SIGNATURE: _____ DATE: _____

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