

OSMO PREP BOWEL PREPARATION

Facility: _____
Procedure Date/Time: _____
Report to:/Report Time: _____

DAY BEFORE PROCEDURE: _____

PREPARATION DIET

The day before your colonoscopy/surgery, you may have breakfast until 11:00am.

After 11:00AM you will be on a clear liquid diet such as: water, clear fruit juices (ex: apple juice, white grape juice, white cranberry juice, lemonade, Gatorade® (except purple orange and red flavors/tints), clear broth (chicken or beef), clear bouillon (chicken or beef), Jell-o® (except purple orange and red flavors/tints), weak tea (without cream), coffee (without cream), icy Popsicles (except purple orange and red flavors/tints), and regular or diet soft drinks (except purple orange and red flavors/tints). *(A clear liquid is anything that you can read the newspaper through. THIS DOES NOT INCLUDE ALCOHOL)*

PLEASE FOLLOW THE PREPARATION INSTRUCTIONS GIVEN TO YOU BY OUR OFFICE, NOT THE ONE ON THE CONTAINER/BOX.

1. At 3:00 p.m. – Start taking 4-Osmo tablets with an 8-oz. glass of a clear liquid every 15 minutes for 1 hour. You will take 20 pills from 3 pm to 4 pm.
2. At 9:00 p.m. – Start taking 4-Osmo tablets with an 8-oz. glass of a clear liquid every 15 minutes. You will take the remaining 12 pills from 9pm to 10:00 pm.
3. You must continue clear liquids for better cleansing and to eliminate the risk of dehydration.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT. THIS INCLUDES WATER, CHEWING GUM, CHEWING TOBACCO, HARD OR SOFT CANDY

MORNING of PROCEDURE: _____

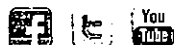
1. Bring insurance card(s). Leave valuables at home.
2. Please note that all blood pressure medications should be taken the morning/evening prior to your surgery with a sip of water. Do not take any diuretics prior to surgery.

SURGICAL OR ENDOSCOPY PROCEDURES CANCELLED AND RESCHEDULED WITH LESS THAN 3 BUSINESS DAYS NOTICE WILL INCUR A \$100 FEE.
YOU ARE NOT ALLOWED TO DRIVE UP TO 12HRS AFTER YOUR PROCEDURE.

Due to the sedation given for this procedure, you will need a designated driver.

It is imperative that your driver remains in the waiting area at all times.

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CLENPIQ BOWEL PREP SPLIT-DOSING

Facility: _____
 Procedure Date/Time: _____
 Report to/Report Time: _____

DAY BEFORE PROCEDURE: _____

PREPARATION DIET

The day before your procedure you may have breakfast and lunch until 1:00pm.

After 1:00pm you will be on a clear liquid diet such as: water, clear fruit juices (ex: apple juice, white grape juice, white cranberry juice), Gatorade® (except orange purple and red flavors/tints), clear broth (chicken or beef), Jell-o® (except orange purple and red flavors/tints), weak tea (without cream), coffee (without cream), icy Popsicles (except orange purple and red flavors/tints), and regular or diet soft drinks (except orange purple and red flavors/tints). (A clear liquid is anything that you can read the newspaper through. THIS DOES NOT INCLUDE ALCOHOL)

PLEASE FOLLOW THE PREPARATION INSTRUCTIONS GIVEN TO YOU BY OUR OFFICE, NOT THE ONE ON THE CONTAINER/BOX

At 6:00pm – Drink the 1st five ounce bottle of Clenpiq:

- Drink all of the solution
- You do not need to mix the solution with anything

After drinking the five ounce of Clenpiq solution, drink no less than an additional five 8-ounce (the upper line on the dosing cup) cups of clear liquids at a rate that is comfortable for you.

Once you begin this preparation, **YOU SHOULD STAY HOME**. This laxative may be fast acting and results may occur soon after it's taken, and may continue for a period of time.

THE MORNING OF YOUR PROCEDURE:

At ___am on the morning of your procedure, drink the second five ounce of solution using the second bottle of Clenpiq as you did in step 1. After drinking the 5 ounce solution, drink no less than an additional three 8-ounce (upper line on the dosing cup) cup of clear liquids and finish by ___am. **You may not have anything by mouth 4 hours prior to your procedure (this includes water, chewing gum and candy)- if you do your procedure will be cancelled.)**

Read the attached page as to what medications to take/stop prior to your procedure. Please call with any questions. Bring insurance cards- leave valuables at home.

SURGICAL OR ENDOSCOPY PROCEDURES CANCELLED AND RESCHEDULED WITH LESS THAN 5 BUSINESS DAYS NOTICE WILL INCUR A \$100 FEE.

NO DRIVING UP TO 12 HOURS AFTER YOUR PROCEDURE

Due to the sedation given for this procedure, you will need a designated driver.
It is imperative that your driver remains in the waiting area at all times.

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Osmo Prep Split Dosing

Facility: _____
Procedure Date/Time: _____
Report to:/Report Time: _____
DAY BEFORE PROCEDURE: _____

PREPARATION DIET

The day before your procedure you may have a regular breakfast up until 11:00am. If your procedure is scheduled for the afternoon, you may also have lunch until 1pm the day before.

After 1:00pm you will be on a clear liquid diet such as: water, clear fruit juices (ex: apple juice, white grape juice, white cranberry juice, lemonade, Gatorade® (except purple orange and red flavors/tints), clear broth (chicken or beef), clear bouillon (chicken or beef), Jell-o® (except purple orange and red flavors/tints), weak tea (without cream), coffee (without cream), icy Popsicles (except purple orange and red flavors/tints), and regular or diet soft drinks (except purple orange and red flavors/tints). (A clear liquid is anything you can read the newspaper through. THIS DOES NOT INCLUDE ALCOHOL)

PLEASE FOLLOW THE PREPARATION INSTRUCTIONS GIVEN TO YOU BY OUR OFFICE, NOT THE ONE ON THE CONTAINER/BOX.

1. At **5:00 p.m.** – Start taking 4-Osmo tablets with 8-oz. glass of a clear liquid every 15 minutes for 1 hour. You will take a total of **20 pills** from 5 pm to 6:00 pm. It may take a couple of hours before you see results from the prep. Do not be alarmed if you are not having BM's right away, it will come...
2. Continue clear liquids for better cleansing and to eliminate the risk of dehydration.

MORNING of PROCEDURE:

1. The morning of your procedure you will start taking the remaining **12 pills** at _____ and finish at _____. Take 4 pills with 8 oz of clear liquids every 15 minutes. **DO NOT TAKE ANYTHING BY MOUTH** including water, chewing gum, chewing tobacco etc after _____. (Please note that you may not have anything 4 hours prior to your procedure – if you do your procedure will be cancelled.)
2. Bring insurance card(s). Leave valuables at home.
3. Please note that all blood pressure medications should be taken the morning/evening prior to your surgery with a sip of water. Do not take any diuretics prior to surgery.

SURGICAL OR ENDOSCOPY PROCEDURES CANCELLED AND RESCHEDULED WITH LESS THAN 3 BUSINESS DAYS NOTICE WILL INCUR A \$100 FEE.

YOU ARE NOT ALLOWED TO DRIVE UP TO 12HRS AFTER YOUR PROCEDURE.

Due to the sedation given for this procedure, you will need a designated driver.

It is imperative that your driver remains in the waiting area at all times.

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NULYTELY BOWEL SPLIT DOSING INSTRUCTIONS

Facility: _____

Procedure Date:/Time: _____

Report to:/Report Time: _____

DAY BEFORE PROCEDURE: _____

PREPARATION DIET

The day before your colonoscopy you may have breakfast and lunch until 1:00 pm then remain on clear liquids for the remainder for the day. Any of the following clear liquids are OK:

- Water
- Strained fruit juices (without pulp) including apple, white grape, or white cranberry
- Gatorade (NO RED, ORANGE, OR PURPLE)
- Diet and regular soft drinks (NO RED, ORANGE, OR PURPLE)
- Coffee or tea (DO NOT use any dairy or non-dairy creamer)
- Chicken broth and/ or Beef Broth
- Jell-o (NO RED, ORANGE, OR PURPLE) and Popsicles (NO RED, ORANGE, OR PURPLE)

PREPARATION

Prescriptions have been sent electronically to your pharmacy _____

1. At **2:00pm**- you will need to take 2 bisacodyl tablets (5mg each).
2. At **5:00 p.m.** - start Nulytely solution (PEG 3350). You will mix the solution and drink (1) 8 oz glass every 10-15 minutes until completed. You must continue drinking clear liquids in between each dose and until you go to bed.

Once you begin this preparation, **YOU SHOULD STAY HOME**. This laxative is fast acting and results occur soon after it's taken, and may continue for a period of time.

MORNING of PROCEDURE: _____

1. You will need to drink at least another 32 ounces of clear fluids. You will start at _____ and must finish at _____. Please note that you may not have anything by mouth 4 hours prior to procedure- if you do, your procedure will be cancelled. This includes water, gum/candy, tobacco, and/or certain medications.
 - Read the attached pages as to what medications to take/avoid prior to procedure. Please call with any questions.
 - Bring insurance cards- leave valuables at home.
 - You will need a driver with you at all times for your appointment. A taxi, uber, or lyft is not permitted.

PLEASE NOTE THAT YOU WILL BE CHARGED A CANCELLATION FEE IF YOU DO NOT CANCEL YOUR PROCEDURE AS POLICY STATES. (Practice policy for administrative services)



CRS
 COLON RECTAL
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NuLytely BOWEL PREPARATION INSTRUCTIONS

Facility: _____

Procedure Date/Time: _____

Report to:/Report Time: _____

DAY BEFORE PROCEDURE:

PREPARATION DIET

DO NOT FOLLOW THE PREP DIRECTIONS ON THE CONTAINER/ BOX . FOLLOW THESE ONLY:

The day before your colonoscopy/surgery, you may have breakfast until 11:00am.
 After 11:00 am you will be on a clear liquid diet such as: water, clear fruit juices (ex: apple juice, white grape juice, white cranberry juice, Gatorade® (except orange and red flavors/tints), low sodium clear broth (chicken or beef), low sodium clear bouillon (chicken or beef), Jell-o® (except orange and red flavors/tints), weak tea (without cream), coffee (without cream), icy Popsicles (except orange and red flavors/tints), and regular or diet soft drinks (except orange and red flavors/tints).

PREPARATION

Prescriptions will be sent electronically to your pharmacy _____

1. **2:00pm**- will need to take 2 bisacodyl tablets (5mg each).
2. **5:00 p.m.** - start NuLytely solution (PEG 3350).

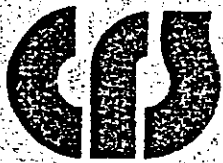
Directions: Drink (1) 8-oz glass every 10-15 minutes (until stools become clear and watery.) **PLEASE NOTE THAT MOST PATIENTS DO NOT NEED TO DRINK THE WHOLE JUG OF FLUID.** Also, you may continue with clear liquids in between your 8-oz. glasses.

Once you begin this preparation, **YOU SHOULD STAY HOME.** This laxative is fast acting and results occur soon after it's taken, and may continue for a period of time.

NOTHING TO EAT OR DRINK or MEDICATIONS AFTER MIDNIGHT!

MORNING of PROCEDURE:

- Nothing to eat or drink until after the procedure. This includes no chewing gum, tobacco or candy.
- Read attached pages as to what medications to take prior to procedure. Please call with any questions.
- Bring insurance card(s). Leave valuables at home.
- You will need a driver for your appointment, please have them with you at all times. A taxi is not permitted.



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SUPREP Bowel Prep For AM Procedures

Procedure Date: _____
 Procedure Location: _____
 Arrival Time: _____

DAY BEFORE THE PROCEDURE

DO NOT FOLLOW THE PREP DIRECTIONS ON THE BOX/ CONTAINER. FOLLOW THESE ONLY:

1. You may have a regular breakfast until 11:00am then remain on clear liquids the remainder of the day.

Any of the following clear liquids are OK:

- Water
- Strained fruit juices (without pulp) including apple, white grape, or white cranberry
- Gatorade
- Coffee or tea (DO NOT use any dairy or non-dairy creamer)
- Chicken broth and/ or Beef Broth
- Jell-o (NO RED OR ORANGE) and Popsicles (NO RED OR ORANGE)

First Dose:

A prescription has been sent electronically to your pharmacy

1. 3:00 PM- pour ONE (1) 6-ounce bottle of SUPREP liquid into the mixing cup.
2. Add cool drinking water or sugar-free drink to the 16-ounce line on the cup and mix.
3. Drink ALL the liquid in the mixing cup. There is no need to chug the mixture down just drink it within the hour.
4. You MUST drink two (2) more 16-ounce cups of fluids over the next hour or two.

Second Dose:

1. 9:00 PM -pour ONE (1) 6-ounce bottle of SUPREP liquid into the mixing cup.
2. Add cool drinking water or sugar-free drink to the 16-ounce line on the cup and mix.
3. Drink ALL the liquid in the mixing cup. There is no need to chug the mixture down just drink it within the hour.
4. You MUST drink two (2) more 16-ounce cups of fluids over the next hour or two. Finish by midnight!

NOTHING TO EAT OR DRINK OR MEDICATIONS AFTER MIDNIGHT!

MORNING OF PROCEDURE

- Nothing to eat or drink until after the procedure. This includes chewing gum, tobacco and candy. Read attached pages as to what medications to take prior to procedure. Please call the office with any questions. Bring insurance cards. Leave valuables at home.
- IT IS IMPERATIVE TO HAVE YOUR DRIVER HERE AT ALL TIMES.

PLEASE NOTE THAT YOU WILL BE CHARGED A CANCELLATION FEE IF YOU DO NOT CANCEL YOUR PROCEDURE AS POLICY STATES. (Practice policy for administrative services.)

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Colon and Rectal Specialists Ambulatory Surgery Center Instructions

1. You **MUST** have a driver with you at the procedure
 - You must have a driver who is 18 years or older present at check in and discharge. If you do not have a driver with you at check in, we will reschedule your procedure.
 - Your entire procedure may take 1-3 hours to complete. Please tell your driver that they must remain at the facility for the entirety of your procedure.
2. Please leave all jewelry and personal items at home.
3. Please bring your insurance cards and a form of payment for applicable co pays, etc
4. Do not drive or operate machinery for 12 hours following your procedure
5. Avoid making critical decisions or signing legal documents for 24 hours following your procedure
6. Do not drink alcohol for the 12 hours following your procedure
7. There is a \$100 cancellation fee if you cancel or reschedule your procedure with less than 5 business days notice
8. You will receive a phone call from a Nurse prior to the procedure to go over further instructions and any other questions that you may have
9. Please review the attached consent forms so you may be familiar with them prior to signing them the day of your procedure
10. Nothing to eat or drink after midnight the night before your procedure. This includes chewing gum, water, hard or soft candy!

ALL questions pertaining to information in your packet should be directed to your doctor's nurse.

1. If you think your bowel prep did not completely clear the intestines for any reason, please call your doctor or the doctor on call for an alternative prep.
2. If you have a history of artificial heart valve, mitral valve prolapse, rheumatic fever, heart murmur, joint replacements or bacterial endocarditis, you may require antibiotics for your procedure. A good rule of thumb is if you take antibiotics for dental work, you will require them for colonoscopy. ***If you have antibiotics at home, take them exactly as they are prescribed for dental work.***
3. If you are on any type of prescription medications, **please notify the prescribing physician** of your upcoming colonoscopy/surgery to see which meds are blood thinners or non-steroidal anti-inflammatory drugs.

These types of drugs should be stopped 3-7 days prior to your procedure (if recommended by your prescribing physician).

Persantine	Ascriptin	Aleve	Naproxen
Coumadin	Ecotrin	Motrin	Ibuprofen
Plavix	BC Powder	Advil	Tolectin
Celebrex	Warfarin	Clinoril	Mediprin
Dipyridamole	Trental	Indomethacin	Diclofenac
Vitamin E	Aspirin	Etodolac	Indocin
Aggrenox	Goody's Powder	Arthrotec	Piroxicam

4. you **must not** take aspirin/blood thinners for 2 weeks after the procedure (or as recommended by the physician).

Please feel free to contact your doctor's nurse for any questions that you have pertaining to your daily medications prior to procedures.

Please take all medications for acid reflux, asthma, bronchitis, or emphysema in the morning with a small sip of water the day of the procedure.

Please take all of your blood pressure medications the day of your procedure with a small sip of water. This includes combination medications for blood pressure which contain diuretics.

These are examples of blood pressure medications which should be taken the day of your procedure....

BLOOD PRESSURE MEDS		COMBINATION MEDS	
BENAZAPRIL	LABETALOL	ACCURETIC	AVALIDE
ENALAPRIL	MINOXIDIL	ALDORIL	CORZIDE
LISINOPRIL	DIAZOXIDE	ATACAND	ESIMIL
QUINAPRIL	HYDRALAZINE	CAPOZIDE	LOPRESSOR
RAMIPRIL	CLONIDINE	DIOVAN	MAXZIDE
LOSARTAN	METOPROLOL	HYZAAR	MONOPRIL
ATENOLOL	NADOLOL	LOTENSION	UNIRETIC
LABETOLOL	TIMOLOL	MICARDIS HCT	VASERETIC
PROPRANOLOL	COREG	PRINIZIDE	ZESTORETIC
CARTEOLOL	NORVASC	ALDOCLOR	ZIAC
BENICAR (OLMESARTAN)		APRESAZIDE	

Do **not** take diuretics the day of the procedure. These include: chlorothiazide, hydrochlorothiazide, furosemide, bumetanide, torsemide, amiloride, spironactone, triameterene and mannitol.

If you are allergic to eggs and are having a procedure at our Stony Point location, please call and notify the nurse.

Once you begin to drink your prep solution, if you begin to vomit, stop drinking your solution for 30 minutes, then resume drinking at a slower pace until prep is completed. If you are still unable to complete your prep, please notify the nurse or physician on call.

Please notify the nurse at the hospital if you have a **pacemaker**.

If you are **diabetic**, you may need to adjust your medication dosage due to the bowel prep required for the procedure. ****Please notify the doctor prescribing your diabetic medication.****

Family members/designated drivers must remain in the waiting area at all times. The doctor will give a report immediately following the procedure (with the patient's permission). Otherwise, the nurse will call the following business day.

Tips to Help with your Preparation

-Place a white peppermint life saver in the cheek of your mouth while drinking your solution. -Crystal Light may be added to each glass of unflavored solution for a better taste. -Chug solution or drink with a straw, do not sip. -Holding your nose while drinking may help with the taste, also sucking on a lime or orange slice immediately after consumption.

Examples of Clear Liquids

Apple, White Grape or White Cranberry Juice
Lemonade
Gatorade (except orange or red flavors)
Clear Broth/Bullion (low sodium Chicken/Beef/Vegetable)
Jell-O (except orange or red flavors)
Coffee or Weak Tea (without cream or milk)
Icy Popsicles/Italian Ice (except orange or red flavors)
Regular or Diet Soft drinks (except orange or red flavors)