MANHATTAN GASTROENTEROLOGY

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COLONOSCOPY PREPARATION WITH PLENVU

PLEASE PURCHASE	• **PLENVU Kit** (by prescription)	
7 DAYS BEFORE	• **Stop any GLP-1 medications** (injection or oral) • **Stop fiber supplements and iron supplements** (including multivitamins) • Cease smoking any marijuana, tobacco, or nicotine products	
3 DAYS BEFORE	**Begin a LOW FIBER Diet including:** • White or sourdough bread • White Rice, Pasta • Eggs, Chicken, Turkey, Fish • Cheese, Yogurt, Milk, Ice Cream, Pudding • Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes) • Pureed fruits/vegetables (smoothies, strained puree soups) • Creamy peanut or almond butter	**High Fiber Foods to AVOID:** • Raw fruits/vegetables with seeds, skin, membranes • Cooked/canned fruit/vegetables with skin/seeds/peel • Whole wheat or multigrain bread or crackers • Nuts, Seeds • Popcorn • Oatmeal, bran cereal • Brown rice, quinoa
2 DAYS BEFORE	• **Continue LOW FIBER Diet** • Avoid solid foods after midnight	

1 DAY BEFORE	• **MORNING: Start a CLEAR LIQUID Diet**
	  ○ Water
	  ○ Apple, White Grape, White Cranberry Juices without Pulp
	  ○ Clear Soup/Broth
	  ○ Tea or Black coffee (no milk/creamer)
	  ○ Gatorade/Powerade (no red, purple or orange color)
	  ○ Jello (no red, purple, or orange color)
	  ○ Popsicles (no red, purple, or orange color)
	• **6 PM: Take PLENVU Dose 1**
	  ○ Empty Dose 1 into the mixing container and add 16oz of cold water to the fill line. Mix until dissolved.
	  ○ Drink the 16oz mix over the next 30 minutes
	  ○ Refill the container to the fill line with water and drink it over the next 30 minutes.
	• **Bowel movements should begin 1-2 hours after starting PLENVU, but effect can sometimes be delayed by up to 4-6 hours**	

DAY OF COLONOSCOPY	
5 HOURS BEFORE	• **Take PLENVU Dose 2** ○ Follow the same instructions as outlined for Dose 1 • **By the end of the cleanse, your stool should be a clear liquid with a yellow or green tinge**
3 HOURS BEFORE	• **Stop drinking/eating clear liquids** • Do not chew gum or mints • Take regular medications with a small sip of water the morning of your procedure unless otherwise instructed by your physician
30 MIN BEFORE	• **Arrive at endoscopy suite 30 MIN PRE PROCEDURE (no later!)** • **If you are a premenopausal female, you will need to submit a urine sample upon office check-in** • Bring list of current medications including doses • Bring a Photo ID and Insurance Card • Bring any applicable Referrals • Please do not bring any valuables

GENERAL INSTRUCTIONS AND TIPS:

IF YOU ARE NOT HAVING SIGNIFICANT BOWEL MOVEMENTS DESPITE COMPLETING THE PREP	• Purchase an over-the-counter 10 oz bottle of Magnesium Citrate and drink the entire bottle followed by 2 glasses of water.
IF YOU HAVE DIABETES	• Contact your primary care doctor or endocrinologist for instructions regarding your medications
IF YOU TAKE MEDICATION TO THIN YOUR BLOOD	• Contact your gastroenterologist for further instructions at (212) 427-8761 • Medications include but are not limited to: ○ Heparin, Lovenox, Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Edoxaban (Lixiana, Savaysa), Betrixaban (Bevyxxa), Clopidogrel (Plavix), Prasugrel (Effient), Brilinta (Ticagrelor)
IF YOU TAKE ASPIRIN OR BLOOD PRESSURE MEDICATIONS	• You may continue to take these medications
ESCORT	• Please ensure that you have an escort (responsible adult over the age of 18) to pick you up at the end of the procedure