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PROCEDURE DATE: \_\_\_\_\_ MATHER \_\_\_\_\_ ST. CHARLES

\_\_\_\_\_ ADVANCED SURGERY CENTER OF LONG ISLAND (ASCLI)

(If you need to **cancel** your procedure, please let us know **as soon as possible**.)

## LIDDC: SUPREP WITH CITRATE OF MAGNESIA INSTRUCTIONS

### \* FOLLOW THESE INSTRUCTIONS - NOT INSTRUCTIONS IN PREP KIT

MORE THAN TWO WEEKS BEFORE YOUR PROCEDURE: Inform the office (631) 751-8700 IF:

1. You are diabetic.
2. You are allergic to latex.
3. You take blood thinning products (Coumadin, Plavix, Aggrenox, Brilinta, Pradaxa, Pletal, Ticlid, Brilinta, Trental, Effient, Xarelto, Eliquis).
4. You have a prosthetic heart valve, a history of endocarditis, vascular graft, prosthetic joint replacement within the last 12 months. You may need antibiotic coverage for your procedure.
5. **Make sure you have a responsible party to take you home after the procedure. We may cancel the procedure if you do not have a responsible party to take you home.**
6. **You will be called by ASCLI surgery center with your arrival time two days prior to procedure.**

#### A. ONE WEEK BEFORE YOUR PROCEDURE:

1. Do not take iron, iron-containing compounds, Vitamin E, fish-oil, advil, motrin, ibuprofen, aleve, naprosyn. You may take Tylenol (acetaminophen).
2. If you are taking aspirin 81 mg/day (baby aspirin) you should CONTINUE this unless instructed otherwise.
3. **Blood work** should be done 7-14 days prior to the procedure. A **pregnancy test** should be done less than **7 days** prior to the procedure if you are a woman of child bearing age.
4. Avoid fruits/vegetables with **seeds**: eg tomatoes, kiwi fruit, caraway, flax, poppy, sesame etc. and corn.

#### B. TWO NIGHTS PRIOR TO PROCEDURE:

1. Take one 10 oz. bottle of Citrate of Magnesia at 8 PM.

Instructions continued on reverse side

## **C. THE DAY BEFORE YOUR PROCEDURE:**

1. **DO NOT EAT SOLID FOOD. YOU CAN ONLY HAVE CLEAR LIQUIDS THE DAY BEFORE YOUR COLONOSOCOPY.** Drink at least 8 glasses of clear liquids. These should not be red or purple. Examples include: apple juice, water, clear broth or bouillon, Gatorade, Snapple, carbonated soda, jello, ice popsicles, black coffee, black tea (sugar or sweetener is allowed – but **NO milk/creamer**). You cannot have orange juice or other liquids you cannot see through. Only clear liquids are allowed the day before the procedure. It is very important that you stay well hydrated. Call the office if you have problems or questions with the prep.

**a) FIRST DOSE:** *Start at 6pm. Pour ONE 6-ounce bottle of SuPrep liquid into the mixing container. Add cool drinking water up to the 16-ounce line on the container and mix. Drink ALL of this liquid. Drink TWO more 16-ounce containers of plain water over the next one hour.*

**b) SECOND DOSE:** *Pour the remaining 6-ounce bottle of SuPrep liquid into the mixing container. Add cool drinking water up to the 16-ounce line on the container and mix. Drink ALL of this liquid. Drink TWO more 16-ounce containers of plain water over the next one hour. Finish this at least 6 hours before your procedure.*

- if your procedure is **scheduled before 10am** drink the second dose between 10-11 pm the night before.
- If your procedure is **scheduled after 10am** finish the second dose and water 6 hrs before your procedure time

2. If your procedure is scheduled in the **hospital, call the evening before** for your arrival time.

- Mather Hospital (631) 476-2717 - St. Charles Hospital (631) 474-6441

## **D. THE DAY OF YOUR PROCEDURE: DO NOT EAT ANY FOOD**

1. **Do not eat solid food on the day of your procedure.** If your procedure is after 10 am, the second dose of SuPrep must be **completed 6 or more hours** before your procedure. You may not drink anything less than 6 hours before your procedure. No gum or candy. You may brush your teeth.
2. Take your usual morning medications with a **sip** of water.
3. Wear loose fitting clothes. Do not wear contact lenses, jewelry or make-up. Remove tongue piercings.
4. Bring **inhalers** with you.
5. Bring your **glasses case** with you.
6. Contact the office if you have questions or your physical condition changes (cold, fever, illness) (631) 751-8700.
7. We may **cancel the procedure if you do not have a driver to take you home.** Your driver will need to sign your discharge papers. You may **resume your normal diet** after the procedure. You **may not drive for the rest of the day/night.** You may **resume normal activities** the next day.