

Phone 907 562-6001 Fax 907 562-6002 office@pioneergiclinic.com

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2-Day Prep Instruction Sheet

Name:	
Date of Procedure:	Check-in time:
If the facility has not contacted you, pre-re-	gister with the facility within 24-48 hours prior to your procedure.
Alaska Regional Hospital	(907) 264-1232 2801 Debarr Rd, Anchorage, AK 99508
Providence Day Surgery	<u>(907) 212-6013</u>
Surgery Center of Anchorage	3200 Providence Dr. Anchorage, AK 99508 (907) 563-1800 4001 Laurel St Suite 101, Anchorage, AK 99508
South Anchorage Surgery Center	(907) 929-8790
	1917 Abbott Rd, Anchorage, AK 99507
taxi/ride share unescorted. Failure to mak	ve you home and stay with you. You may not ride in a see arrangements will result in the cancellation of your procedure. UCTIONS: **please verify with your cardiologist**
<u>5 days before your procedure</u> : No COOMAD	IN, PLAVIX, EFFIENT, BRILINTA, & IRON SUPPLIMENTS
<u>2 days before your procedure</u> : No ELIQUIS,	AGGRENOX, PRADAXA, XARELTO or RIVAROXABAN
<u>DIABETICS:</u> Do not take oral diabetic media	cations the night before or the morning of your procedure.
Three (3) days: prior to procedure, avoid the	ne following: NUTS, SEEDS, GRAINS, GRANOLA, CORN, POPCORN
	you may have a light fiber-free breakfast (may consist of eggs, nit) all before 11:00am and <u>you will start your clear liquid</u> 1.
You may NOT have dairy products, red or p	urple food dyes color, and alcohol.

<u>You MAY drink</u> the following liquids; sports drinks, water, black coffee, tea, vegetable broth, chicken broth or beef broth, soda, clear juices without pulp, white grape juice, apple juice, white cranberry juice, popsicles and

Jell-o are other examples of other clear liquids.

Pioneer GI Clinic, APC 1200 Airport Heights Drive Suite 210 Anchorage, AK 99508



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You have been prescribed	as your bowel prep medication.
Will are also prescribing Ondansetron (anti-nausea) and	Simethicone (anti-gas) to take as well.
2-Days Before Your Procedure ():	
- Begin clear liquid diet (see page 1 for dietary list)	
- Beginning $_5:00PM$ follow instructions to take the f 2 tablets of Simethicone (Gas X).	irst dose of bowel prep along with 2 tabs of Ondansetron and
The MORNING OF THE DAY BEFORE Your Procedure	e():
- Take second dose at 7:00AM	
- Follow instructions to take the second dose of bowel prep al (Gas X).	ong with 2 tabs of Ondansetron and 2 tablets of Simethicone
The EVENING OF THE DAY BEFORE Your Procedure	():
- Begin clear liquid diet (see page 1 for dietary list)	
- Beginning 5:00PM follow instructions to take the f 2 tablets of Simethicone (Gas X).	irst dose of bowel prep along with 2 tabs of Ondansetron and
The Morning of the Day of Your Procedure ():	
- Take second dose at	
- Follow instructions to take the second dose of bowel prep al $(Gas\ X)$.	ong with 2 tabs of Ondansetron and 2 tablets of Simethicone
**NOTHING BY MOUTH AFTER AM/PM	or your procedure can be <u>postponed or cancelled</u> **

This means nothing to drink, no food, no gum, no breath mints.



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SUPREP INSTRUCTIONS



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SUTAB INSTRUCTIONS

STEP 1 Open 1 bottle of 12 tablets.

STEP 2 Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water, and drink the entire amount of water over 15 to 20 minutes.



STEP 3 Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

STEP 4 Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

- Continue to consume only clear liquids until after the colonoscopy
- Repeat STEP 1 to STEP 4 from DOSE 1



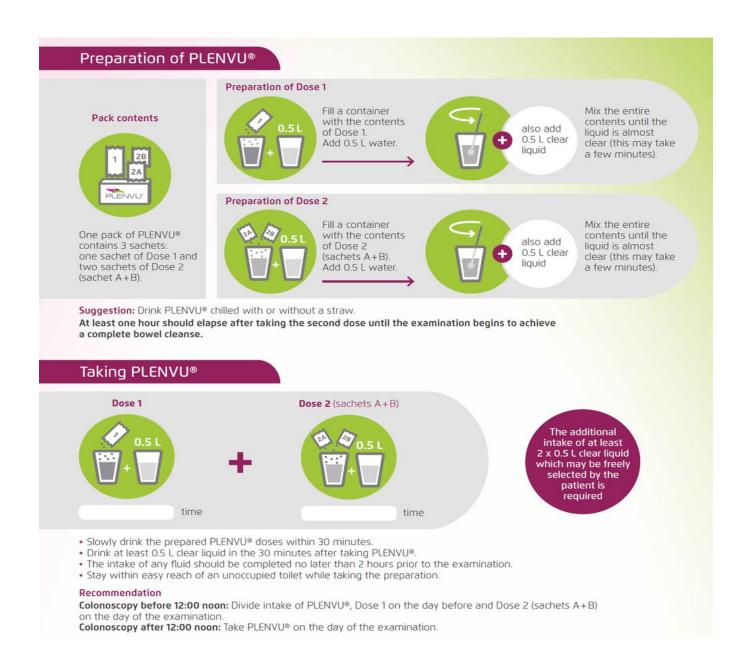


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PLENVU INSTRUCTIONS



MOVIPREP INSTRUCTIONS

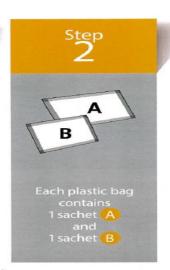


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How to prepare and take Moviprep®

















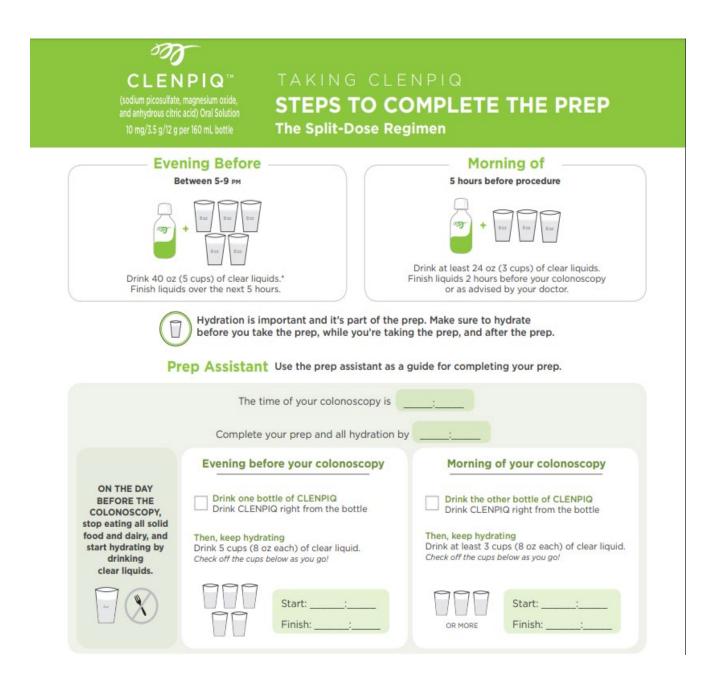


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CLENPIQ INSTRUCTIONS





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Prepare Golytely solution by filling jug with water to the fill-line (powder is already in the jug), mix and refrigerate until use.