

STANDARD PREP vs. SPLIT-DOSE PREP

Quick Reference for Scheduling Staff

Why this matters: The 2025 US Multi-Society Task Force (ACG/AGA/ASGE) guidelines strongly recommend split-dose bowel prep for ALL patients undergoing elective colonoscopy, regardless of prep volume. Split-dosing produces significantly better bowel cleansing and higher adenoma detection rates than taking the entire prep the night before.

STANDARD (SAME-DAY OR NIGHT-BEFORE) PREP	SPLIT-DOSE PREP (Preferred)
Entire prep is taken the evening before the procedure, all in one sitting.	Prep is divided into two doses: part the evening before, part the morning of the procedure.
By the time of a morning procedure, 10+ hours may have passed since the last dose — colon can "re-fill" with secretions overnight.	Second dose begins 7 hours before the procedure; strict NPO (nothing by mouth, including water) begins 5 hours before — a wider safety margin than the usual 2-hour clear-liquid allowance.
Associated with lower-quality bowel prep and lower adenoma detection rates in multiple studies.	Associated with significantly higher-quality bowel prep and higher adenoma detection rate (ADR) — the guideline-preferred approach for essentially all patients.
May still be appropriate as a same-day regimen for low-risk patients with an afternoon procedure only.	Recommended for morning procedures; same-day dosing is an acceptable (though inferior) alternative only for afternoon procedures.

THE SPLIT-DOSE RULE OF THUMB (tell every patient this)

- Dose 1: the evening before the procedure (as instructed on their specific prep sheet).
- **Dose 2: begin exactly 7 hours before their scheduled procedure time.**
- **NPO cutoff: NOTHING by mouth — including plain water — starting exactly 5 hours before the procedure.**
- Example: 9:00 AM procedure → start Dose 2 at 2:00 AM, all liquids finished and NPO begins by 4:00 AM.
- Example: 1:00 PM procedure → start Dose 2 at 6:00 AM, all liquids finished and NPO begins by 8:00 AM.
- Note: this is a stricter NPO window than the standard 2-hour clear-liquid allowance most anesthesia guidelines use — it is a physician-directed practice preference for this office.

SCHEDULING TIPS

- When possible, avoid the earliest morning slots (before ~8:30 AM) for patients who are anxious about an overnight wake-up — offer mid-morning or early-afternoon slots to make split-dosing easier to comply with.
- Always confirm the patient has arranged a ride home before finalizing the appointment — this is required before every procedure.
- If a patient says they "can't wake up that early," reassure them the second dose timing is fixed relative to their procedure time — requesting a later procedure slot is the way to shift Dose 2 later, not skipping to a same-day (all-at-once) prep.
- Patients with diabetes are often preferentially scheduled mid-morning or later specifically to make split-dosing feasible without disrupting their medication/meal timing.

Source: 2025 USMSTF Consensus Recommendations (Jacobson et al., Am J Gastroenterol / Gastroenterology, March 2025) — split-dose regimens strongly recommended for all elective colonoscopy patients.

Contact your healthcare provider if you develop significant vomiting or signs of dehydration after taking the prep, if you experience cardiac arrhythmias or seizures, or have any questions or concerns.

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