

INSTRUCTIONS FOR COLONOSCOPY PREP

PLENVU

READ THIS CAREFULLY AS SOON AS YOU RECEIVE IT!!!

GI Physicians Inc
419-228-2600

ONE WEEK PRIOR TO THE PROCEDURE: Do not take iron pills, vitamins with iron, or medications that can cause bleeding. These include: Aspirin, Coumadin/Warfarin, Plavix/Clopidogrel, Eliquis, Pradaxa, Savaysa, Effient, Xarelto, Percodan, Pletal, and Alka Seltzer. You must also stop anti-inflammatory type drugs including: Vioxx, Celebrex, Bextra, Empirin, Bufferin, Ascription, Ibuprofen, Motrin, Indocin, Diclofenac/Voltaren, Ticlid, Persantine, St Johns Wart and Garlic pills. *Tylenol and other brands which contain acetaminophen are safe to use prior to this procedure.*

Stop Sulfasalazine one day before the procedure.

DO NOT eat corn or popcorn. Discontinue fiber supplements. ex: Metamucil, Citrucel, Fiberall, etc. (Call the office if you have a question about any of your medications you can or cannot take)

ONE DAY BEFORE THE PROCEDURE:

1. Clear liquids only (Water, Strained Fruit juices, orange juice without pulp, lemonade, Clear broth, Gatorade, carbonated & non carbonated soft drinks, kool-aid, Jell-O, and Popsicles (NO red, purple or blue). **(NO milk or milk products, coffee or tea) IF DIABETIC USE DIET SODA.**
2. Dose 1 morning before the colonoscopy, at 7 am and Dose 2 Pouch A and Pouch B at 7 pm (12 hours after the start of Dose 1). All of Dose 1 (one pouch) and Dose 2 (two pouches) must be consumed. **DO NOT add any other ingredients to dose. Follow mixing directions on the box.**
3. Continue only clear liquids until bedtime.

ON THE DAY OF THE PROCEDURE:

1. **Do not eat or drink anything that day.**
2. No smoking the day of your procedure.
3. Please bring all your medications with you and you may be instructed to take some of you medications after your arrival.
4. Please bring current insurance card and a photo ID with you to the hospital.
5. **Please leave all jewelry at home.**

YOU WILL NEED TO HAVE SOMEONE TO DRIVE YOU HOME AFTER THE PROCEDURE

Date: _____ Procedure Time: _____ Arrival Time: _____

____ St. Rita's Medical Center
2nd Floor Outpatient Surgery
Pre-register: 419-226-9660

____ Lima Memorial Hospital
1st Floor Outpatient Surgery
Pre-register 419-998-4607

____ CASE,LLC
512 N Cable Rd
Lima, OH 45805

*******I have received, read and understand the above instructions.*******

DATE: _____ **Office Staff initials:** _____