

LIDDC: OSMOPREP INSTRUCTIONS

*** FOLLOW THESE INSTRUCTIONS - NOT INSTRUCTIONS IN PREP KIT**

A. MORE THAN TWO WEEKS BEFORE YOUR PROCEDURE: Inform the office (631) 751-8700 IF:

1. You are diabetic.
2. You are allergic to latex.
3. You take blood thinning products (Coumadin, Plavix, Aggrenox, Brilinta, Pradaxa, Pletal, Brilinta, Ticlid, Trental, Effient, Xarelto, Eliquis).
4. You have a prosthetic heart valve, a history of endocarditis, vascular graft, prosthetic joint replacement within the last 12 months. You may need antibiotic coverage for your procedure.
5. Make sure you have a responsible party to take you home after the procedure. We may cancel the procedure if you do not have a responsible party to take you home.

B. ONE WEEK BEFORE YOUR PROCEDURE:

1. Do not take iron, iron-containing compounds, Vitamin E, fish-oil, Advil, Motrin, ibuprofen, Aleve, naprosyn. You may take Tylenol (acetaminophen).
2. If you are taking aspirin 81 mg/day (baby aspirin) you should CONTINUE this unless instructed otherwise.
3. Blood work should be done 7-14 days prior to the procedure. A pregnancy test should be done less than 7 days prior to the procedure if you are a woman of child bearing age.
4. Avoid fruits/vegetables/supplements with seeds: e.g. tomatoes, kiwi fruit, caraway, flax, poppy, sesame and corn.

C. THE DAY BEFORE YOUR PROCEDURE:

1. **DO NOT EAT SOLID FOOD.** Drink at least 8 glasses of clear liquids. These should not be red or purple. Examples include: apple juice, water, clear broth or bouillon, Gatorade, Snapple, carbonated soda, jello, ice popsicles, black coffee, black tea (sugar or sweetener is allowed – but NO milk/creamer). It is very important that you stay well hydrated. Call the office if you have problems or questions with the prep.

Take 4 OSMOPREP TABLETS with at least 8 oz. of clear liquid, preferably ginger ale (diet or regular) every 15 minutes for a total of 20 OSMOPREP TABLETS.

D. THE DAY OF YOUR PROCEDURE:

Take 4 OSMOPREP TABLETS with at least 8 oz. of clear liquid, preferably ginger ale, every 15 minutes, for a total of 12 OSMOPREP TABLETS.

1. For each of your two dosing regimens record your OSMOPREP tablets you have taken. Begin recording the start time of Dose 1. After swallowing the last tablet after each dose, write down that dose (ex. Dose 1 - completed. Dose 2 - completed, etc.) Be sure a clock is nearby. If your procedure is after 10 AM, the second dose of OsmoPrep must be completed 6 or more hours before your procedure.

If your procedure is scheduled for the afternoon, you may have clear liquids (as described above) ONLY UP UNTIL 6 HOURS PRIOR TO THE PROCEDURE.

2. **Do not eat anything.** Do not drink anything in the 6 hours before your procedure. No gum or candy. You may brush your teeth.
3. Take your usual morning medications with a **sip** of water.
4. Wear loose fitting clothes. Do not wear contact lenses, jewelry or make-up. Remove tongue piercings.
5. Bring **inhalers** with you.
6. Bring your **glasses case** with you.
7. Contact the office if you have questions or your physical condition changes (cold, fever, illness) (631) 751-8700.
8. We may **cancel the procedure if you do not have a driver to take you home.** Your driver will need to sign your discharge papers. You may **resume your normal diet** after the procedure. You **may not drive for the rest of the day/night.** You may **resume normal activities** the next day.