



SCAN/CLICK for PODCAST

COVID-19 2024 NOTICE

If you have a fever, unexplained cough, or respiratory symptoms or have been exposed to someone with symptoms or confirmed COVID-19 infection in the last 4 weeks, CALL and reschedule your colonoscopy procedure. Don't do the prep and risk being turned away.



SUPREP-ENSURE COLONOSCOPY Split “PREP”

Modern colonoscopy is a diagnostic procedure to examine the colon or large intestine. Over the past 40 years, it has become the gold standard in screening for colon polyps and prevention of colorectal cancer. Most exams are quick, painless, and very safe with modern sedation methods and newer, thin, flexible instruments. However, for an accurate and safe exam, your colon must be purged of all waste material using a restricted diet and laxative preparation, or "prep."

Colonoscopy is an important exam. Read this carefully and take the time to prepare correctly.

REMEMBER: An accurate exam requires an excellent prep. SUPREP is the most effective prep we have ever used, making the exam more accurate.

WARNING: SUPREP and other low-volume concentrated prep solutions are NOT to be used by individuals with severe Chronic Kidney Disease or Kidney Failure. A higher volume and lower concentration prep must be used. If you have kidney failure, please call.

Most patients report that the worst part of the procedure is not the colonoscopy but the necessary preparation the day before. Preparing for a colonoscopy is never pleasant, but fortunately, new low-volume “preps” have been developed to make this process as simple as possible. You must follow all instructions carefully so that the test does not need to be rescheduled. If you have any questions, please call our office at (412) 262-1000 option #2.

WARNING: Individuals taking the semaglutide class of medications known as (GLP-1) receptor agonists may delay how their stomach empties. This may interfere with colonoscopy preparation AND increase the risk of aspiration under anesthesia for BOTH colonoscopy and upper endoscopy (EGD) exams.

ALL patients taking these medications once weekly MUST stop them temporarily for 1 week before their procedure appointment.

ALL patients taking these medications daily MUST stop them temporarily for 24 hours before their procedure appointment.

Failure to do so will result in the cancellation of the procedure, which will have to be rescheduled.



To prepare for your exam, you will need a prescription to purchase:

- ☞ One SUPREP Bowel Prep Kit
- ☐ ZOFRAN (ondansetron) 4 mg anti-nausea pills if your doctor ordered (recommended)

All bowel preps may cause some anal irritation. We also recommend that you purchase:

- ☞ A soft brand of toilet tissue.
- ☞ A box of baby wipes such as Huggies or Pampers Aloe wipes
- ☞ One small tube of diaper rash ointment or Zinc Oxide cream
- ☞ A small bottle of Milk of Magnesia (if you suffer from constipation)

Special Instruction for Diabetics (READ LAST PAGE)

We realize our patients with diabetes may be wondering about the safety of a colonoscopy prep. The bottom line is it can be done safely if you follow instructions. If you are taking medication for Diabetes, please read last page for special instructions.

This new SUPREP prep has been shown to be safe and effective. **It is split into TWO portions:**

1. The first half is taken the night before your exam.
2. The second half must be taken on the morning of your exam, STARTING 5 HOURS BEFORE YOUR ARRIVAL TIME and completed within 1 hour. **YOU MUST HAVE NOTHING BY MOUTH THOSE LAST FOUR HOURS BEFORE YOUR EXAM – NO FOOD, LIQUIDS INCLUDING WATER, TOBACCO, CANDY, OR EVEN CHEWING GUM.**

THREE (3) DAYS BEFORE YOUR COLONOSCOPY

Make arrangements for a companion to accompany you to your appointment and drive you home. This person should be someone we can share the examination results with. **We require that your driver remain here the entire time, which averages around two hours – otherwise, your appointment may have to be rescheduled.**

It is best to eat lightly for a few days before your exam. It makes the cleanout easier and more effective. *What goes in – has to come out.* Try to avoid overeating to compensate for the upcoming fast. Please avoid Metamucil, vitamins containing iron, raw vegetables, corn, sesame seeds, and foods with skin or small seeds such as tomatoes, kiwi, and cucumbers for a few days before your exam. Discontinue any fiber supplements. (Metamucil, Benefiber, Citrucel, etc.)

TWO (2) DAYS BEFORE YOUR COLONOSCOPY

Regular activity and diet, but don't overeat. Also, don't go into the prep constipated. If you feel that is the case, we suggest you take an over-the-counter laxative (such as 4 TBSP of Milk of Magnesia) and 4 glasses of water after dinner TWO nights before your exam to “prime the pump.”

ONE (1) DAY BEFORE YOUR COLONOSCOPY (“Prep Day”)

Follow these instructions the day before your procedure:

7 AM. NO SOLID FOOD. You may have one 8 oz bottle of Ensure/Boost if you want some nutrition. Otherwise, a CLEAR LIQUID DIET should be followed until your exam is completed. (See below) Drink at least 8 oz of clear fluids every two hours while awake.

NOON NO SOLID FOOD. You may drink the second 8 oz bottle of ENSURE/BOOST if you wish. Drink at least 8 oz of clear fluids every two hours while awake.

4 PM. NO SOLID FOOD. No Ensure/Boost. ONLY clear liquids. Drink at least 8 oz of clear fluids every two hours while awake.

5:30 PM. Take Zofran (ondansetron) anti-nausea pill

6 PM. BEGIN THE PREP; DO NOT DRINK SUPREP UNDILUTED. Pour one of the 6 oz bottles of SUPREP into the mixing container, fill with cold water to the 16 oz line, and mix. Drink all of this over 15 min. (SOME PATIENTS PREFER USING A STRAW.) *For a safe prep and complete exam, you MUST drink another 32 oz of clear fluid over the next hour.* You may drink more fluid if you wish. This may include water, iced tea, lemonade, white grape juice, Crystal Light, and Gatorade. Do NOT drink any milk products. Avoid red/blue/purple liquids or popsicles, as they may interfere with the exam.

DAY OF COLONOSCOPY (“Test Day”)

Do NOT eat breakfast.

5 ½ hours before your ARRIVAL TIME. Take 2nd Zofran (ondansetron) anti-nausea pill.

5 hours before your ARRIVAL TIME. Pour the second 6 oz bottle of SUPREP into the mixing container, fill with cold water to the 16 oz line, and mix. Drink all of this over 15 min. [HINT: If this is early in the morning, wake up first and have a cup of tea to settle your stomach before you drink this sweet solution.] For a safe prep and complete exam, you MUST drink another 32 oz of clear fluids over the next hour.

To prevent aspiration of stomach contents into your lungs while under the anesthetic, **YOU MUST HAVE NOTHING BY MOUTH THOSE LAST FOUR HOURS BEFORE YOUR EXAM – NO FOOD, LIQUIDS INCLUDING WATER, TOBACCO, CANDY, OR EVEN CHEWING GUM – OTHERWISE YOUR EXAM MAY BE CANCELLED.**

However, you may take any essential prescription medications with a **small** sip of water, especially any medications for **HIGH BLOOD PRESSURE**. (Diabetic medications and blood thinners such as Coumadin, warfarin, Pradaxa, Xarelto, Eliquis, etc., require special instructions. Ask your doctor.) If you use any **INHALERS FOR ASTHMA**, even infrequently, please bring them with you.

Plan to arrive **ON TIME** for your appointment. Wear comfortable clothing and shoes that are easily removed. Leave jewelry and other valuables at home. No firearms are permitted. Bring your insurance card and driver’s license. If there is a copay or deductible, be prepared to pay it PRIOR to your procedure. **NOTE: Three Rivers Endoscopy Center is not responsible for personal belongings that are lost, stolen, damaged, or left on the premises. Please leave your cell phone, headphones, etc. with your driver or leave them at home.**

YOUR DRIVER

Bring a driver who can remain here the entire time you are here. The average visit is about two hours. Arriving late or without a driver may require canceling and rescheduling your procedure. *Patients who would like to have their driver come to recovery after their procedure must have their driver remain in the waiting room the entire time.* If the nurse comes to the waiting room to call your driver back and they have left the waiting room, they may miss the opportunity to come to recovery when the doctor goes over the results.

Note: “CLEAR” LIQUIDS ALLOWED: This includes clear fat-free broths, bouillon, coffee, and tea (without cream or non-dairy creamer), Kool-Aid, Crystal Light, carbonated beverages, clear sodas like ginger ale, orange juice, and other fruit juices without pulp, popsicles without pulp, Jell-O, hard candies, and Italian ices. **You are not allowed to consume** orange juice with pulp, fruit nectars, liquids you cannot see through, milk, cream, or non-dairy creamer. Avoid anything red /blue/purple in color. No alcoholic drinks.

JUDGING YOUR PREP

You can judge the effectiveness of your colonoscopy prep by the color of the fluid you expel from your rectum. A perfect prep results in a clear yellow liquid that resembles urine. The yellow



which helps digest the fat in your diet. (Your liver doesn't know that you are having a colonoscopy...)

YOU SHOULD CALL THE OFFICE AT 412-262-1000 AFTER 8:30 AM ON THE MORNING OF YOUR TEST IF YOU ARE STILL HAVING SOLID OR BROWN STOOLS.

Three Rivers Endoscopy Center

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Special Instruction for Diabetics

We realize our patients with diabetes may be wondering about the safety of a colonoscopy prep. The bottom line is it can be done safely if you follow instructions. Your colonoscopy prep will mean significant changes to what and how much you eat, which can easily cause unpredictability of blood sugar. This will require a temporary adjustment in your diabetic medications. The biggest fear is low blood sugar (hypoglycemia). You should monitor your blood sugar. We don't want you going low. We advise patients with diabetes to tolerate a slightly higher blood sugar for a day or two, which will not cause long-term harm. One day of glucose readings that are slightly higher or "permissive hyperglycemia" is way better than having a hypoglycemic event." Follow the guidelines below. If you have brittle diabetes or your diabetes is difficult to control, discuss the prep adjustments with your endocrinologist or PCP. A February [2023 review](#) offers some standard recommendations:

- **Metformin/Glucophage:** Stop taking it when the liquid diet begins and resume once you're back to eating regular meals after the procedure.
- **Semiglutide:** (Ozempic/semiglutide, Rybelsus/semuglutide, Wegovy/semiglutide, Mourjero/trizepatide). IF daily capsule, stop 24 hours before the exam; IF weekly injection, stop 1 week before the exam. Resume afterward at normal dose.
- **Other GLP-1 receptor agonists:** (Trulicity/dulaglutide, Byetta/exenatide Victoza/liraglutide): Stop taking when the liquid diet begins and resume once you're back to eating normal meals after the procedure. If your regular weekly injection is scheduled during your colonoscopy prep period, hold off until you're back to eating normally.
- **DPP-4 inhibitors** (Januvia/sitagliptin, Tradjenta/linagliptin, and Onglyza/saxagliptin): Stop the morning of the procedure and resume that evening.
- **SGLT-2 inhibitors** (Jardiance/empagliflozin, Farxiga/dapagliflozin, Brenzavvy/bexagliflozin, and Invokana/canagliflozin): Stop taking three days before the procedure and resume once you're back to eating regular meals *and* are adequately hydrated.
- **Sulfonylureas** (Glucotrol/Glipizide) Stop taking the day before the procedure and resume once you're back to regular meals.

Insulin, the diabetes drug with the highest risk of hypoglycemia and an absolute necessity for people with type 1, requires special attention. Please speak to your endocrinologist or PCP because the following are only starting points:

- **Rapid insulin:** People who use an insulin-to-carb ratio to determine how much rapid insulin to use for meals can continue to follow their normal dosing strategy. Those who use fixed doses for each meal must substantially cut their usual dose during the clear liquid prep phase.
- **Basal insulin:** Beginning the day before the procedure, patients will be asked to cut their basal insulin dose by 20 to 50 percent, depending on the insulin they use and the type of diabetes they experience.