

BOWEL PREPARATION:

Necessary items to purchase:

- SUFLAVE Bowel Prep Kit – Prep kit is sent to you directly from Sebela Pharmacy. GiftHealth will send a text message to you 24 hours after script has been sent to Sebela and another from (833)553-2747 to verify details and pay for your \$50 prep. Call Sebela Pharmacy (866)812-2463 if you have not been contacted 2 weeks before your procedure. This is **NOT** submitted through your insurance.

5 days prior to your procedure, please avoid seeds and nuts as much as possible.

The day before your procedure:

- **NO SOLID FOODS ALL DAY LONG.** Consume only a clear/transparent liquid diet.
 - Water, Soda, Gatorade, black coffee, tea, popsicles, Jell-O, Broth/bouillon,
 - apple juice, white grape juice, white cranberry juice
- **AVOID RED AND PURPLE LIQUIDS**
- Drink plenty of clear liquids throughout the day to stay hydrated
- **NOTHING AFTER MIDNIGHT EXCEPT FOR THE PREP AS DIRECTED**
- **NO ALCOHOL**

Do not follow instructions included in the package. Follow instructions below

Procedure Time 7:00am to 10:30am Start PART A at 1PM the day before your procedure, finish by 4pm

1. Take mixing container provided, add one flavor packet, add room temperature water to fill line, shake until dissolved, and place in refrigerator to chill.
2. At 2pm, Drink first 8 oz. of solution.
3. Wait 20 minutes and drink another 8 oz of solution. Continue to drink 8 oz every 20 minutes until gone. (32 oz total).

Drink an additional 16 ounces of water before next dose at 10pm.

You can continue to drink clear liquids

Start PART B at 9pm the day before your procedure, finish by Midnight

1. Take mixing container provided, add one flavor packet, add room temperature water to fill line, shake until dissolved, and place in refrigerator to chill.
2. At 2pm, Drink first 8 oz. of solution.
3. Wait 20 minutes and drink another 8 oz of solution. Continue to drink 8 oz every 20 minutes until gone. (32 oz total).

AFTER FINISHING PREP PART B – DO NOT EAT OR DRINK ANYTHING ELSE

For a sore bottom try ointments such as A&D, Preparation H, or Vaseline to area as needed

Procedure Time 11:00am to 2:00pm

Start PART A at 4PM the day before your procedure, finish by 7PM

1. Take mixing container provided, add one flavor packet, add room temperature water to fill line, shake until dissolved, and place in refrigerator to chill.
2. At 5pm, Drink first 8 oz. of solution.
3. Wait 20 minutes and drink another 8 oz of solution. Continue to drink 8 oz every 20 minutes until gone. (32 oz total).

Drink an additional 16 ounces of water before next dose at 5am

You can continue to drink clear liquids

Start PART B at 5AM the morning of your procedure, finish by 7AM

1. Before going to bed take mixing container provided, add one flavor packet, add room temperature water to fill line, shake until dissolved, and place in refrigerator to chill.
2. At 5am, Drink first 8 oz. of solution.
3. Wait 20 minutes and drink another 8 oz of solution. Continue to drink 8 oz every 20 minutes until gone. (32 oz total).

AFTER FINISHING PREP PART B – DO NOT EAT OR DRINK ANYTHING ELSE

For a sore bottom try ointments such as A&D, Preparation H, or Vaseline to area as needed

Special Instructions

Please contact the office at 314-529-4900 option 4 if you have any items below:

- An implanted defibrillator and/or pacemaker
- You have had a cardiac stent placed in the last 12 months
- You are taking an antiplatelet medication with aspirin
- You are currently taking blood thinners such as Coumadin, Jantoven (warfarin), Pradaxa (dabigatran), Xeralto (rivaroxaban), Eliquis (apixaban), Clopidogrel (Plavix), Prasugrel (Effient), Ticagrelor (Brilinta)
- You are currently taking any diabetic or weight loss medication such as; Farziga, Jardiance, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza, Wegovy or Zepbound

Insulin: Please contact your prescribing physician and inform him/her that you cannot eat or drink after midnight before your procedure, then ask for instructions on how to adjust your insulin dosages

Herbal Medication: It is best to stop any herbal remedies 5 days before the procedure as many of them can thin the blood and increase risk of bleeding during or after the procedure.

SOMEONE WILL NEED TO DRIVE YOU TO AND FROM THE ENDOSCOPY CENTER THE DAY OF YOUR PROCEDURE

- Driver needs to stay at the facility during your procedure. Plan on staying for around 2 hours.
- You will not be able to drive or drink alcohol for 24 hours following your procedure.

Medication Reconciliation Form

Allergies (Examples: food, medications, latex, etc)

Medication Name	Reaction	Medication Name	Reaction

- List **ALL YOUR MEDICATIONS** including, eye drops, over-the-counter and alternative medicines such as vitamins, herbals, supplements and THC (cannabis).
- It is extremely important for your care and safety, that you provide complete and accurate information

Medication List

Medication Name	Dose	How often do you take it?	Why are you taking this medication?	Date of last dose taken
1.				
2.				
3.				
4.				
5.				
6.				
7.				

It is suggested that you provide a copy of this list to your Primary Care Provider.

OFFICE USE ONLY

Reviewed By RN _____
Signature Date/ Time

No Changes to Medications; Resume home medications

Changes

New Medication Name	Dose	Frequency	Purpose of Medication

Patient education regarding medication changes

Medications Reconciled by RN _____
Signature Date/ Time