

**WAKE ENDOSCOPY CENTER/CLAYTON ENDOSCOPY CENTER
PLENVU-PM/AM DOSE PREP (TWO DAY)
PREPARATION FOR COLONOSCOPY**

You will need to drink a laxative and osmotic solution called PLENVU to clean your colon. You must complete the entire prep to ensure the most effective cleansing.

DO NOT USE THE INSTRUCTIONS INCLUDED IN THE PLENVU BOX!

PRIOR TO YOUR PROCEDURE YOU WILL NEED TO PURCHASE:

- 1-PLENVU Kit. (prescription enclosed)
- 2 Reglan tablet (Metoclopramide) optional (prescription enclosed)
- 2 Dulcolax (Bisacodyl) tablets (over the counter, no prescription required)

***BE SURE TO LET THE NURSE KNOW IF YOU ARE ON COUMADIN, WARFARIN, or PRADAXA AS SOON AS POSSIBLE**

**5 days prior to your procedure, stop oral iron supplements. Please avoid sesame seeds and nuts.

***Diabetic medication adjustments: Day before procedure, take your normal AM insulin and/or oral medications. Take ½ of PM insulin dose, NO oral diabetic medication. Day of procedure: do not take any diabetic medications until after the procedure.

DAY BEFORE PROCEDURE: _____

Drink clear liquids only for all snacks and meals. **NO SOLID FOODS** or milk products. **Clear liquid diet:** coffee, tea, soft drinks, Jell-O, clear broth, popsicles, clear fruit juices, Gatorade, water, Snapple, powdered juices. Avoid red or purple liquids
***Important note: staying well hydrated during this prep is extremely important. Force fluids all day prior to and after beginning the bowel prep.

You may have clear liquids until midnight. Nothing to eat/drink after MIDNIGHT until you start your AM Prep.

1. **At 2pm:** Take the 2 Dulcolax tablets.
2. **At 5:30pm:** Take the Reglan tablet. This is optional. The prep may cause nausea and sometimes vomiting. Taking the Reglan in advance of the prep should reduce this chance.
3. **DOSE 1 At 6pm: Empty dose 1 into the mixing container and then add water (only water no other type of fluids) up to the fill line. This should be 16 oz.**
4. **Thoroughly mix with a spoon or by shaking with the lid on tight until the solution is dissolved.**
5. **Drink over the next 30 minutes all the solution.**
6. **Refill the mixing container to the fill line with clear liquids and drink all of the fluid over the next 30 minutes.**
7. **Consume additional clear liquids during the evening up to MIDNIGHT.**

*Do not plan to go anywhere after you have started drinking the prep. The prep will cause diarrhea to cleanse your bowel for the procedure.

*You may wish to use baby wipes rather than toilet tissue to protect your rectum from irritation.

AM PREP: DAY OF PROCEDURE: _____ **STARTING AT** _____ **am**

1. 30 minutes before starting second dose of prep, take second Reglan tablet.
2. **DOSE 2: Empty the contents of Dose 2 Pouch A and Dose 2 Pouch B into the mixing container and add water to the fill line on the mixing container (at least 16 oz). Only use water for this step.**
3. **Thoroughly mix the contents until the solution is dissolved.**
4. **Drink all the solution over the next 30 minutes.**
5. **Refill the mixing container with clear liquids and drink over the next 30 minutes.**
6. **If severe bloating, abdominal distention, or abdominal pain occurs following the first dose delay the second dose until the symptoms subside.**

Do not drink anything after you have completed the AM prep except for a very small amount (sip) of water with your morning medications. If you drink anything after the AM prep it will result in a delay of your procedure.

****If you use inhalers, please bring them with you****

****If you use a CPAP or VPAP machine, you are required to bring it with you****

IMPORTANT REMINDER TO ALL PROCEDURE PATIENTS

If you are having an Upper Endoscopy, Colonoscopy, and/or ERCP:

YOU WILL BE SEDATED FOR THIS PROCEDURE AND WILL REQUIRE AN ADULT TO DRIVE YOU HOME. YOUR DRIVER WILL BE REQUIRED TO STAY AT THE FACILITY DURING YOUR ENTIRE PROCEDURE.

The facility at which you are scheduled has the right to delay or cancel your procedure in the event you do not have an adult with you to drive you home.

If you are unable to keep your appointment, please call our office as soon as possible to reschedule. We do reserve the right to charge for missed appointments or appointments cancelled less than 72 hours in advance.

Your procedure is scheduled with Dr. _____

Procedure _____ Date _____ Location _____

Arrival Time _____ Procedure Time _____

If you have any questions, please call _____ at (919) 783-4888.

If your procedure is scheduled at:

WAKE ENDOSCOPY CENTER/RALEIGH MEDICAL GROUP/take the elevator to the second floor, see map for directions. Address: 2601 Lake Drive Ste 201 Raleigh, NC 27607 (919) 783-4888 or 1-800-491-7236

CLAYTON ENDOSCOPY CENTER- see map for directions.

Address: 900 S Lombard Street Ste 104 Clayton, NC 27520 (919) 341-3547

WAKE FOREST ENDOSCOPY CENTER-see map for directions

Address: 10540 Ligon Mill Rd Suite 109 Wake Forest, NC 27587 (919) 439-3393

REX HEALTHCARE-please use the Main Entrance and go to Patient Registration

WAKE MED CARY-check in at admission/business office

JOHNSTON AREA MEDICAL CENTER-please use the Main Entrance and go to Patient Registration

If you have any questions, please call:

Raleigh Office: (919)783-4888 or 1-800-491-7236

Cary Office (Dr. Gumber & Dr. Reddy): (919) 858-0892

Clayton Office (Dr. Whitt): (919) 341-3638

Dr. Hutzenbuhler: (919) 787-7226

Wake Forest Office: Dr. Sachdeva (919) 562-6589

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