Patient Name: DOB:

Procedure Date: Arrival Time:

Colonoscopy Preparation Instructions

- A responsible adult **MUST** accompany you to and from your colonoscopy. We ask that your driver remains in the building or close by the facility. For afternoon procedures, drivers **MUST** be available to pick you up no later than 4:30pm.
- We **WILL NOT** discharge you after the procedure to a cab, bus, UBER/Lyft, or other transportation services without having a responsible adult with you.
- If you do not have a responsible adult to accompany you and drive you home, your procedure will be cancelled and/or rescheduled.

Preparing for your Exam: What to Bring

- A list of all medications you are taking, including over the counter medications, vitamins and supplements
- If using inhalers for asthma, please bring them with you
- Your insurance card and photo ID

Blood Thinners/Anticoagulation

- If you are on an **anticoagulant/blood thinner** (other than Aspirin) our nurse will call you with instructions after contacting your prescribing physician. **If you have not heard from our office 1 week prior to your procedure, please contact us at 610-431-3122**

Medication and Other Instructions

- **STOP** Iron supplements for 1 week prior to the procedure date (multi-vitamins are OK)
- **DO NOT** take water pills/diuretics on the day of the procedure (HCTZ (Hydrochlorothiazide), Lasix (Furosemide), Dyazide, Diovan HCT (Spironolactone))
- **CONTINUE** all prescribed medications unless instructed. For example, heart, blood pressure, thyroid, seizure and/or anxiety medications **CAN** be taken the morning of the procedure with a sip of water 2 hours prior to arrival time
- If on Effexor, **STOP** the medication **1 day before the procedure**
- **ALL weight loss medications (GLP-1), certain diabetic medications (SGLT-2) and some cancer treatment medications MUST be held prior to procedure. Please contact us if you have not received instructions. Failure to hold these medications will result in the cancellation of your procedure**
- **Diabetic patients:**

- **DO NOT** use any form of cannabis (weed) 12 hours prior to your arrival time
- **MUST REMOVE ALL** facial piercings prior to arrival for the procedure

Important Note

- **You will need to purchase these items from the store:**
  -Two (2) Dulcolax Laxative 5mg tablets (generic Bisacodyl is acceptable)
  -Two (2) GAS-X 125mg tablets (generic Simethicone Chewable is acceptable)
- Follow the instructions provided on Page 2
- **DO NOT** follow the instructions on the PLENVU packaging

Patient Name: DOB:

Procedure Date: Arrival Time:

PLENVU Bowel Preparation
AM Prep

The Day *Before* Your Procedure

- **CLEAR LIQUIDS ONLY** the entire day before your procedure (water, soda, tea, coffee, broth, juice, Jell-O, popsicles) **AVOID** red and purple liquids, milk, cream, alcohol, orange and tomato juice. **See Colonoscopy Diet Form** included in your packet
- Take all your normal prescription medications, unless advised otherwise

2:00pm	• Take 2 Dulcolax (Bisacodyl) Laxative tables with 8oz of water.
6:00pm	• Empty pouch labeled DOSE PACKET 1 into the provided mixing container and fill to the line with 16oz of water. Place lid back on the container and mix until completely dissolved. • Drink the entire contents of container within 30 minutes. • Rinse the container and refill to the line with clear liquid and drink the entire contents of container within 30 minutes. Keep container for second dose.

The Day of Your Procedure

12:00am (midnight)	• Empty DOSE PACKET 2 (Pouch A and Pouch B) into the provided mixing container and fill to the line with 16oz of water. Place lid back on the container and mix until completely dissolved. • Drink the entire contents of container within 30 minutes. • Rinse the container and refill to the line with clear liquid and drink the entire contents of container within 30 minutes. • Take (2) Simethicone (GAS-X) tablets after drinking the bowel preparation. • **You MUST finish the prep by 2:30am**

ALL PREP AND CLEAR LIQUIDS MUST BE COMPLETED BY 2:30AM

NOTHING by mouth after 2:30am (liquids, hard candy, nicotine pouches, chewing gum, etc.)

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN THE DELAY OR CANCELLAION OF YOUR PROCEDURE

Patient Name: DOB:

Procedure Date: Arrival Time:

Please call 610-431-3122 or visit www.westchesterendocenter.com with any questions or concerns