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COLONOSCOPY PLENVU INSTRUCTIONS

NAME: _____ DOB: _____ SCHEDULED: _____

*** Please see the back of this form for instruction on stopping blood thinners.
Your procedure will have to be rescheduled if they are not stopped beforehand as instructed. ***

ONE WEEK BEFORE YOUR PROCEDURE:

1. 1. Stop eating any RAW fruits/veggies, seeds, corn, nuts, chia seed, flax seed, granola, or bread that has oats
2. Do not take oil based supplements like FISH OIL, Vit, E, Vit D, or CoQ10.
3. Do not take any IRON supplements

THE DAY BEFORE YOUR PROCEDURE:

1. You may have clear liquids only. ***DO NOT EAT ANY SOLID FOODS, MILK PRODUCTS OR DRINK ALCOHOL.*** Clear liquids include: water, clear fruit juices like apple or white grape juice, beef or chicken broth, Jello, clear soft drinks, Gatorade, coffee or tea without milk/cream. Any drink that you can hold up to the light and see through is considered a clear liquid. **DO NOT DRINK ANYTHING WITH RED/PURPLE COLORING.** Drink plenty of fluids the day before procedure. It is advisable to include Gatorade or any sports drink to replace electrolyte loss.
2. One hour before starting prep – take a Mylanta, or Gas-X (generic is simethicone) tablet. You can purchase this over the counter at any drug store.
3. At 5:00 PM (evening before your procedure) pour Dose 1 Pouch into the mixing container and add water to the fill line (16oz). Shake or mix for 2-3 minutes. Slowly drink the entire container within 30 minutes. Refill container with 16oz of plain water and drink the entire amount within 30 minutes.

DO NOT USE CHEWING TOBACCO AFTER MIDNIGHT

THE MORNING OF YOUR PROCEDURE:

START PREP AT _____ AM

1. One hour before starting prep – take a Mylanta, or Gas-X (generic is simethicone) tablet.
2. Starting no later than 5 hours before your procedure pour Dose 2 (A and B pouches) into the mixing container, add water to the fill line (16oz), then shake or mix for 2-3 minutes. Slowly drink the entire container within 30 minutes. Then refill the container with 16oz of plain water and drink the entire amount within 30 minutes.
3. You may have clear liquids until _____ AM/PM, then nothing at all by mouth. NOT EVEN WATER.

NO gum, hard candy, mints or tobacco products

4. Wear loose fitting clothing (sweat pants, etc.), flat shoes that are easy to get on and off, **(no cowboy boots, heels, or hikers).** Also wear warm socks and wear a short sleeve T-shirt. **We will not be held responsible for valuables brought to the facility. Please leave at home. Due to the sedation administered during procedure you MUST NOT drive until the following day. You MUST have a driver to drive you home after the procedure.**

PLEASE CHECK IN AT:

- TRI-CITY SURGERY CENTER 5430 DISTINCTION WAY, PRESCOTT, AZ 86301**
- YAVAPAI REGIONAL MEDICAL CENTER, 1003 WILLOW CREEK RD, PRESCOTT, AZ 86301**

Date _____ Time _____ AM/PM, for _____ AM/PM procedure.

- ***If you are diabetic and on INSULIN: Take only 1/2 of evening dose the night before and do not take the morning of your procedure.***
- ***If you are diabetic and on ORAL MEDS: Do not take diabetic meds the evening before and the morning of procedure.***
- ***If you take HEART AND/OR BLOOD PRESSURE medications, take your morning dose the day of your procedure with a small sip of water by _____ AM/PM.***
- ***IF YOU USE INHALERS, BRING THEM WITH YOU.***

Patient name: _____ Date of Birth: _____

If you are taking a blood thinner from a cardiologist or PCP like:
Coumadin, Warfarin, Heparin, Plavix, Eliquis, Persantine, Effient, Pradaxa,
Xarelto, Jantoven, Arixtra/fondaparinux, Fragmin, Innohep, Iprivask,
Angiomax, Argatroban, Atrryn, Refludan, Thrombate III, or Lovenox

It must be stopped on _____

(YOU MUST HAVE YOUR CARDIOLOGIST OR PRIMARY CARE PHYSICIAN'S PERMISSION TO STOP THE ABOVE MEDICATIONS, IF YOUR GI DOCTOR IS NOT NOTIFIED OF THIS PERMISSION YOUR PROCEDURE COULD BE CANCELED.)

Other blood thinners that need to be stopped are in this list below. Many are over the counter so please read through the list entirely.

If you take any of the following medications, you would need to stop them on

EXAMPLES OF MEDICATIONS CONTAINING IBUPROFEN OR SIMILAR MEDICATIONS:

Advil	Equagesic	Medipren	Piroxicam
Aleve	Etodolac	Methocarbamol	Ponstel
Anaprox	Excedrin	Midol	Propoxyphene
Arthritis Pain	Feldene	Mobic/ Meloxicam	Relafen
Formula	Fiogen PF	Mobidin	Robaxisal
Arthrotec	Fiorinal	Mortin	Roxiprin
Bextra	Genpril	Naprelan	Rufen
Cama Arthritis Pain	Ginkgo Biloba	Naprosyn	S-A-C tablets
Cataflam	Haltran	Naproxen	Saletto
Celebrex	Ibuprofen	Norgesic	Sine-Aid IB
Clinoril	Ibuprofen	Noreich	Solaraze
Combunox	Ibuprohm	Nuprin	Soma Compound
Darvon	IBU-Tab	Orudis	Sulindac
Daypro	Indocin	Oruvail	Trilisate
Diclofenac	Ketoprofen	P-A-C	Toradol
Dimetapp Sinus	Lodine	Pletal	Trendar
Doan's Pills	Magan	Pedia Profen	Vicoprofen
Dolobid	Magnaprin	Pepto-Bismol	Vioxx
Dristan Sinus	Marnal	Percodan	Voltaren
			Zorpin

YOU MAY TAKE ACETAMINOPHEN OR TYLENOL FOR PAIN