

**Plenvu Bowel Prep Instructions**

Procedure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival/Check-in Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a history of congestive heart failure or kidney failure, this is the safest prep for you.

You are scheduled for a colonoscopy which is an examination of the colon (large intestine) with a lighted flexible scope. During the colonoscopy, if any abnormality is seen it is usually biopsied at that time. Plan to be with us for a total of 2 to 3 hours. When you arrive at the facility, you will complete the admissions process. Nursing staff will perform a brief assessment, place an IV and take you to the procedure room where you will be sedated and undergo the colonoscopy. The colonoscopy itself takes about 15 to 30 minutes. After the colonoscopy you will rest in the recovery area until the sedation wears off. Due to the sedation, you may not remember your conversation with the doctor after the colonoscopy. Please have a family member or friend stay with you that can speak with the doctor and nurses after the procedure. By law, you cannot drive the rest of the day after the colonoscopy. We advise you to take the entire day off of work. A thorough cleansing of the colon is essential, and the examination is most successful if you follow the directions for preparation completely as outlined below. If you have any questions about the test or preparation, please do not hesitate to call our office. It is important to bring a list of all prescription medications and any over-the-counter medications you are taking and a list of any medications you are allergic to.

**Purchase these items ahead of time**

1. Plenvu Bowel Prep Kit **(*this will be sent to your pharmacy)*** &Gatorade ***(no red or purple flavors)***

Colonoscopy Preparation Timeline

* Please remember, by law, you cannot drive the rest of the day of the colonoscopy. Arrange for a ride. If you do not have a ride, we will have to cancel the procedure.
* Consider obtaining protective ointment such as Preparation H, Desitin or Vaseline to protect the anal area during prep. You can apply it after the first laxative is taken.
* Check with your insurance carrier if you need pre-approval and that you understand your financial responsibility for the procedure. If you are having a colonoscopy for screening purposes having no problems but having the exam for preventative a purpose, verify with your insurance company that screening colonoscopy is a covered benefit. There should be a number on the back of your insurance card to call.
* Make any needed arrangements to be off work or school on the day of the colonoscopy.
* Read and familiarize yourself with colon preparation instructions below.

**Five days prior to your Colonoscopy**

* Avoid popcorn, nuts, seeds, raw fruit, raw vegetables and salads as these foods are harder to digest.
* Discontinue fiber supplements: i.e. Metamucil, Citrucel, Fibercon etc…
* Discontinue taking iron pills or medications that can cause bleeding i.e. Aleve, Naprosyn, Motrin, Ibuprofen, Sulindac or any other NSAID. You can use Tylenol for pain if needed.
* Discontinue blood thinners i.e Pradaxa (dabigatran), Eliquis (apixaban), Xarelto (rivaroxaban), Coumadin (warfarin), Plavix (clopidogrel), Effient (prasugrel), Brilinta (ticagrelor). Per cardiac clearance that has been received by your prescribing physician.
* If you are on aspirin because of a history of stroke or heart disease, then continue aspirin; otherwise stop it.
* Discontinue all over the counter herbal products and Fish Oil.

**Three Days Before your Colonoscopy:**

* Review the dietary restrictions for the next two days
* Confirm your ride
* **LAST CHANCE TO CANCEL OR RESCHEDULE OR YOU WILL BE CHARGED A 100$ LATE CANCELLATION FEE. MUST BE NOTIFIED WITHIN 3 BUSINESS DAYS.**

**One day prior to your colonoscopy on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Start a Clear Liquid Diet when you wake up and continue all day. No dairy products

**Clear Liquid Diet**

**Soups:** Clear bouillon, chicken broth, beef broth, vegetable broth or consomme.

**Beverages:** Tea, coffee, Kool-Aid, carbonated beverages, Gatorade.

You may add sugar to coffee or tea but not milk or creamer (non-dairy creamers are ok)

**Juices:** Apple, white grape, strained lemonade, limeade, orange drink. Any juice you can see through and has no pulp is acceptable.

**Dessert:** Italian ices, popsicles, Jell-O and hard candy.

* Do not drink RED/PURPLE colored beverages or eat RED Jell-O.
* NO SOLID FOOD OF ANY KIND
* Throughout the day make sure to drink at least eight glasses or more of fluids such as Gatorade, or similar product, preferably not just plain water.
* **Diabetic patients** **take your usual diabetic medication this morning. No p.m. diabetic medication.** The prep solution does not contain glucose sugar. Throughout the day you should drink sugar containing clear liquids as needed to maintain your blood sugar level. Monitor your blood sugar at your usual times.
* Take your usual prescription medications except for anything that we have made adjustments to. If you are on Coumadin or other blood thinners, please contact the office and your primary physician for specific instructions at least one week prior to the colonoscopy.

**Plenvu Bowel Prep Instructions-the day before your colonoscopy on \_\_\_\_\_\_\_\_\_\_\_\_\_**

***1st Dose***

* **11am** Using the provided mixing container, mix the contents of the DOSE 1 pouch with 16 ounces of water. Shake the container to dissolve the prep, place in the refrigerator.
* **5pm** Drink entire contents of the container over 30 minutes. Refill the container with 16 ounces of water and drink the water.
* You may experience nausea, abdominal fullness, and bloating. If this occurs stop drinking temporarily or drink each portion at longer intervals until the symptoms disappear. If you start to have severe abdominal pain and vomiting-stop drinking and call our office.
  + Remember to remain close to the toilet facilities!
  + You may continue to have clear liquids until midnight. After midnight do not eat or drink anything except the prep in the morning!!
  + If you have nighttime medication, take your medication with a small sip of water!!

**The day of your colonoscopy on \_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Dose**

* **5am** Using the provided mixing container, mix the contents of POUCH A and POUCH B with 16 oz of water. Shake the container to dissolve the prep.
* Drink the entire contents of the container over 30 minutes.
* **IMPORTANT- Drink an additional 16 oz of water from the container after you finish DOSE 2.**
* **You must finish all of the Plenvu to ensure the most effective cleansing.**

**\*\*\*\*\*NOTHING TO DRINK AFTER 6:30AM\*\*\*\*\***

* Please be sure to take **ONLY** *blood pressure, seizure, or heart medications* the morning of the test with a **SMALL SIP OF WATER** (**AFTER** you finish the prep, not with the prep).
* **Diabetic patients**: *Do not take your diabetes pills the day of the procedure*. But do bring your dose with you to take after your colonoscopy.
  + If you are on Insulin, take ½ of usual NPH and no regular insulin. Bring the remaining doses with you to take after your colonoscopy.
* When you are ready to leave, your designated driver will take you home where you can eat and relax the rest of the day. You will receive specific instructions about eating, activities, and medications before you leave. This person will need to be in the waiting room during your test so that the doctor can talk with them after your procedure. This is the **Hospital’s policy**.

**HOLD THE FOLLOWING MEDICATION**

* **Aspirin/ NSAID’s for 3 days (Celebrex, Meloxicam, Ibuprofen, and Naproxen.**
* **Coumadin for 5 days**
* **Plavix for 7 days**
* **Metformin/ Glimepiride, Glyburide (Take AM dose and HOLD evening dose on the day BEFORE your procedure.**

**When you are discharged the hospital will advise when to continue medications AFTER colonoscopy is done.**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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