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Digestive and Liver Disease Care
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SUPREP BOWEL PREPARATION FOR COLONOSCOPY
READ AND FOLLOW INSTRUCTIONS CAREFULLY.

NAME: _____

PLACE OF SERVICE: _____

DATE: _____ TIME: _____ ARRIVE @ _____

PRIOR TO YOUR PROCEDURE:

1. Continue low dose Aspirin (81 mg), if it is prescribed for Cardiac conditions.
2. Discontinue all blood thinners like Plavix, Effient, Pradaxa, and etc. 5 days prior to your procedure.
3. Discontinue Coumadin 3 days prior to your procedure.

THE DAY BEFORE THE PROCEDURE: _____

1. Begin a clear liquid diet, starting the moment you get up. ***No solid foods, cream or milk products.*** All clear liquids can be any color except red or orange. Popsicles and Jell-O, fruit juices without pulp (apple, white grape, white cranberry, etc.), clear soft drinks, tea, coffee, (without sugar or creamer). However, this may also include: bouillon, consommé, clear broth and hard candy. **DO NOT ADD ANYTHING TO CLEAR LIQUIDS.**
2. Take half of your diabetic medications (pills and or insulin)
3. At **5:00 PM** begin the first dose of SUPREP. Pour **ONE** (1) 6-ounce bottle of SUPREP liquid into the mixing container and mix with a spoon. Add cool drinking water to 16-ounce line on the container and mix. Drink **ALL** the liquid in the container.
4. You **MUST** drink two (2) more 16-ounce containers of water over the next 1 hour. Use the empty container to do this.
5. Absolutely **NO SOLID FOODS**, you must remain on your clear liquid diet.

THE DAY OF YOUR PROCEDURE: _____

1. At **5:00** AM begin second dose of SUPREP. This will be done the same way as before. Pour **ONE** (1) 6-ounce bottle of SUPREP liquid into the mixing container given in the SUPREP kit. Add cool drinking water to the 16-ounce line on the container and mix with a spoon. Drink **ALL** the liquid in the container.
2. You **MUST** drink two (2) more 16-ounce container of water over the next 1 hour. Use the empty container to do this.

3. Do not eat or drink the morning of the procedure EXCEPT Suprep. You may take scheduled heart and blood pressure medication with a sip of water. Do not take diabetic medications.
4. Arrive for your Colonoscopy at the time scheduled.
5. Patient must have a responsible person to remain in the waiting area during the entire stay and must have a ride upon discharged. **YOU CAN NOT DRIVE HOME.**

NOTE: It is your responsibility to complete your bowel prep and come clean. Failure to comply with the above instructions will result in cancellation of the procedure, missed cancer or polyp, and complications.

I have read and clearly understood the instructions above as explained by Dr. Dayemo and his associates.

Patient Name: _____

Patient Signature: _____