

The Facts About Colonoscopy

Who should have a colonoscopy?

- Most people who don't have a family history of colon cancer or certain types of colon problems should have their first colonoscopy at age 50.¹ Recent evidence has shown that African Americans should begin colorectal cancer screening at age 45.² Those with a family history should have their first colonoscopy at age 40 or earlier, as recommended by their doctor.²

How often should a person get a colonoscopy?

- You should have a colonoscopy every 10 years after your first one. If there are risk factors, your doctor may recommend having the procedure more often.¹

Is a colonoscopy painful?

- Colonoscopy is usually done while a patient is sedated, so it shouldn't cause discomfort.

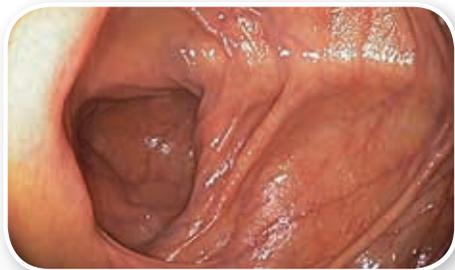
What is a bowel preparation?

- A bowel preparation (prep) is used to remove fecal material from your intestines. It may come as a liquid, powder (to be mixed with water), or tablets.

Why is a bowel prep necessary before a colonoscopy?

- By cleaning out your colon, a bowel prep allows the doctor to see polyps or other abnormalities that may be there.²

Why did your doctor choose a split-dose bowel prep for you?



- With split dosing, you take the first dose of bowel prep the night before and the second dose of bowel prep the morning of your procedure. The American College of Gastroenterologists has determined that this type of dosing provides the most effective bowel cleansing, which is important for giving your doctor a clear view.¹

This is a view of part of a clean colon seen during a colonoscopy.³
This patient used a split-dose bowel preparation.

Please see Important Safety Information on other side.

Colonoscopy Checklist:

What to Do and NOT Do Before Your Procedure⁴



Update Your Doctor

Tell your doctor the medicines and supplements you're taking, including prescription medicines, over-the-counter products, vitamins, and herbal supplements.



Eat Smart

Some foods and beverages can interfere with a colonoscopy. Follow your doctor's instructions on what is okay to eat and drink, as well as when it's okay to eat and drink (see table below). If you're not sure about a food or beverage, ask your doctor.



Reserve a Helper

Because it can take a while for the sedation to wear off, arrange for someone to assist you and drive you home after your colonoscopy.



Drink Up!

Drink the amount of fluids indicated in your bowel preparation instructions. This is important to keep you hydrated. Also be sure to stay hydrated after the procedure.



Prep for Success

Follow the bowel preparation steps exactly as written and at the times indicated. Don't take shortcuts!

On the Day Before Your Procedure...

What You CAN Do	Have a light breakfast or clear liquids ONLY; please have nothing for dinner
What you CAN Drink/Eat	<ul style="list-style-type: none"> • Water • Strained fruit juices (without pulp) including apple, orange, white grape, or white cranberry • Limeade or lemonade • Coffee or tea (DO NOT use any dairy or non-dairy creamer) • Chicken broth • Gelatin desserts without added fruit or topping (NO RED OR PURPLE)
What You CANNOT Drink/Eat	<ul style="list-style-type: none"> • Milk • Alcoholic beverages • Anything colored red or purple

Important Safety Information

SUPREP[®] Bowel Prep Kit (sodium sulfate, potassium sulfate and magnesium sulfate) Oral Solution is an osmotic laxative indicated for cleansing of the colon as a preparation for colonoscopy in adults. Most common adverse reactions (>2%) are overall discomfort, abdominal distention, abdominal pain, nausea, vomiting and headache.

Use is contraindicated in the following conditions: gastrointestinal (GI) obstruction, bowel perforation, toxic colitis and toxic megacolon, gastric retention, ileus, known allergies to components of the kit. Use caution when prescribing for patients with a history of seizures, arrhythmias, impaired gag reflex, regurgitation or aspiration, severe active ulcerative colitis, impaired renal function or patients taking medications that may affect renal function or electrolytes. Use can cause temporary elevations in uric acid. Uric acid fluctuations in patients with gout may precipitate an acute flare. Administration of osmotic laxative products may produce mucosal aphthous ulcerations, and there have been reports of more serious cases of ischemic colitis requiring hospitalization. Patients with impaired water handling who experience severe vomiting should be closely monitored including measurement of electrolytes. Advise all patients to hydrate adequately before, during, and after use. Each bottle must be diluted with water to a final volume of 16 ounces and ingestion of additional water as recommended is important to patient tolerance.

To find out more, please call **1-800-874-6756** or visit www.suprekit.com.

References: 1. Rex DK, Johnson DA, Anderson JC, et al. American College of Gastroenterology Guidelines for Colorectal Cancer Screening 2008. *Am J Gastroenterol.* 2009;104:739-750. 2. American College of Gastroenterology. Colonoscopy. <http://patients.gi.org/topics/colonoscopy>. Accessed November 28, 2012. 3. Data on file. Braintree Laboratories, Inc., Braintree, MA. 4. SUPREP Bowel Prep Kit [package insert]. Medication Guide. Braintree, MA: Braintree Laboratories, Inc; 2010.

Please see accompanying Full Prescribing Information and Medication Guide.

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SUPREP[®]
BOWEL PREP KIT
(sodium sulfate, potassium sulfate and magnesium sulfate)
Oral Solution

(17.5g/3.13g/1.6g) per 6 ounces