

## Procedure Location

**Bend Surgery Center**  
1303 NE Cushing Drive  
Suite 200  
Bend, OR 97701  
541-318-0858

**St. Charles Hospital MDU**  
2500 NE Neff Rd  
Bend, OR. 97701  
541-382-4321

**PATIENT NAME:**

**DATE & TIME:**

**PHYSICIAN:**

**PRESCRIPTION:**

### **COLONOSCOPY PREPARATION WITH OSMOPREP TABLETS**

- A nurse from the procedure center will be contacting you prior to your procedure for a brief interview. If you have not been reached please call to confirm your appointment time.
- **You must have a responsible adult here to drive you home after your procedure. (Not a taxi or Dial-a-Ride).**
- **Fill your OSMOPREP Prescription.**

### **ONE WEEK PRIOR TO THE PROCEDURE**

- **If you are taking Coumadin or any blood thinners such as Plavix or Aggrenox you must contact your doctor, DO NOT STOP this medication unless this was cleared by your physician.**
- Stop taking anti-inflammatories or any products containing Ibuprofen one week prior to your procedure.
- Stop taking Fish Oil, Iron tablets and Vitamin E one week prior to your procedure.
- You may take Tylenol if needed.

### **3DAYS PRIOR TO PROCEDURE**

- **Avoid the following foods:**  
Foods with seeds (etc. poppy seeds, bread with seeds)  
Nuts  
Quinoa  
Salads (lettuce, spinach, kale)  
Corn  
Beans or lentils  
Nonfat potato chips with olestra

### **DAY PRIOR TO THE PROCEDURE**

- **CLEAR LIQUIDS ONLY** (see clear liquid diet page two). **This means no solid food from the time you wake up.**

- **FIRST DOSING:** At 6:00pm, take 4 OSMOPREP tablets with at least 8 ounces of clear liquid, alternating between water, any clear Gatorade, and ginger ale with each dose. Every 15 minutes take an additional 4 tablets until a **total of 20 tablets** have been taken. (You will be taking pills at 6:00, 6:15, 6:30, etc.).
- **It is important that you drink other fluids, in addition to the fluid required to take the laxative.**

### **DAY OF PROCEDURE**

- **SECOND DOSING:** Five hours prior to procedure take 4 OSMOPREP tablets with at least 8 ounces of clear liquid, alternating between water, any clear Gatorade, and ginger ale with each dose. Every 15 minutes take an additional 4 OSMOPREP tablets until a **total of 12 tablets** have been taken, and then nothing by mouth.
- **You may have clear liquids up until four hours prior to your procedure; then absolutely nothing by mouth (i.e. gum, candy).**
- If you are taking Insulin, take ½ of your usual morning dose, or check with your primary care physician for appropriate instructions. Take blood pressure and heart medications with a sip of water on the morning of your procedure.
- **Your scheduled procedure time is subject to change.**

### **CLEAR LIQUID DIET**

#### **FOOD ALLOWED**

- CLEAR BROTH (CHICKEN, BEEF, VEGETABLE)
- TEA OR COFFEE WITHOUT CREAMER
- FLAVORED GELATIN (JELLO)-**NOT RED OR PURPLE**
- JUICE WITHOUT PULP
- SODA
- GATORADE
- POPSICLES- (**NO RED**)

#### **FOODS NOT ALLOWED**

- PULP JUICES
- DAIRY PRODUCTS
- ALCOHOL
- **ANY RED LIQUIDS**

**ALL CANCELLATIONS REQUIRE 72 HOUR NOTIFICATION.**

**Any questions concerning your bowel preparation please contact the Gastroenterology Department at Bend Memorial Clinic at 541-706-6490.**