

OMCBR SUPREP INSTRUCTIONS

**These Instructions are different from the instructions in/on the SUPREP Box.
Follow the Instructions listed below for your procedure.**

BEFORE YOUR PROCEDURE:

Please purchase the following items from your local pharmacy at least 2 days prior to your appointment.

- **Gas X (Simethicone) 125 mg capsules** – This is over-the-counter, no prescription needed.
- **Suprep** - A prescription is required and has been sent to your pharmacy.

THE DAY BEFORE YOUR PROCEDURE

When you wake on _____ (day) _____ (date), begin clear liquids only – no solid foods may be eaten until after your procedure has been performed/completed.

You may consume the following items:

- Coffee, water, or tea. **(We agree it's odd, but coffee and tea without milk or creamer is considered a clear liquid)**
- Clear carbonated beverages (soft drinks), ginger ale, sprite, etc. **No "Energy" beverages.**
- Gelatin dessert, (JELLO) plain or fruit flavored. **No red or purple coloring.**
- Apple juice, white grape juice, or cranberry juice. **No pulp, no orange juice.**
- Gatorade, Powerade, lemonade, or limeade. **No red or purple.**
- Clear, fat-free, beef or chicken broths, or bouillon.
- Snowballs, popsicles, slushes. **No red or purple coloring, no pulp.**
- Clear hard candies, sugar, salt.
- **Avoid any liquids not listed above.**

• 4:00 PM (the day before procedure)

Take one (1) Gas X (Simethicone) 125 mg capsule.

- **6:00 PM (the day before procedure) Begin the first portion of the prep.** (Suprep may taste better if refrigerated. You may use Crystal Light to flavor the prep solution and water – avoid Crystal Light that contains purple or red coloring.)

1. Pour one 6 oz. bottle of prep solution into the mixing container.
2. Add cool water to the mixing container to reach the 16-ounce fill line. Mix well.
3. Drink **ALL** the contents in the mixing container.
4. Drink 2 additional 16 oz. containers of water.

Please have steps 3 and 4 consumed within 1 hour and 30 minutes. ---VERY IMPORTANT---

This entire process is required for the success of the procedure.

Clear liquids may be continued until you finish the second portion of the prep, on the morning of your procedure. This will help you remain hydrated.

THE MORNING OF YOUR PROCEDURE: You will complete the second portion of your prep.

Take the second portion of the prep at: Time: _____, Day _____, Date _____.

- You will repeat steps 1-4, that were done the previous evening.
1. Pour one 6 oz. bottle of prep solution into the mixing container.
 2. Add cool water to the mixing container to reach the 16-ounce fill line. Mix well.
 3. Drink **ALL** the contents in the mixing container.
 4. Drink 2 additional 16 oz. containers of water.

Please have steps 3 and 4 consumed within 1 hour and 30 minutes. ---VERY IMPORTANT---

This entire process is required for the success of the procedure.

After you complete the second half of your bowel prep, you may not have anything else by mouth except for your medications, with a small sip of water.

***Please follow these instructions to ensure you have a very good prep –
The goal is for stool to be liquid in consistency and it should be clear or yellow.
Avoid having to repeat the procedure due to a poor prep!***