

PATIENT KEEPS THIS PAPERWORK

OSMOPREP (EVENING ONLY) INSTRUCTIONS FOR COLONOSCOPY

PICK UP YOUR OSMOPREP TABLETS AT YOUR LOCAL PHARMACY.

DAY BEFORE THE EXAM:

- The morning before the exam, begin a clear liquid diet. You will be on this diet the entire day. Examples of clear liquids include water, tea, white grape juice, ginger ale, apple juice, yellow Gatorade, jello (no red or orange), coffee (black with sugar or substitute, no milk, no cream, no coffeemate), carbonated beverages (cokes, 7-up or diet drinks), lemonade, bouillon, and clear chicken or beef broth. Ask your doctor if you have any questions about whether a particular drink is acceptable.

NO RED OR PURPLE LIQUIDS PERMITTED. NO MILK OR MILK PRODUCTS. NO SOLID FOODS.

At 5:00 pm take (4) Osmoprep tablets every 15 minutes with at least 8 ounces of any clear liquid until all 20 tablets have been consumed.



4 Osmoprep
Tablets @
5:00 pm



4 Osmoprep
Tablets @
5:15 pm



4 Osmoprep
Tablets @
5:30 pm



4 Osmoprep
Tablets @
5:45 pm



4 Osmoprep
Tablets @
6:00 pm

At 9:00 pm take (4) Osmoprep tablets every 15 minutes with at least 8 ounces of any clear liquid until the remaining 12 tablets have been consumed.



4 Osmoprep
Tablets @
9:00 pm



4 Osmoprep
Tablets @
9:15 pm



4 Osmoprep
Tablets @
9:30 pm

Your body loses significant amounts of fluid during bowel preparation. In order to prevent dehydration, it is important to supplement that fluid loss with clear liquids. Make a conscious effort to drink as much as you can before, during and after the preparation.

PLEASE MAKE SURE NOT TO EAT OR DRINK AFTER MIDNIGHT PRIOR TO THE PROCEDURE OR THE MORNING OF THE PROCEDURE, INCLUDING COFFEE. YOU MAY TAKE MORNING MEDICINES WITH ONLY A SIP OF WATER. IF ANY OF THESE RULES ARE BROKEN, THEN YOUR PROCEDURE MAY HAVE TO BE RESCHEDULED OR CANCELLED. IF YOU HAVE ANY QUESTIONS CALL 354-2555.

PLEASE MAKE SURE TO REGISTER AT THE HOSPITAL AT LEAST 3 BUSINESS DAYS PRIOR TO YOUR PROCEDURE. THIS DOES NOT INCLUDE WEEKENDS OR HOLIDAYS.

THANK YOU

WILLIAM A. BALL, JR., M.D., F.A.C.S

PROCEDURE DATE AND TIME _____
TIME TO BE AT HOSPITAL FOR PROCEDURE _____
PT GIVEN INFORMATION _____