

# COLON & RECTAL SURGEONS OF KANSAS CITY

**BRUCE D. GRAHAM, M.D., F.A.C.S., F.A.S.C.R.S.**

BOARD CERTIFIED SPECIALIST IN DISEASES OF THE COLON, RECTUM, AND ANUS

## Colonoscopy Instructions with Osmo Prep 32

Date: \_\_\_/\_\_\_/\_\_\_\_\_ at \_\_\_:\_\_\_ am/pm Check-in Time: \_\_\_:\_\_\_ am/pm

Check in at Out Patient Admitting at:

---

- **Make arrangements for a driver that can take you home after your procedure. The hospital will not release you without a driver and you can not be released to a Taxi or Cab driver.**

**Please read the following information very carefully. It contains information that is necessary to best prepare you for your upcoming test.**

**Seven days prior to your procedure:**

- If you are taking aspirin, aspirin containing products, weight reducing medications or supplement, anti inflammatory medications or blood thinners you must avoid these products 7 days prior to your procedure. If you are taking Coumadin or Plavix, you should discuss with your doctor whether or not you can stop these medications for 5 days prior to your procedure. If your specific medical condition allows, it is safest if performed off these medications. Please be aware if a biopsy is taken or a polyp is removed you will need to refrain from any Aspirin products (3) weeks following your procedure unless instructed otherwise by your physician. (A list of commonly used aspirin products will be included in your instructions.) If you **DO NOT KNOW** if Aspirin or blood thinning agents are in the medication(s) you are taking and to **AVOID** any **HEALTH RISKS** consult the physician that prescribed the medication(s) to you or your pharmacist.
- If you cannot stop these medications for the 7-5 days prior to your test, please contact our office.
- If you are on Insulin, we ask that you hold your morning dose the day of your procedure. If you are taking insulin more than once daily, contact your primary care physician for further instructions regarding your insulin dose.
- Please fill the prescription for Osmo Prep at your pharmacy as soon as possible.
- The entire day prior to your procedure, you should be on a clear liquid diet. **Drink at least 8 ounces of clear liquid every hour during the waking part of your**

**day.** Clear Liquids include anything you can see through including; beef and chicken bouillon, apple juice, white grape juice, 7 – up or Sprite, Jell-O or popsicles, tea and coffee. Avoid any liquid that is red or purple in color.

- Please take the antibiotics as directed.

First Dosing Regimen (evening prior to your procedure):

Start Date:	Time	Dosage	Check - Off
Dose 1 Start Time	5:00pm	4 tablets + 8 Oz Clear Liquid	
Dose 2 Start Time plus 15 minutes	5:15pm	4 tablets + 8 Oz Clear Liquid	
Dose 3 Start Time plus 30 minutes	5:30pm	4 tablets + 8 Oz Clear Liquid	
Dose 4 Start Time plus 45 minutes	5:45pm	4 tablets + 8 Oz Clear Liquid	
Dose 5 Start Time plus 60 minutes	6:00pm	4 tablets + 8 Oz Clear Liquid	

**By 6:00pm. You should have taken a total of 20 tablets.**

**Continue to drink clear liquids**

Second Dosing Regimen:

Start Date:	Time	Dosage	Check - Off
Dose 1 Start Time	9:00pm	4 tablets + 8 Oz Clear Liquid	
Dose 2 Start Time plus 15 minutes	9:15pm	4 tablets + 8 Oz Clear Liquid	
Dose 3 Start Time plus 60 minutes	10:00pm	4 tablets + 8 Oz Clear Liquid	

**You should now have taken the final 12 tablets.**

- **You can not eat or drink anything after midnight.**

**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**

If you have any questions and/or need to schedule a postoperative appointment please contact the office (913) 677-4010.