

East Carolina Gastroenterology, PA
Jacksonville, NC 28546
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910 353 6158

INSTRUCTIONS FOR OSMOPREP

- Your procedure is scheduled at **OUR OFFICE** on _____
You should expect to be at the endoscopy center for about 1 ½ to 2 hours.
Please obtain the prescription **OSMOPREP** from your pharmacy many days before your test.
- If your test is scheduled for a morning DO NOT take any of your regular a.m medications(except inhalers and medicines for seizures) on the day of your test. You MAY TAKE your regular a.m medications if your test is scheduled for the afternoon. **Continue to take your inhalers and seizure medications as prescribed by your physician.** Bring your medication bottles along with you. Do not hesitate to call us with questions about your medications.
- **You will need specific instructions if you take Coumadin/Warfarin, Pradaxa, Xarelto, Eliquis, Savaysa, Plavix or other anticoagulants. Please let us know if you do take any of these medications.** You may need to be switched to a blood thinning shot. You can continue taking your aspirin.
- **Do not take your diabetic pills** the evening before and the morning of your test. You should only **take half the usual dose** of your **Insulin shot** the day before your test, and none on the morning of your test.
- In preparation for your procedure try to **eat less of foods high in fiber** for at least **5 days** before the procedure. Some foods to avoid include: bran, whole grain cereals, all beans, raw fruits and vegetables, potato skins, nuts, raisins, corn, seeds and popcorn.
- **Have a regular breakfast before 10am on _____.** Then start **CLEAR LIQUIDS, and continue until two hours before your test.** See attached list for clear liquid diet suggestions. NO SOLID FOOD AFTER 10AM THE DAY BEFORE YOUR TEST
- **Follow the instructions for the prep on next page.**You may apply a petroleum based ointment or diaper rash ointment to the rectal area if you experience discomfort
- YOU WILL NEED A **RESPONSIBLE ADULT** TO DRIVE YOU HOME AFTER YOUR PROCEDURE. PLAN ON TAKING THE WHOLE DAY OFF OF WORK/SCHOOL THE DAY OF YOUR PROCEDURE. IF YOU DECIDE TO RIDE THE **BUS OR TAXI**, A **RESPONSIBLE ADULT** SHOULD RIDE WITH YOU.
- Please call the office at **910 353-6158** if you have any questions regarding your prep or procedure.

OSMOPREP 32 TABLET PREP

FIRST DOSE REGIMEN

Begin your first dosing regimen the **day prior** to the exam at _____ pm.

Take 4 Osmoprep Tablets with at least 8 ounces of any clear liquid (water, any clear carbonated beverage, any clear juice or Gatorade) every 15 minutes. **DO NOT EXCEED 20 TABLETS. *REMINDER: Stay close to toilet facilities.**

SECOND DOSE REGIMEN

Take the second dose the **day of the procedure** at _____ A.M. (at least 4-5 hours before the procedure).

Take 4 Osmoprep Tablets with at least 8 ounces of any clear liquid (water, any clear carbonated beverage, any clear juice or Gatorade) every 15 minutes. **DO NOT EXCEED 12 TABLETS. *REMINDER: Remain close to toilet facilities.**

1ST DOSE: 20 TABLETS OVER 1 HOUR



4 tablets +
at ____pm



4 tablets +
at ____pm



4 tablets +
at ____pm



4 tablets +
at ____pm



4 tablets +
at ____pm

2ND DOSE: 12 TABLETS OVER 30 MINUTES



4 tablets +
at ____am/pm



4 tablets +
at ____am/pm



4 tablets +
at ____am/pm

PLEASE FOLLOW THE INSTRUCTIONS ABOVE TO ENSURE YOUR COLON IS CLEAN. WE MAY NEED TO REPEAT THE TEST IF YOUR COLON IS NOT CLEAN

PLEASE VISIT THE "PATIENT EDUCATION" SECTION ON OUR WEBSITE www.eastcarolinagastro.com TO LEARN MORE ABOUT YOUR PROCEDURE.