

# Colon Prep: PLENVU Split

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Calendar Dates			
5 DAYS PRIOR: General instructions	5 DAYS PRIOR: Medical Instructions	1 DAY PRIOR: Preparation Day Instructions	PROCEDURE DATE: Day of procedure Instructions
<p>Last chance to cancel appointment or you will be charged a <b>NO SHOW FEE</b> of \$250.</p> <p>Check with insurance in advance to see if you need a referral or pre-approval for your procedure.</p> <p>Please leave jewelry, money, and other valuables at home.</p> <p>If you have an ostomy, we recommend bringing extra ostomy supplies with you.</p> <p>If you have an electronic stimulator, bring your wand/device to turn off your stimulator.</p> <p>Secure a <b>driver</b> for the procedure day, as it is unsafe to drive for 12 hours after the procedure.</p> <p><b>SUPPLIES:</b></p> <ul style="list-style-type: none"> <li>● <b>PLENVU (prescription)</b></li> <li>● <b>Dulcolax (Bisacodyl) Laxative 4 tablets 5mg (OTC)</b></li> <li>● MiraLAX (OTC), optional</li> <li>● Fleet enema (OTC), optional</li> </ul>	<p><b>From This Day On, Until The Procedure:</b></p> <p><b>TURN PAPER OVER FOR LOW FIBER DIET</b></p> <p><b>STOP</b> _____ For _____ days before procedure.</p> <p>Stop taking Phentermine, oil supplements, oil capsules, and iron pills.</p> <p>If you are diabetic or if you're taking blood thinners and you did not receive specific instructions regarding your medications, please call the office. Blood thinners include Plavix, Effient, Warfarin (Coumadin), Pradaxa, or Xarelto, etc.</p> <p>If you have implantable cardiology devices (defibrillator or pacemaker), notify the office as a device clearance is needed from your cardiologist.</p> <p>OPTIONAL: You may take OTC MiraLAX one dose in a 8oz glass of water up to 3 times per day as needed to maintain daily soft BMs. You may also use your usual laxatives as needed.</p> <p><b>If you have severe constipation, call the office for advice (425) 259-3122.</b></p>	<p><b>DO NOT FOLLOW INSTRUCTIONS INSIDE/ON THE BOX</b></p> <p><b>Entire Day Clear liquid diet only (no solid foods!):</b> clear fruit juice without pulp such as apple juice, white grape juice, broth, Gatorade (No Gatorade Frost), popsicles, coffee or tea without cream. Small amount of Jell-O is OK. No milk, red, blue, or purple colors.</p> <p><b>If you take diabetic medication(s)</b> Refer to the instruction sheet "Colonoscopy Patients with Diabetes".</p> <p><b>4 PM</b> Take 4 tablets of Dulcolax (Bisacodyl) Laxative 5mg (OTC)</p> <p><b>6 PM</b> <b>PLENVU DOSE 1</b> Use the mixing container to mix the contents of Dose 1 pouch with 16oz of water by shaking until completely dissolved. Taking your time, slowly finish the dose within 30 minutes. Rinse your container. You must drink 16oz of water over the next 30 minutes to stay hydrated.</p> <p><b>What to expect:</b> It may take several hours before you have multiple bowel movements. Expect lots of diarrhea. *This is normal*</p> <p><b>NO ALCOHOL</b></p>	<p>Early morning: take your <b>usual prescribed medication</b> except for blood thinners, insulin or oral diabetic medication, unless told otherwise by your doctor.</p> <p><b>SIX HOURS PRIOR TO YOUR CHECK IN TIME</b> <b>PLENVU DOSE 2 (POUCH A &amp; B)</b> Use the mixing container to mix the contents of Dose 2 (Pouch A &amp; B) with 16oz of water by shaking until completely dissolved. Taking your time, slowly finish the dose within 30 minutes. Rinse your container.</p> <p>Refill the container with 16oz of water. Again, taking your time, slowly finish all of it within 30 minutes.</p> <p><b>FOUR HOURS PRIOR TO YOUR APPOINTMENT TIME STOP DRINKING ALL LIQUIDS.</b></p> <p><b>AGAIN, be sure to bring:</b></p> <ul style="list-style-type: none"> <li>● Medication list</li> <li>● A driver</li> <li>● Photo ID/Insurance card</li> <li>● Eyeglasses/Hearing aids</li> </ul> <p>You <b>CANNOT</b> drink alcohol or drive for 12 hours after the test.</p>

CPT Codes: Colonoscopy 45378-45385; ICD-10 codes: screening Z12.11; Hx Polyps Z86.010; Fx Polyps Z83.71; Fx Colon CA Z80.00; Other: \_\_\_\_\_

# LOW FIBER DIET

**General Rule:** DO NOT eat anything with any of the following ingredients: nuts, seeds, raw fruits with seeds, raw vegetables, corn, beans (example: kidney, pinto, lima), whole grains, or popcorn.

## BELOW ARE THE ONLY ALLOWED FOODS

### BREADS ETC:

- White breads, rolls, biscuits
- Waffles, French toast, pancakes
- White rice, white pasta, peeled cooked potatoes
- Saltines or white crackers without seeds
- Hot cereal: cream of rice, cream of wheat
- Cold cereal: Rice Krispies, Corn Flakes, Special K

### VEGETABLES AND FRUITS:

- Cooked and canned vegetables –carrots, green beans, spinach
- Applesauce
- Apple or white grape juice
- Bananas
- Cantaloupe, honeydew melon

### MILK/DAIRY:

- Milk: plain or flavored, coconut, almond, soy
- Yogurt, custard and ice cream
- Cheese and cottage cheese

### MEAT/PROTEIN:

- Well cooked, lean meats, fish
- Eggs
- Creamy peanut/almond butter
- Tofu

### FATS, SWEETS, CONDIMENTS, BEVERAGES:

- Margarine, butter, cooking oils, mayonnaise, salad dressing
- Plain gravies
- Sugar, clear jelly, honey and syrup
- Soups made with allowed vegetables, broth
- Coffee, tea, carbonated beverages
- Plain cake
- Gelatin, plain pudding, popsicles
- Hard candy, pretzels
- Plain chocolate