

PLEASE READ ALL PAPERWORK CAREFULLY

COLONOSCOPY INSTRUCTIONS: (A.M.) PLENVU

1. Your colonoscopy is scheduled for _____.
2. Please be at the outpatient office of Dr. _____ / _____ hospital by _____ on the day of your test.
3. Stop all blood thinners and iron tablets 5 days prior to your procedure, unless otherwise specified by your physician, but DO continue all other medications. If taking blood thinners that must be monitored, please notify your doctor monitoring them of this. Aspirin is not considered a blood thinner for this procedure; therefore, it is not necessary to stop aspirin.
4. Please begin a clear liquid diet on _____ morning, eating only foods like green or yellow Jell-O, broth, soft drinks, black coffee or tea without milk, apple juice, **but without red, orange, or purple coloring**. You must not have solid food of any sort, milk, or juices with pulp (such as orange juice). You are encouraged to drink plenty of fluids, as this will enhance the elimination of waste from your colon.
5. At **4:00 PM** (the day before your exam) begin drinking the PLENVU.
 - a. You will take one 16 oz. Bottle of solution and put it into the mixing container.
 - b. Then add cool water to the mixing container up to the red fill line and mix.
 - c. Drink ALL of the mixture in the container.
 - d. You MUST then drink 1 more 16 oz. container of water over the next 1 hour.
(1 container full of water).

PLEASE BE SURE TO CONSUME THE PREP WITHIN 1 hour and 30 minutes time. This entire process is required for the success of the examination.

AT **8:00 PM** (the day before your exam), BEGIN the second part of your prep.

- e. You will repeat steps **4. a-d** above.
- f. You MUST consume all of the prep tonight to be clear for your exam.
6. Upon completion of prep, you may have approved **sugar-free** liquids up to 3 hours prior to procedure. **Nothing by mouth afterwards**. You **DO** need to continue taking any blood pressure and/or seizure medication that you are on. You may take your blood pressure and/or seizure medication with a small sip of water the morning of your procedure.
7. **You will need someone to stay at the Center during the procedure and drive you home afterwards.**
8. Diabetics should take ½ (one-half) of their diabetic medication(s) the day before the procedure and hold diabetic medication(s) the day of the procedure, unless otherwise specified by your physician. Bring diabetic medication(s) with you to take after your procedure.



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9. Due to new patient privacy laws, you may require a follow-up visit with your physician or nurse practitioner. If the biopsy or polyp removal is performed at the time of your procedure, you will be given an office appointment at which time the pathology findings will be discussed with you.

**If you have any questions about these instructions,
please call (409) 898-6496 or (409) 898-6497 or (409)898-6498 or (409)898-6469.**