



Dr. McBride - Dr. Harrington - Dr. Rodgers - Dr. Couch - Dr. Watts

SUPREP BOWEL PREP

*****Please read these instructions carefully before starting this preparation*****

1. TAKE PRESCRIPTION TO ANY PHARMACY TO OBTAIN SUPREP BOWEL PREP KIT.

2. The day of _____, stay on a clear liquid diet. Do not consume any solid foods. Do not drink milk. Do not consume red, orange, blue or purple liquids (i.e., red or orange Jell-O, tomato juice, etc.) Do not drink anything that contains seeds or pulp.

EXAMPLES OF CLEAR LIQUIDS:

- BEVERAGES:** water, lemon-lime or clear sports drinks (Gatorade, PowerAde, etc.)
flavored waters, Sprite, Ginger Ale
- DESSERTS:** lemon and lime Jell-O, popsicles, fruit ices
- JUICES:** All strained clear juice (apple, lemonade, white grape)
- SOUPS:** Clear broths (chicken, vegetable)

▶ ▶ ▶ **REMEMBER NOTHING RED, ORANGE, BLUE OR PURPLE** ◀ ◀ ◀

3. **6:00 PM** – Pour **ONE** 6-ounce bottle of SUPREP liquid into the mixing container. Add cool drinking water to the 16-ounce line on the container and mix. Drink **ALL** the liquid in the container. You **must** drink two more 16-ounce containers of water over the next 1 hour.

4. **2:00 AM** – Pour **ONE** 6-ounce bottle of SUPREP liquid into the mixing container. Add cool drinking water to the 16-ounce line on the container and mix. Drink **ALL** the liquid in the container. You must drink two more 16-ounce containers of water over the next 1 hour.

5. Continue clear liquids throughout entire prep day.

6. 12:00 AM: NOTHING BY MOUTH AFTER MIDNIGHT.

7. Procedure is scheduled : _____

HHC Warner Robins
478-542-7925

HHC Endoscopy
478-542-7715

Houston Ambulatory Surgery Center
478-329-3100

HHC Perry
478-218-1746

A representative will call you the day prior to your procedure, to let you know what time you should arrive. If you have not received a call by 2:00 p.m. the day before your procedure, please call to obtain your procedure time. **YOUR ARRIVAL TIME IS ASSIGNED BY THE FACILITY WHERE YOU ARE HAVING YOUR PROCEDURE, PLEASE DO NOT CALL THE OFFICE (HOUSTON SURGICAL ASSOCIATES) FOR YOUR ARRIVAL TIME.**

NOTE: If you take blood pressure or heart medication, you may take your medication, the morning of your procedure with a sip of water only. Please hold all other medications unless instructed otherwise.

You must have someone remain at facility during your exam, drive you home and take care of you the remainder of the day.

Your **follow up appointment** is _____ at _____ a.m./p.m.

Please call Houston Surgical Associates at 478-352-5900 for any questions