



Attleboro Gastroenterology, P.C.

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OSMO PREP

For Morning Colonoscopy

Purchase: Prescription **32 OSMO Prep** tablets.

FIVE DAYS BEFORE: Please **stop** aspirin, aspirin containing products, and anti-inflammatory meds (Ibuprofen, Motrin, Advil, Aleve, and Naprosyn). **You may take Tylenol.**

***If you take Coumadin (Warfarin) stop this for **5 days** and Plavix for **3 days** unless otherwise instructed. You **MUST** notify the person that prescribed this drug of the date of your procedure for dose instructions after the procedure.

THE DAY BEFORE:

Have a light breakfast. You **must** remain on ***CLEAR** liquids for the rest of the day.

1 PM – Take the 1st dose of 4 OSMO tablets with 8 oz of clear liquid. Take 4 OSMO tablets with 8 oz of clear liquid every 15 minutes (1:15, 1:30, 1:45 and 2:00 pm) for a total of 20 tablets.

9 PM – Take 4 OSMO tablets with 8 oz of fluid. Repeat at 9:15 and 9:30 Individual response to this laxative can vary anywhere from 15 minutes to 3 or more hours. We recommend that you stay **CLOSE** to the facilities!

IMPORTANT: DRINKING FLUIDS WILL IMPROVE YOUR INTESTINAL PREPARATION FOR THE TEST. It Is Important To Take All Of The Tablets And All Of The Liquid.

***CLEAR LIQUIDS INCLUDE:** Strained fruit juices without pulp, white grape or cranberry juice, apple juice, lemonade, Gatorade, soft drinks, jello, popsicles and chicken or beef broth. **These liquids cannot be colored red or purple!** Consume 64 oz of sports drink during the day. You may have coffee or tea with sugar or sweetener. **NO** milk or cream.

DAY OF PROCEDURE:

“NOTHING” TO EAT or DRINK for 6 hours before procedure

*****You may take any blood pressure meds with water before 6AM in the morning.

Report to Sturdy Hospital Emergency Room. Your procedure time is approximate; please plan to be at the hospital approximately 2 - 3 hours.

You **MUST HAVE A RIDE HOME** from the hospital, this person must come inside to pick you up at the Endoscopy/ Day Surgery dept. You **WILL NOT BE ALLOWED TO DRIVE or RETURN TO WORK THAT DAY.** **This is not negotiable.** If you **must** take a taxi home **you are required** to be accompanied by a relative or friend. For your safety, please go home and rest.

Please bring a **current list of medications** that you are taking and bring inhalers if you use them. If you are **diabetic please check your glucose** the morning of the procedure

Special Instructions: _____

Your test is scheduled for _____ at _____

Arrive at the hospital at _____

Please call the office with any questions (508) 222-2021

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