

MGB GASTROENTEROLOGY
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COLONOSCOPY PREPARTION USING PLENVU

Please follow all instructions: An incomplete prep can lead to a poor exam. If you experience nausea/vomiting, take a 30 minute break and then slowly resume the prep. Please stay well hydrated before and during prep.

7 DAYS BEFORE THE PROCEDURE:

- Have your prescription filled. Please follow the prep instructions listed below, **NOT** the instructions on the prep box.

5 DAYS BEFORE THE PROCEDURE:

- If you typically have less than 2 bowel movements per week then you must purchase an 8.3oz bottle of MiraLAX.
- Begin taking a dose of MiraLAX twice a day until the day before your procedure.
- **AVOID** raw fruits and vegetables, raw or cooked corn, salads, red Jell- O, beets, granola, whole wheat/multigrain products, beans, popcorn, nuts, and seeds.

THE DAY BEFORE THE PROCEDURE:

- **CLEAR LIQUIDS ONLY** such as water, coffee, tea, broth, sodas, apple juice, Gatorade, Jell-O, popsicles, etc.
- Please avoid red and purple liquids, dairy and soy products, and juices with pulp.
- **START YOUR PREP AT 4:00pm**

STEP 1:

- Use container to mix the contents of the Dose 1 pouch with 16 ounces of water and stir/shake until **completely** dissolved.
- Drink the entire contents **within 30 minutes**. A straw may help.

STEP 2:

- Refill your mixing container with 16 ounces of clear liquid and drink within the **next 30 minutes**.

THE MORNING OF YOUR PROCEDURE:

- **DRINK THE SECOND DOSE OF PREP 6 HOURS PRIOR TO YOUR PROCEDURE**

STEP 1:

- Use the container to mix the contents of Dose 2 (Pouch A and Pouch B) with 16 ounces of water and stir/shake until **completely** dissolved.
- Drink the entire contents **within 30 minutes**. A straw may help.

STEP 2:

- Refill container with 16 ounces of clear liquid and drink **within the next 30 minutes**.

- **ABSOLUTELY NOTHING BY MOUTH 4 HOURS BEFORE PROCEDURE**
- **ABSOLUTELY NO GUM, HARD CANDY, BREATH MINTS, ETC. AFTER MIDNIGHT**

BLOOD THINNER INSTRUCTIONS:

DIABETIC INSTRUCTIONS:

Do not take any Advil or Aleve the morning of your procedure

****ALL PIERCINGS, JEWELRY AND CONTACT LENSES MUST BE REMOVED PRIOR TO PROCEDURE****

YOU MUST HAVE A RIDE HOME. You will not be discharged from the Endoscopy Unit unless you are accompanied by a responsible adult who will either drive you home or accompany you home by taxi, Uber, or bus.

REPORT TO: _____ Cooley Dickinson Hospital, 30 Locust Street, Northampton, North Entrance

You will be receiving a blocked call from Assessment at CDH, please answer when called

_____ Valley Medical Group, 31 Hall Drive, Amherst - Ambulatory Surgical Center, Main Floor

_____ Pioneer Valley Surgicenter, 3550 Main Street, Springfield, Suite 103

DAY: _____ **DATE:** _____ **ARRIVAL TIME:** _____