

# LIDDC: PREPOPIK 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, 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 **driver** to take you home after the procedure.

### 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 otherwise instructed.
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 with **seeds**: eg tomatoes, kiwi fruit, caraway, flax, poppy, sesame etc. and corn.

### C. THE DAY BEFORE YOUR PROCEDURE:

1. **DO NOT EAT SOLID FOOD.** Drink **only clear liquids** (liquids you can see through). 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)

2. Drink at least 8 glasses of clear liquid during the day. It is very important that you stay well hydrated.

3. **Prepopik** instructions:

**A complete preparation requires 2 packets of Prepopik for oral solution taken separately, each followed by additional fluids (dosing cup provided). The 2 packets are the same and have the same contents.**

a) Prepare the first 5 ounces of solution using a packet of Prepopik and drink this at 6 PM:

- Tear open the packet and dissolve the powder contents in 5 ounces (lower line on the dosing cup) of cold water
- Stir 2-3 minutes
- Drink all of the solution

b) After drinking the five ounces of Prepopik solution, drink an additional five 8-ounce (upper line of the dosing cup) cups of GATORADE, G-2, OR PEDIALYTE at a rate that is comfortable for you.

c) If your procedure is scheduled before 10 AM drink the second 5 ounces of solution using the other packet of Prepopik at 10 PM as you did in Step a) above.

d) If your procedure is scheduled after 10AM drink the second 5 ounces of solution using the other packet of Prepopik 6 hrs before your procedure time as you did in Step a) above.

e) After drinking the second 5 ounces of Prepopik solution, drink an additional three 8-ounce (upper line on the dosing cup) cups of GATORADE, G-2, OR PEDIALYTE at a rate that is comfortable for you.

4. If your procedure is scheduled in the **hospital**, call the evening before for your arrival time.

-Mather Hospital 476-2717 - St Charles Hospital 474-6441

#### **D. THE DAY OF YOUR PROCEDURE: DO NOT EAT ANY FOOD**

1. **Do not eat anything after midnight on the day of your procedure.** You may not drink anything less than 6 hours before your procedure. No gum or candy. You may brush your teeth.
2. Take your usual morning medications with a **sip** of water.
3. Wear loose fitting clothes. Do not wear contact lenses, jewelry or make-up. Remove tongue piercings.
4. Bring your **inhalers** with you. Bring your **glasses case** with you.
5. Contact the office if you have questions or your physical condition changes (cold, fever, illness) (631) 751-8700.
6. 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.