

Patient Name:

DOB:

Procedure Date:

Arrival time:

## Colonoscopy Preparation Instructions

You ***must*** be accompanied by a friend or relative to drive and assist you at home. We ***WILL NOT*** discharge you to a cab, bus, Uber/Lyft, or other transportation service without having a responsible party with you. You may not drive until the day after your procedure. We ask that your driver remains in the building or close by the facility.

### Preparing for your Exam: What to Bring

- A list of all medications you are taking, even over the counter medications
- Any vitamins and supplements you take
- 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

- Do not take 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))
  - Heart, Blood Pressure, Thyroid, Seizure and/or Anxiety medications **CAN** be taken on the day 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**
  - **Asthmatic patients:** Bring your inhaler to the procedure
  - **Diabetic patients:**
  - **DO NOT** use cannabis 12 hours prior to the procedure
  - **Remove** ALL facial piercings prior to arrival for the procedure
  - **All weight loss medications and certain diabetic medications must be held prior to procedure.**
- Please contact us if you have not received instructions or see form included in instruction packet**

### IMPORTANT NOTE

**Follow the instructions provided on the attached.**  
**DO NOT follow the instructions on the PLENVU packaging.**

If you experience preparation-related symptoms (i.e. nausea, bloating or cramping) pause or slow the rate of drinking the additional water until your symptoms diminish.

Prep instructions, patient forms and FAQ's can be found on our website: [www.westchesterendocenter.com](http://www.westchesterendocenter.com)

Patient Name:

DOB:

Procedure Date:

Arrival time:

## PLENVU Bowel Preparation AM Prep

### The Day Before Your Procedure:

- You may have **CLEAR LIQUIDS ONLY. DO NOT** eat any solid foods
- Take all normal prescription medications, **unless otherwise advised**

#### At 4:00pm-

- ☐ Yes ☐ No Take 2 Dulcolax (bisacodyl) laxative tablets with water

#### At 6:00pm-

- Empty pouch labeled DOSE PACKET 1 into the provided mixing container and fill to the line with water (16 oz). Place lid back on the container and mix until completely dissolved (2 – 3 min)
- Drink the entire contents of the mixing container over 30 minutes
- Rinse the mixing container and refill to the line with clear liquid and drink the entire contents over 30 minutes
- Rinse and keep container for second dose

### The Day of Your Procedure:

#### At 12:00am (midnight)-

- Empty DOSE PACKET 2 (Pouch A and Pouch B) into the mixing container, fill to the line with water (16 oz). Place lid back on the container and mix until completely dissolved (2-3 minutes)
- Drink the entire contents of the mixing container over 30 minutes. Do not rush to drink the container as this may cause bloating
- Rise the mixing container and refill to the line with clear liquid and drink entire contents over 30 minutes

**All prep and clear liquids MUST be completed by 2:30am**  
**No additional liquids, hard candy, or chewing gum after 2:30am**

Contact us in advance if there are any changes to your insurance. We may need to obtain prior authorization or approval from your insurance company.

**If you are unable to keep this appointment, call our office ASAP at 610-431-3122**