

AFFILIATES IN GASTROENTEROLOGY, P. A.
Preparation for Colonoscopy- Prepopik (appointment 10:00 AM or earlier)

FOLLOW THESE INSTRUCTIONS. DISREGARD THE MANUFACTURER'S INSTRUCTIONS

Colonoscopy is a routine, safe and pain free procedure used to examine the colon. These are the steps that you must take before the procedure. No IBUPROFIN, IRON, or VITAMIN E should be taken at least 7 days prior to colonoscopy. Patients on COUMADIN, PLAVIX, PERSANTINE should discontinue it 3 to 5 days prior to colonoscopy, WITH THE CONSENT of your cardiologist/internist. IF THERE ARE QUESTIONS, PLEASE CHECK WITH OUR OFFICE. If you are unsure of other medications you may be taking, CHECK WITH OUR OFFICE. TYLENOL AND/OR MULTIVITAMINS ARE ALLOWED.

NOTE: SINCE YOU WILL BE UNABLE TO DRIVE AFTER THE PROCEDURE, PLEASE HAVE A DRIVER ACCOMPANY YOU. YOU MAY NOT DRIVE A VEHICLE UNTIL THE NEXT DAY.

1. Get your prescription filled at the pharmacy.
2. On the day prior to your colonoscopy, start your clear liquid diet. Your diet may consist of: strained fruit juices without pulp (apple, white grape, lemonade), Gatorade, Jell-O (without added fruits or toppings), ice popsicles, black coffee or black tea and water. **Do not** take any milk or milk products, tomato juice or any **red or purple** liquids or Jell-O. Nothing should contain seeds or nuts.
3. Day before colonoscopy, at **5 PM**, take the first dose of PREPOPIK.
STEP ONE: Fill the cup provided with cold water up to the lower (5-ounce) line on the cup.
STEP TWO: POUR in the contents of ONE (1) packet. STIR for 2-3 minutes until dissolved. DRINK the entire contents.
STEP THREE: FOLLOW with FIVE (5) 8-ounce drinks of clear liquid.
4. Day before colonoscopy at 11:00 PM, repeat steps ONE and TWO. Follow with at least FIVE (5) 8 ounce drinks of clear liquid within 5 hours, before bed.

YOU MAY DRINK WATER UP UNTIL 3 HOURS PRIOR TO YOUR PROCEDURE. NOTHING MAY BE TAKEN BY MOUTH THEREAFTER. Colonoscopy requires sedation. Because of this you are not allowed to have anything for 3 hours before your procedure. If you don't adhere to this, your procedure will be cancelled or delayed.

Name _____ Date _____

REPORT TO:

- _____ Florham Park Endoscopy Center, 195 Columbia Turnpike, Florham Park, N.J.
(across from Crescent Plaza, Starbucks and Kings) (973-410-1800)
- _____ Hanover Endoscopy Center of Northern NJ 91 S. Jefferson Road Whippany, NJ
973-929-6800
- _____ St. Barnabas Medical Center, 1300 Short Stay Unit, Old Short Hills Rd, Livingston, N.J.
(973-322-5062)
- _____ St. Barnabas Ambulatory Care Center, Main Entrance, 200 South Orange Avenue,
Livingston, N.J. (opposite Livingston Mall) (973-322-7723)
- _____ Morristown Memorial Hospital 100 Madison Avenue Morristown, NJ (973-971-5088)
- _____ Morristown Surgical Center 111 Madison Avenue 4th floor Morristown, NJ (973-971-6970)

REGISTER AT: _____ A.M. P.M., PROCEDURE AT: _____ A. M. P. M.

Morristown Office
Drs. Samach, Wallach
Rosen, Morton
973-455-0404

Morristown Office
Dr. Stein
973-410-0960

West Orange Office
Drs. Sloan, Schrader,
Schuman, Askin,
Rosenthal
973-731-4600