

Pennsylvania Gastroenterology Consultants

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PREPOPIK INSTRUCTION SHEET

IF YOU HAVE KIDNEY PROBLEMS, DO NOT TAKE THIS PREP
PLEASE CALL THE OFFICE FOR AN ALTERNATE PREP

Five days prior to the procedure: do not eat nuts, seeds, corn or popcorn. Avoiding heavy roughage will make bowel preparation easier.

A prescription for the bowel preparation solution will be sent to the pharmacy of your choice. At the pharmacy you will receive the medication container.

For your comfort, you may wish to purchase a container of pre-moistened wipes, which may be gentler to use for frequent cleansing.

Diet: The day before the procedure **you are on a clear liquid diet all day.** No red, orange or purple colored products. Other colors are permitted. Clear liquids include: clear chicken or beef broth/ bouillon, Jell-O, popsicles or Italian ice, Sprite, 7UP, tea with no cream or milk products in it, white cranberry juice or white grape juice, apple juice, ginger ale or Gatorade. Please drink every hour, as much as possible. Drinking will improve bowel preparation results and prevent dehydration.

PREPOPIK BOWEL CLEANSING PREPARATION:

DAY BEFORE PROCEDURE:

4:00 P.M. Follow steps below:

1. Fill the dosing cup with cold water up to the lower (5 ounce) line on the cup.
2. Pour in contents of ONE (1) packet, until dissolved (stir for 2 -3 minutes) Drink entire contents.
3. Follow step 2 with five (5) 8 ounce glasses of clear liquid at your own pace within the next five (5) hours.

9:00 P.M. Follow steps below:

Repeat steps 1- 3*

*(this dose you only need to drink three (3) 8 ounce glasses of clear liquid at your own pace before bed)

If you experience difficulty with the prep, vomit, or if your bowels do not move by 10 p.m., please call 763-0430 and leave a message on the emergency line for the physician on call.

The physician will return your call with further instructions. **DO NOT WAIT TO CALL IN THE MORNING**, as it will be too late to assist you in finishing your preparation.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT as you will be receiving anesthesia. THIS INCLUDES: NO GUM, TOBACCO CHEW OR CANDY THE DAY OF YOUR PROCEDURE!

AFTERNOON CASES ONLY- YOU MAY HAVE 1 GLASS OF APPLE JUICE OR WATER BY 7a.m. THE DAY OF YOUR PROCEDURE. **Nothing to drink after this.**

MEDICATION GUIDELINES:

- If you take any medication for blood pressure, heart, sinus/allergy problems or seizure control please take them at 6 a.m. the day of the procedure with a small amount of water. Please do not skip them. Call with any questions.
- If you use any inhalers please use them the morning of procedure and bring them with you to the office (this includes rescue inhalers). If you have been diagnosed with sleep apnea please tell the nurse at the time of your assessment.
- If you take any blood thinners such as Plavix, Ticlid, Persantine, Pradaxa, Xarelto, Eliquis, or Aggrenox; please **call your prescribing physician for permission** to stop these medications 3 days prior to your procedure.
- If you take any ARTHRITIS medicine or NSAIDS such as Celebrex, Bextra, Advil, Naprosyn, Ibuprofen, Motrin, Aleve, or Vitamin E, **stop taking these 3 days before the procedure.**
- If you take Coumadin, Jantoven, or Warfarin, **please call your prescribing physician for permission** to stop these 5 days prior to the procedure.
- If you take any iron supplements, **stop taking these 10 days before the procedure.**
- If you have questions call the endoscopy nurse at 763-0430 option 3 and leave a message. The nurse will get back to you as soon as possible. If calling after hours, leave a message on the emergency line and the physician on call will return your call. This includes prep problems. Do not wait until the morning of your procedure to call.
- The day you are taking your prep, you may have clear liquids that contain some sugar, as you will not be eating that day. The day of your procedure, if you usually monitor your blood sugar, please check it right before you leave the house for your appointment. If you are a diabetic **do not** take Insulin or oral diabetic medicine the day of your procedure.
- **Please bring a list of medications, dosage and frequency, and time you take them.**
- **You must have a responsible adult take you home or your procedure may be cancelled. A taxi is not acceptable unless you are accompanied by an adult.**
- **Please plan to be at the facility for approximately 2 hours.**
- **We do not assume responsibility for any personal effects or valuables. We recommend that items of value be left at home or with your designee before entering the center.**

If you need further clarification regarding bowel prep instructions, please feel free to contact an endoscopy nurse at **763-0430 option 3**. For additional information visit our website www.pagiconsultants.com

NOTICE: IF YOUR COLONOSCOPY HAS BEEN SCHEDULED FOR SCREENING AND YOUR PHYSICIAN FINDS A POLYP OR TISSUE REQUIRING REMOVAL DURING THE PROCEDURE, THIS COLONOSCOPY IS NO LONGER CONSIDERED A SCREENING PROCEDURE. THE INSURANCE COMPANY MAY RECLASSIFY THE COLONOSCOPY AS A THERAPEUTIC PROCEDURE AND YOUR INSURANCE BENEFIT MAY CHANGE. PLEASE CHECK WITH YOUR INSURANCE COMPANY.