

Gastroenterology Department

Patient Name: _____

Your colonoscopy is scheduled for:

at

with Doctor: _____

| | | | | |
|------------------|---|--|--|--|
| Location: | Gateway Hospital 4011 Gateway Blvd Newburgh, IN 47630 | Deaconess Clinic Downtown 421 Chestnut St Evansville, IN 47713 | Midtown Hospital 600 Mary St. Evansville, IN 47710 | Henderson Hospital 1305 N. Elm St. Henderson, KY 42420 |
|------------------|---|--|--|--|

Please check in at the information desk on the first floor,
75 minutes prior to your appointment time.

Arrival Time:

If you cannot keep your appointment, please allow a three-day notice for cancellation.

To cancel or reschedule your appointment, please call the scheduler at 812-426-9545.

INSTRUCTIONS FOR PREPARING FOR YOUR COLONOSCOPY

****If you take blood thinning and/or *weight loss medications, please notify your GI physician as soon as possible at 812-426-9545 for instructions on when/if to stop them. See examples below:**

- | | | | |
|------------|------------|------------|----------------|
| • Coumadin | • Brilinta | • Xarelto | • Eliquis |
| • Effient | • Ticlid | • Aggrenox | • *Phentermine |
| • Pradaxa | • Plavix | • Pletal | • And more |

7 DAYS before your procedure

****Purchase the following medications seven days prior to your procedure. If you have any kidney issues or cannot afford the prep prescribed, call the office at 812-426-9545 for an alternative prep:**

- Plenvu Rx sent to your pharmacy of choice:

5 DAYS before your procedure

1. **Stop** all NSAIDS including: Ibuprofen (Motrin, Advil), Naproxen (Aleve, Naprosyn) Mobic and similar medications. *[Acetaminophen (Tylenol) and 81mg Aspirin are ok]*
2. **Stop** iron pills (Ferrous Sulfate, Fermalox, Niferex)
3. **Stop** all foods that contain skins, hulls, seeds and nuts (peanuts, popcorn, grapes, beans, peels of apples/potatoes, etc.)

1 DAY before your procedure

1. **Stop** all solid food
2. **Stop** all dairy products (milk, creamer, ice cream, etc.)
3. **Stop** ANY LIQUID that is **RED, ORANGE or PURPLE** (in jello, sports drinks, juice, popsicles, etc.)
4. You may continue drinking water and clear liquids including:
 - **Juices without Pulp:** apple, white grape, white cranberry, lemonade
 - **Clear Broth:** chicken, beef or vegetable
 - **Soda:** 7-up, Coke, etc. (including diet)
 - **Other:** black coffee/tea (sugar/sweetener is ok), popsicles, plain jello, sports drinks

6 PM the day before your procedure: Drink first dose of PLENVU solution.

1. Mix the contents of "Dose 1" pouch with 16 ounces of water in the mixing container.
2. Shake and stir until mixed well.
3. Drink ALL the liquid in the container within 30 minutes.
4. Fill container second time with 16 ounces of water only and drink within 30 minutes.

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THE DAY OF your procedure:**SIX hours before your procedure: Drink second dose of PLENVU solution.**

1. Mix the contents of "Dose 2" (Pouch A and Pouch B) with 16 ounces of water in the mixing container.
2. Shake and stir until mixed well.
3. Drink ALL the liquid in the container within 30 minutes.
4. Fill container second time with 16 ounces of water only and drink within 30 minutes.

1. **Stop** all water/clear liquids at _____, **four hours** prior to your procedure time.
2. **Stop** all candy, mints, chewing tobacco, smoking of all kinds and chewing gum four hours prior to procedure.
3. **Stop** diabetic medications unless otherwise directed by your doctor, but bring them with you to the procedure.
4. Please take heart, lung, blood pressure and seizure medication with a small sip of water the morning of your procedure.
5. Bring your total list of medicines with you to the procedure.
6. **Bring a responsible adult to receive instructions and provide transportation who will remain at the facility throughout your stay (2-3 hrs).** You will not be permitted to drive or take public transportation alone (cab, bus, etc.) following your exam.
7. Wear something comfortable the day of the exam, and keep valuables at home.

**IMPORTANT: Please follow all instructions listed on this sheet for your safety.
If you do not, your procedure could be canceled and rescheduled.**

1. Do not eat solid foods the day before your procedure.
2. **Do not drink clear liquids *four hours* prior to the procedure. A sip of water with important medicines is okay.**
3. Stop certain medications prior to procedure (**Phentermine for two weeks, blood thinners according to GI MD**)
4. You must have a responsible adult to receive instructions and provide your transportation the day of your procedure. Taking any public transportation alone (cab, bus, etc) without a responsible adult is not acceptable. **This adult must stay with you for the duration of the time you are at the facility (2-3 hrs).**
5. Follow instructions given by your gastroenterologist or on this instruction sheet ONLY. **DO NOT follow instructions from any other source, including the instructions on your prep bottle/box.**

Remember: It's normal to feel abdominal cramping and bloating and have multiple loose stools during the prep period. You may also experience nausea and vomiting during the prep period. We encourage you to complete ALL of the prep if possible. A successful prep is when your bowel movements are clear yellow liquid. On occasion, the colon is not completely cleaned out, which may result in re-prepping and coming back for a second procedure. If you have any questions regarding your bowel prep, please call 812-426-9545.