



PREPOPIK Instructions

NOTE: Before beginning the following steps, have your prescription for PREPOPIK filled at the pharmacy.

Day of Procedure

You will receive intravenous sedation and this will impair your driving ability. You must make arrangements for someone to take you home after the procedure. You must not drive until the next day.

Prescribed medications to be taken the morning of the procedure: for heart disease (not aspirin), high blood pressure and asthma with a small sip of water.

Any medication for diabetes should be brought along with you the day of the procedure to be taken after the procedure is completed – Check with your physician about possibly adjusting your dosage prior to the procedure

Do Not Take

Aspirin or aspirin type products: Coumadin (warfarin), Advil, Aleve, Motrin, Ecotrin, Plavix (clopidogrel bisulfate), Xarelto (Rivaroxaban), Effient (prasugrel), Pradaxa (dabigatran), Elikvis (apixaban) for one week (**5-7 days**) prior to procedure. You will need clearance from your Cardiologist prior to stopping these medications. **Stop: Vitamin E., IRON and Ginkgo 1 week prior.**

Please advise your physician prior to your appointment if you have any problems with your heart valve or if you have a heart murmur.

Do Not Eat

food containing seeds for **five days prior** to your procedure which includes but not limited to sesame, poppy seeds, strawberries, pepper, etc.

The Day Before Your Procedure

DRINK ONLY CLEAR LIQUIDS FOR BREAKFAST, LUNCH AND DINNER – NOTHING RED OR PINK IN COLOR

- Clear liquids include: JELLO, APPLE JUICE (NO PULP), TEA/COFFEE (NO MILK OR NON-DAIRY CREAMER), CLEAR BROTH (VEGETABLE, BEEF, CHICKEN), SODA (GINGER ALE, SPRITE, 7UP), WATER, LEMONADE (NO PULP), GATORADE (G2 LOW SUGAR) AND POPSICLES. **SOLID FOODS, MILK, AND MILK PRODUCTS NOT ALLOWED**

- NO EATING OR DRINKING THE MORNING OF YOUR PROCEDURE

Directions For Taking PREPOPIK The Day Before Your Procedure:

At _____ AM/PM:

1. Fill dosing cup provided with cold water up to the lower (5 ounce) line on the cup.
2. Pour contents of ONE packet. Stir for 2-3 minutes (let prep change from cloudy to clear before drinking)
3. Drink FIVE (5) additional 8 ounce glasses of clear liquids within 2 – 5 hours.

At _____ AM/PM:

1. Fill dosing cup provided with cold water up to the lower (5 ounce) line on the cup.
2. Pour contents of ONE packet. Stir for 2-3 minutes (let prep change from cloudy to clear before drinking)
3. Drink FIVE (5) additional 8 ounce glasses of clear liquids within 2 – 5 hours.

Appointment Date: ___ / ___ / ___

Time: _____ AM / PM

Arrival Time: _____

Location: _____

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