



Atlantic Coast Gastroenterology Associates, LLC

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Phone # 732-458-8300 Fax# 732-548-7408

Date of Colonoscopy: _____
Facility: _____

Suprep

SOMEONE MUST DRIVE YOU HOME FROM THE FACILITY THE DAY OF YOUR PROCEDURE!!!

****We do not have procedure times until the day prior to your scheduled test****

If your procedure is at **Ocean Medical Center**, our office will call you the day prior with your procedure time. If you are scheduled for a Monday, we will call you on the Friday before. *If you do not hear from us the day prior by 3 pm, please call 732-458-8300 and ask for the surgical coordinator. They will give you the procedure time.* The facility is located at 425 Jack Martin Blvd. ****When reporting to Ocean Medical Center, please use the free parking garage for patients and visitors, UNLESS you would like to use the free Valet Parking which is located on Jack Martin Blvd. Main Entrance (opened from 7am to 5 pm Mon-Fri) to report to the Same Day Surgery Unit go to Parking Lot C (by the parking garage) go through the double glass doors and give the receptionist your name and they will direct you where you need to be.**

If your procedure is at **SHORE OUPATIENT SURGERY CENTER (SOS)**, that facility will call you the day prior to inform you of the procedure time. *If you have not heard from them by 3:00 pm, please call them at 732-942-9835.* Their address is 360 Route 70, Lakewood, NJ, 08701. They are the same parking lot as Mavis Tire.

If your procedure is at **SEASHORE SURGICAL INSTITUTE (SSI)**, that facility will call you the day prior to inform you of the procedure time. *If you have not heard from them by 2 pm, please call 732-836-9800.* They are located at 495 Jack Martin Blvd, Brick, NJ 08724.

If your procedure is at **JERSEY SHORE UNIVERSITY MEDICAL CENTER** that facility will call you the day before to inform you of your procedure time. *If you have not heard from them by 3 pm, please call 732-776-4588.* They are located at 1945 Route 33, Neptune, NJ 07753. When reporting to the hospital, report to the Mary V Black Pavilion across from the Hope Tower and give receptionist your name, they will direct you to where you need to be.

If your procedure is at **ADVANCE ENDOSCOPY (AE)** that facility will call you the day prior inform you of the procedure time. If your procedure is on a Monday they will call you on Friday. *If you have not heard from them by 2:00 pm, please call 732-935-0031.* They are located at 142 Route 35, Suite 101, Eatontown, NJ, 07724.

HOME INSTRUCTIONS FOR YOUR COLONOSCOPY

These instructions are to be followed prior to your scheduled procedure. Please follow them carefully.

Three days prior: Starting ___/___/___ Avoid all roughage and high fiber foods, such as raw vegetables, fruits, salads and foods with seeds or skins. You should also avoid whole grain breads/cereals.

Suggestions on foods to eat for three (3) days prior: Eggs, plain pancakes w/ syrup, white bread, plain bagel, chicken, fish, white rice, pasta with butter, mashed potato, inside of baked potato.

****IF YOU TEND TO HAVE CONSTIPATION THEN THE EVENING PRIOR TO YOUR COLONOSCOPY PREP ___/___, PLEASE TAKE TWO (2) DULCOLAX TABLETS (If dulcolax is not available, you may purchase Senokot) THIS CAN BE PURCHASED OVER THE COUNTER.**

THE DAY BEFORE YOUR PROCEDURE ___/___/___ Starting at 7 am in the morning you may have unlimited amounts of clear liquids. **NO SOLID FOODS, NO MILK OR MILK PRODUCTS.** Please see below for examples of clear liquids.

CLEAR LIQUID EXAMPLES:

- Clear Fruit Juices (apple, white grape, white cranberry, etc.)
- Water (flavored water is ok, as long as it does not have food coloring)
- Plain Jell-O (NOT RED OR PURPLE)
- Ice Pops
- Hard Candy
- All types of Teas (hot or cold)
- Clear Soda (Sprite, Ginger Ale, 7-up, etc.)
- Gatorades (NOT RED OR PURPLE)
- Broth/ Bouillon

NO RED OR PURPLE NO MILK OR MILK PRODUCTS NO SOLID FOOD

NO LIQUIDS FOR 4 HOURS PRIOR TO PROCEDURE

FAILURE TO FOLLOW ALL OF THESE INTRUCTIONS MAY RESULT IN CANCELLATION OF YOUR PROCEDURE.

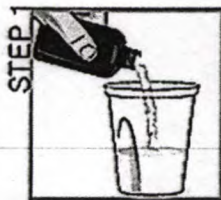
SUPREP INSTRUCTIONS

*****DO NOT FOLLOW THE INSTRUCTIONS ON THE SUPREP BOX OR IN THE PATIENT BOOKLET*****

The suprep kit contains two 6 oz bottles and one 16 oz mixing container. You must complete the entire prep to ensure the prep has been completed.

AT 6:00 PM the night before

FOLLOW STEPS 1-4 USING THE FIRST 6 OZ BOTTLE OF SUPREP.



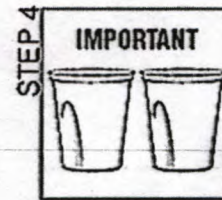
Pour **ONE (1)** 6-ounce bottle of SUPREP liquid into the mixing container.



Add cool drinking water to the 16-ounce line on the container and mix.



Drink **ALL** the liquid in the container.



You must drink **two (2)** more 16-ounce containers of water over the next 1 hour.

AT 10:00 PM the night before

REPEAT STEPS 1-4 USING THE REMAINING 6 OZ BOTTLE.



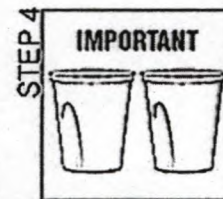
Pour **ONE (1)** 6-ounce bottle of SUPREP liquid into the mixing container.



Add cool drinking water to the 16-ounce line on the container and mix.



Drink **ALL** the liquid in the container.



You must drink **two (2)** more 16-ounce containers of water over the next 1 hour.

You are not to consume any clear liquids less than 4 hours prior to your arrival time.

IF YOU HAVE ANY QUESTIONS REGARDING YOUR PREPARATION OR PROCEDURE
PLEASE CALL 732-458-8300 AND ASK FOR A SURGICAL COORDINATOR

**FAILURE TO FOLLOW ALL OF THESE INTRUCTIONS MAY RESULT IN
CANCELLATION OF YOUR PROCEDURE**

You should have informed the office if:

- You are a diabetic
- You are on dialysis
- You have a defibrillator and/or pacemaker
- You are taking any blood thinners
- You have had Heart Valve Replacement, History of Heart Valve Infection, or Mitral Valve Prolapse.

DO NOT STOP TAKING ANY HEART OR BLOOD PRESSURE MEDICATIONS PRIOR TO YOUR PROCEDURE. YOU SHOULD TO TAKE THEM THE MORNING OF YOUR PROCEDURE WITH A SMALL SIP OF WATER.

Please check with your prescribing physician to obtain medical clearance and specific instructions of when to temporarily discontinue any blood thinners such as:

Coumadin/Plavix/Pradaxa/Eliquis/Effient/Warfarin/Xarelto/Clopidogrel/Baby Aspirin. If you have not done this you can call our office for reassurance, since we will also reach out to them for instructions.

Please stop taking aspirin, Ozempic, iron supplements, multivitamins with iron, arthritis medications, Vitamin E, fish oil and ginkgo biloba seven (7) days prior to your scheduled procedure. If you have not done this, please call our office for reassurance. **Tylenol may be taken if needed.**

Please stop taking all diuretic medications (Lasix, Furosemide, Spironolactone, Aldactone, Hydrochlorothiazide Etc.) the day prior to your colonoscopy. This does not include patients that are having upper endoscopy (EGD). **If your blood pressure medications contains a diuretic it is ok to take that.**

***Please call your insurance company so you are aware of any costs that you may be responsible for. All procedures are done on an OUTPATIENT basis. It is ultimately the patient's responsibility to be familiar with your own personal insurance policy information/benefits.**

WARNING!!! You should not be consuming any additional beverages aside from what is required for your prep less than 6 hours prior to your procedure time. Failure to follow these instructions may result in cancellation of your procedure by the anesthesiologist/gastroenterologist.

Please be aware: DO NOT WEAR ANY JEWELRY TO YOUR PROCEDURE. The facility is not responsible for any personal items that are misplaced/lost. You should make sure you bring a list of all current medications with you on the day of your procedure as well as insurance cards and photo identification.

*****PLEASE REMEMBER SOMEONE MUST DRIVE YOU HOME
AFTER YOUR PROCEDURE*****