

# DIGESTIVE MEDICINE ASSOCIATES, LLP

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## SUPREP INSTRUCTIONS FOR COLONOSCOPY

### FIVE (5) DAYS PRIOR TO THE PROCEDURE:

- If you take medication for Pain & Arthritis, for example: Advil, Motrin, Naproxen, or any other medication containing Aspirin or Anticoagulants such as: Coumadin, Pradaxa or Plavix, **STOP TAKING** them five (5) days prior to your procedure.

### DAY BEFORE PROCEDURE:

**Clear liquid diet ALL** day for breakfast, lunch and dinner. Clear liquids include; Apple/Grape Juice, Sprite, Gatorade, Chicken Broth, Jello (no red coloring) & Tea. **NO SOLID FOOD!!**

1. At 7:00 P.M. pour one (1) 6-ounce bottle of Suprep liquid into the container.
2. Add cool drinking water to the 16-ounce line on the container and mix.
3. **Drink ALL** the solution in the container within 1 hour.
4. You **must** drink two (2) more 16-ounce containers of water over the next 1 hour.

### ON THE MORNING OF THE PROCEDURE:

At least 3 hours before procedure repeat steps 1-4, using the other 6-ounce bottle of Suprep. Be sure to drink all the 16-ounce mixed solution within an hour and then both 16-ounce cups of water. Stop drinking ANY liquids 2 hours before your procedure.

- Do **NOT** take medication for Diabetes the night before or morning of the procedure.
- If you are on Antihypertensive / Blood Pressure medication, you **SHOULD** continue to take them as usual with a sip of water.

**For patients injecting WEIGHT LOSS MEDICATIONS such as Ozempic, Wegovy, Semaglutide, Mounjaro Tirzepatide, you MUST STOP the medication at least 7 days before the procedure.**

### APPOINTMENT LOCATION:

**A) Palmetto Surgery Center: 2140 W. 68th Street, Suite 102, Hialeah, FL 33016 - Phone: 305-512-8220**

During the hours of 8:00am-11:00am the parking lot is very congested. Please consider taking an Uber/Lyft or being dropped off.

**B) Surgery Center of Miami: 21 SW 57th Ave, Miami, FL 33144 - Phone: 305-842-5933**

**Call 305-414-6274 or 305-419-0066 if you have any questions about how to take the preparation or if you have any problems getting your preparation or any issues about the procedure.**

If you have a fever or cough or have been in contact with a person or location known or suspected to have been exposed to the Coronavirus (COVID-19), please call the clinic to reschedule your appointment. For the safety of other patients your procedure will not be done if you have any of the above.

Your physician has recommended further procedures, diagnostic testing or labs. Your physician advises these services be completed in no more than three weeks and that you have an opportunity to review the clinical findings and discuss your treatment plan with your physician. If you are unable to keep your appointments, you must let your physician know.

**Make sure to arrange transportation after your procedure.** You should NOT Drive any vehicle for 24 hours following the procedure due to the sedation you received. You must also have a responsible adult remain with you 24 hours after the procedure. If you have a true medical emergency, call 911 or go to the nearest emergency room. Do not bring jewelry, dentures, hearing aids. We are not responsible for losing personal property.

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY AND I HAVE ARRANGED FOR A RESPONSIBLE ADULT TO DRIVE ME HOME AND PROVIDE ASSISTANCE FOLLOWING THE PROCEDURE. I ACKNOWLEDGE THAT I HAVE BEEN ADVISED NOT TO DRIVE UNTIL THE EFFECTS OF ANY MEDICATION HAS WORN OFF, NORMALLY FOR THE FIRST 24 HOURS AFTER THE PROCEDURE. I UNDERSTAND THIS TO MEAN THAT I SHOULD NOT DRIVE UNTIL THE DAY AFTER THE PROCEDURE OR AS DIRECTED BY THE SURGEON.**

**COPAYS AND/OR DEDUCTIBLES ARE TO BE PAID IN FULL 72 HOURS PRIOR TO YOUR PROCEDURE:**

Be aware that **TWO SEPARATE** charges may be collected prior to your procedure: Physician AND/OR Facility

**If you need to cancel your appointment, please call at least 72 hours prior to the date of your procedure or you will be charged a \$100.00 fee.**

**It is important that you show up for your procedure as the possibility of cancer might be missed if you do not show up.**

**PLEASE PLAN TO BE AT PROCEDURE FROM 1-5 HOURS TOTAL. YOU WILL BE CALLED THE DAY PRIOR AND YOUR APPOINTMENT TIME MAY BE MOVED UP. YOU WILL NOT BE BROUGHT IN EXACTLY AT THE TIME OF YOUR APPOINTMENT.**

**PLEASE PICK UP YOUR PREPARATION FOR YOUR COLONOSCOPY IN THE NEXT 7 DAYS.**

**Physician Financial Interest and Ownership:**

The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.