

Colonoscopy Preparation Instructions

PLENVU (PM PROCEDURE)

Please pick up prep at your pharmacy within a week from being seen in the office

1. **THREE DAYS PRIOR TO YOUR PROCEDURE**

- Please start a low residue/low fiber diet.
 - o Acceptable low residue/low fiber diet include:

▪ Meat	▪ Oatmeal	▪ Rice
▪ Bacon	▪ Cream of wheat	▪ Potato
▪ Fish	▪ Pancakes	▪ Squash
▪ Chicken	▪ Waffles	▪ Avocado
▪ Cheese	▪ Cake	▪ Canned fruit
▪ Eggs	▪ Saltine Crackers	▪ Olive oil
▪ Milk	▪ White bread	▪ Butter
▪ Yogurt	▪ Pasta	▪ Chocolate

2. **THE DAY BEFORE YOUR PROCEDURE**

- Start a clear liquid diet, ***(this includes the bowel prep)!***
 - o Acceptable clear liquids include:

▪ Beef or chicken broth	▪ Ginger Ale
▪ Jell-O or popsicles (<i>NO RED, PURPLE OR ORANGE</i>)	▪ Apple juice
▪ Sprite	▪ Water
▪ 7-UP	▪ Tea or coffee (<i>PLAIN, NO CREAM OR SUGAR</i>)

3. **THE DAY (MORNING) OF YOUR PROCEDURE**

- Beginning at **4 AM**
 - o Begin DOSE 1 of Plenvu
 - Empty DOSE 1 packet into the mixing container
 - Add cold drinking water to the 16oz line on the container and mix well.
 - Drink all of the liquid (16oz) slowly within 30 minutes. **IMPORTANT:** Over the next hour you **MUST** drink two more 16oz glasses of WATER.
- Take DOSE 2 of Plenvu, **5 hours prior to your arrival time**
 - o Use the same steps as in DOSE 1

****Also, you may not have ANYTHING within 3 hours of your arrival time. ****

Your procedure may be cancelled if you do so.

- 4. Arrange to take the day off of work since anesthesia will be administered. You **MUST** have a **responsible adult driver present at the time of arrival and during your recovery.** We cannot start the procedure without your driver present in the building. You will NOT be able to drive yourself home after the procedure. **Uber, Lyft, Taxi, bus or other forms of “public transportation” are NOT acceptable means of returning home after the procedure.** If you do not have an acceptable mode of transportation home after the procedure, your appointment will be cancelled and rescheduled to a different date.

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5. All body piercings MUST BE REMOVED prior to arrival.

6. MEDICATION MODIFICATIONS

****PLEASE DO NOT STOP TAKING YOUR ASPIRIN****

- **Stop** Coumadin 5 days prior to the procedure
- **Stop** Pradaxa, Xarelto and Eliquis 2 days prior to the procedure
- **Stop** Plavix 7 days prior to the procedure
- **Stop** any anti-inflammatory medication 1 day prior to the procedure (including ibuprofen)
- **Stop** any arthritis medication 1 day prior to the procedure
- **DO NOT TAKE** insulin or any other oral diabetic medications the morning of the procedure. Be sure to check your blood sugar 4 hours prior to your appointment time. If your blood sugar is low, drink a glass of apple juice
- **Stop** Trulicity, Byetta, Saxenda, Victoza, Ozempic, Wegovy, Rybelsus, and Mounjaro **ONE WEEK PRIOR** to your procedure.
- **Stop** Canagliflozin, Dapagliflozin, and Empagliflozin, **THREE DAYS PRIOR** to your procedure.
- Please take ½ dose Lantus the night before the procedure (*if you are prescribed this*)
- **Continue to take any other prescription medications that are not listed above. They must be taken no later than 3 hours prior to your arrival time.**

****IF YOU ARE NOT SURE IF YOUR MEDICATIONS FALLS UNDER ANY OF THESE CATEGORIES, PLEASE CONTACT YOUR PHARMACY FOR FURTHER ASSISTANCE. ****

Your exam is scheduled on _____ at _____ am / pm

At _____. Please arrive no later than _____ am / pm

*** DO NOT ARRIVE EARLIER THAN YOUR ARRIVAL TIME ***

YOUR PROCEDURE MAY BE CANCELLED AND RESCHEDULED IF YOU ARE LATE!

*******PLEASE BE FLEXIBLE. YOUR PROCEDURE TIME MAY VARY DEPENDING ON NUMEROUS FACTORS (cancellations, procedural delays, etc.) *******

Important: It is important that you contact your insurance company **5 DAYS PRIOR** to your procedure date. You may have a co-payment the day of your procedure and are responsible to verify with your insurance in advance. *Patients calling to cancel less than 2 business days due to a high co-payment may be subject to a \$150.00 cancellation fee.*