

<b>COLONOSCOPY PREPARATION WITH PLENVU</b>			
<b>PLEASE PURCHASE</b>	<ul style="list-style-type: none"> <li>• <b>PLENVU Kit</b> (by prescription)</li> </ul>		
<b>7 DAYS BEFORE</b>	<ul style="list-style-type: none"> <li>• <b>Stop fiber supplements and iron supplements, including multivitamins</b></li> </ul>		
<b>3 DAYS BEFORE</b>	<table border="1"> <tr> <td> <p><b>Begin a LOW FIBER Diet including:</b></p> <ul style="list-style-type: none"> <li>• White or sour dough bread</li> <li>• White Rice, Pasta</li> <li>• Eggs, Chicken, Turkey, Fish</li> <li>• Cheese, Yogurt, Milk, Ice Cream, Pudding</li> <li>• Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes)</li> <li>• Pureed fruits/vegetables (smoothies, strained puree soups)</li> <li>• Creamy peanut or almond butter</li> </ul> </td> <td> <p><b>High Fiber Foods to AVOID:</b></p> <ul style="list-style-type: none"> <li>• Raw fruits/vegetables with seeds, skin, membranes</li> <li>• Cooked/canned fruit/vegetables with skin/seeds/peel</li> <li>• Whole wheat or multigrain bread or crackers</li> <li>• Nuts, Seeds</li> <li>• Popcorn</li> <li>• Oatmeal, bran cereal</li> <li>• Brown rice, quinoa</li> </ul> </td> </tr> </table>	<p><b>Begin a LOW FIBER Diet including:</b></p> <ul style="list-style-type: none"> <li>• White or sour dough bread</li> <li>• White Rice, Pasta</li> <li>• Eggs, Chicken, Turkey, Fish</li> <li>• Cheese, Yogurt, Milk, Ice Cream, Pudding</li> <li>• Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes)</li> <li>• Pureed fruits/vegetables (smoothies, strained puree soups)</li> <li>• Creamy peanut or almond butter</li> </ul>	<p><b>High Fiber Foods to AVOID:</b></p> <ul style="list-style-type: none"> <li>• Raw fruits/vegetables with seeds, skin, membranes</li> <li>• Cooked/canned fruit/vegetables with skin/seeds/peel</li> <li>• Whole wheat or multigrain bread or crackers</li> <li>• Nuts, Seeds</li> <li>• Popcorn</li> <li>• Oatmeal, bran cereal</li> <li>• Brown rice, quinoa</li> </ul>
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<b>2 DAYS BEFORE</b>	<ul style="list-style-type: none"> <li>• <b>Continue LOW FIBER Diet</b></li> <li>• Avoid solid foods after midnight</li> </ul>		
<b>1 DAY BEFORE</b>	<ul style="list-style-type: none"> <li>• <b>MORNING: Start a CLEAR LIQUID Diet</b> <ul style="list-style-type: none"> <li>○ Water</li> <li>○ Apple, White Grape, White Cranberry Juices without Pulp</li> <li>○ Clear Soup/Broth</li> <li>○ Tea or Black coffee (no milk/creamer)</li> <li>○ Gatorade/Powerade (no red, purple or orange color)</li> <li>○ Jello (no red, purple, or orange color)</li> <li>○ Popsicles (no red, purple, or orange color)</li> </ul> </li> <li>• <b>6PM: Take PLENVU Dose 1</b> <ul style="list-style-type: none"> <li>○ Empty Dose 1 into the mixing container and add 16oz of cold water to the fill line. Mix until dissolved.</li> <li>○ Drink the 16oz mix over the next 30 minutes</li> <li>○ Refill the container to the fill line with just water and drink over the next 30 minutes. .</li> </ul> </li> <li>• <b>Bowel movements should begin 1-2 hours after starting PLENVU but effect can sometimes be delayed by up to 4-6 hours</b></li> </ul>		

## DAY OF COLONOSCOPY

<b>5 HOURS BEFORE</b>	<ul style="list-style-type: none"> <li>• <b>Take PLENVU Dose 2</b> <ul style="list-style-type: none"> <li>○ Follow the same instructions as outlined for Dose 1</li> </ul> </li> <li>• <b>By the end of the cleanse your stool should be a clear liquid with yellow or green tinge</b></li> </ul>
<b>3 HOURS BEFORE</b>	<ul style="list-style-type: none"> <li>• <b>Stop drinking/eating clear liquids</b></li> <li>• Do not chew gum or mints</li> <li>• Take regular medications with a small sip of water the morning of your procedure unless otherwise instructed by your physician</li> </ul>
<b>30 MIN BEFORE</b>	<ul style="list-style-type: none"> <li>• <b>Arrive at endoscopy suite 30 MIN PRE PROCEDURE (no later!)</b></li> <li>• Bring list of current medications including doses</li> <li>• Bring a Photo ID and Insurance Card</li> <li>• Bring any applicable Referrals</li> <li>• Please do not bring any valuables</li> </ul>

## GENERAL INSTRUCTIONS:

<b>URINE PREGNANCY TESTING</b>	<ul style="list-style-type: none"> <li>• If you are a premenopausal woman, you will need to submit a urine sample upon office check in</li> </ul>
<b>IF YOU HAVE DIABETES</b>	<ul style="list-style-type: none"> <li>• Contact your primary care doctor or endocrinologist for instructions regarding your medications</li> </ul>
<b>IF YOU TAKE MEDICATION TO THIN YOUR BLOOD</b>	<ul style="list-style-type: none"> <li>• Contact your gastroenterologist for further instructions at (212) 427-8761</li> <li>• Medications include but are not limited to: <ul style="list-style-type: none"> <li>○ Heparin, Lovenox, Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Edoxaban (Lixiana, Savaysa), Betrixaban (Bevyxxa), Clopidigrel (Plavix), Prasugrel (Effient), Brilinta (Ticagrelor)</li> </ul> </li> </ul>
<b>IF YOU TAKE WEIGHT LOSS MEDICATIONS</b>	<ul style="list-style-type: none"> <li>• Alert your GI provider to discuss holding your medication(s) prior to your procedure</li> </ul>
<b>IF YOU TAKE ASPIRIN OR BLOOD PRESSURE MEDICATIONS</b>	<ul style="list-style-type: none"> <li>• You may continue to take these medications</li> </ul>
<b>ESCORT</b>	<ul style="list-style-type: none"> <li>• Please ensure that you have an escort (responsible adult over the age of 18) to pick you up at the end of the procedure</li> </ul>