

# WESTCHASE GASTROENTEROLOGY

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## Osmo-Prep tablets Preparation Instructions

Please read over these instructions carefully

**Day of your procedure:** \_\_\_\_\_. Be at the Outpatient Endoscopy Unit at: \_\_\_\_\_.

- ✓ **DO NOT eat or drink.** Exception: if you take heart, seizure, blood pressure and/or thyroid medications in the morning, take with a small sip of water at least two (2) hours before your procedure time.
- ✓ Please bring the following items with you:
  1. Your insurance cards and driver's license
  2. Eye glasses if needed for reading
- ✓ Please leave jewelry and valuables at home, wedding bands may be worn.
- ✓ Please wear comfortable clothes; you will be changing into a gown.

### Important reminders:

- ✓ Someone must drive you home after your procedure. You will not be discharged from the facility if you do not have a ride.
- ✓ Plan on resting after your exam. Avoid big activities, operating motor vehicles, and do not drink alcohol on the day of the procedure.
- ✓ If you are DIABETIC:
  - a. If you use insulin, only **use ½ dose** of insulin the night before your procedure & **NO** insulin the morning of your procedure
  - b. If you take pills, **DO NOT** take the day before and the morning of your procedure. You may resume your normal dose after your procedure.
- ✓ **DO NOT take for SEVEN (7) days prior** to procedure: any **anti-coagulants/blood thinners/anti-platelets** medication(s) (Plavix, Coumadin, Effient, Xarelto, Pradaxa etc.) Aspirins, and/or NSAIDs. **Please contact the physician who prescribed any of those medications in advance for clearance and/or instructions.** This includes over the counter (OTCs): iron, multi-vitamin with iron, Vitamin E, St. John's Wort, ginkgo-biloba, ginger, fish oil, and garlic pills. ***If you need to take a pain reliever, you can take Tylenol (Acetaminophen).***
- ✓ Reduce fiber intake for 2 to 3 days prior to procedure. For example, do not eat nuts, seeds, popcorn, corn, etc. Discontinued fiber supplements such as Metamucil, Citrucel, Fiberall, etc.
- ✓ **Please fill your laxative prep prescription *at least three (3) days in advance* to your procedure to ensure the availability of the medication at your pharmacy**

**NOTE: IF YOU HAVE NOT SCHEDULED A FOLLOW-UP APPOINTMENT FOR AFTER YOUR PROCEDURE PLEASE CALL THE OFFICE TO SCHEDULE ONE. WE DO NOT GIVE RESULTS OVER THE PHONE, NO EXCEPTIONS. THANK YOU! IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE OFFICE.**

## **THE DAY BEFORE YOUR PROCEDURE: CLEAR LIQUID DIET ALL DAY**

Please **DO NOT** eat breakfast or **ANY** solid food the day before and the morning of your procedure. For example, if your procedure is on Monday, do not eat breakfast or any solid food all day Sunday and Monday morning. You may resume regular diet as tolerated after your procedure.

**Drink at least 8 ounces of clear liquids every hour up until you start the Osmo-Prep Tablets**

**Osmo-Prep dosing consists of two (2) series of tablets taken with a clear liquid of your choice.**

<p><u>First dosing series: Start @ 4 PM or 6 PM</u></p> <p>One dose = 4 Osmo-Prep tablets</p> <ol style="list-style-type: none"> <li>1. Take one dose with 8 oz of any clear liquid</li> <li>2. Wait <b>15 minutes</b></li> <li>3. Repeat steps 1 and 2 for total of <b>five (5)</b> doses (total: 20 tablets). Make sure you wait 15 minutes after each time.</li> </ol>	<p><u>Second dosing series: Start @ 7 PM or 9 PM</u></p> <p>One dose = 4 Osmo-Prep tablets</p> <ol style="list-style-type: none"> <li>1. Take one dose with 8 oz of any clear liquid</li> <li>2. Wait <b>15 minutes</b></li> <li>3. Repeat steps 1 and 2 for a total of <b>three (3)</b> doses (total: 12 tablets). Make sure you wait 15 minutes after each time.</li> </ol>
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Please stay well hydrated before, during and after you have completed your Osmo-Prep, **HOWEVER**, you **must stop all liquid intake four (4) hours prior to your procedure time, this also means coffee.** (For example: if your procedure time is 8:00 am, do not drink after 4:00 am.)

**IMPORTANT REMINDER: DO NOT EAT & DRINK ANY: DAIRY & NON DAIRY FOODS; RED, PURPLE & BLUE COLORED FOODS/DRINKS; JUICES WITH PULP/UNSTRAINED FRUIT**

<b>Food Groups</b>	<b>Recommended</b>	<b>Avoid</b>
<b>Milk &amp; milk products</b>	none	all
<b>Vegetables</b>	none	all
<b>Fruits</b>	fruit juices without pulp	nectars; all fresh, canned, and frozen fruits
<b>Breads &amp; grains</b>	none	all
<b>Meat or meat substitutes</b>	none	all
<b>Fats &amp; oils</b>	none	all
<b>Sweets &amp; desserts</b>	gelatin, fruit ice, popsicle without pulp, clear hard candy	all others
<b>Beverages</b>	black coffee only; tea; soft drinks; water; lactose-free, low residue supplements if approved by physician	all others
<b>Soups</b>	bouillon, consommé fat free broth	all others