

BISACODYL/MIRALAX/PLENVU COLONOSCOPY PREP INSTRUCTIONS 05/02/2023
DR. SINDHU A. ABRAHAM (972) 867-0019

To ensure a proper and complete examination, it is necessary for you to have an empty and properly cleansed colon. This is accomplished by strictly following these instructions. **The exam may be cancelled if these instructions are not followed. IF YOU HAVE PROBLEMS WITH YOUR PREP, PLEASE CALL OUR OFFICE AT THE NUMBER LISTED ABOVE.**

PURCHASE AT THE PHARMACY:

(1) PLENVU (prescription sent to GI Alliance or local pharmacy). MIRALAX 8.3 oz (14 dose) bottle, DULCOLAX BISACODYL TWO 5 MG TABLETS (laxative, not stool softener), 2 liters of PEDIALYTE ANY FLAVOR. Metoclopramide or Zofran ondansetron to prevent nausea --your prescription may be sent to your pharmacy electronically.

PURCHASE OVER THE COUNTER:

TWO WEEKS PRIOR TO YOUR PROCEDURE:

Stop taking St. John's Wort (an herbal supplement)

FIVE DAYS PRIOR TO YOUR PROCEDURE: STOP VITAMIN E AND OMEGA 3 FISH OIL.

Stop taking **ASPIRIN** or **ASPIRIN-CONTAINING PRODUCTS**, non-steroidal anti-inflammatories, and blood thinners. Examples include, but are not limited to: **COUMADIN, ELIQUIS, XARELTO, PRADAXA, ALEVE, NUPRIN, MOTRIN, ADVIL, IBUPROFEN, EXCEDRIN, RELAFEN, ANAPROX, LODINE, FELDENE, ECOTRIN, EMPIRIN, RUFEN, NAPROSYN, TOLECTIN, VOLTAREN, DOLOBID, MOBIC, CELEBREX, or PLAVIX.** If you have any questions about your medications, please call our office or your pharmacy. You may take Tylenol or Acetaminophen as needed.

TWO DAYS BEFORE YOUR PROCEDURE:

Remain on a clear liquid diet the entire day. You may have clear broth, Jell-O with no fruit, lemonade without pulp, Popsicles with no fruit, coffee with no cream, tea, apple juice, Gatorade, 7-UP, Sprite, Coke, Dr. Pepper, Root Beer Etc. There are no color restrictions—you may drink red or purple liquids—but keep in mind, they will come out of your rectum red or purple!

- ❖ ***NO MILK PRODUCTS OR ORANGE JUICE. DRINK AT LEAST 64 OUNCES OF FLUID (not just water) DURING THE DAY. ALCOHOL IS NOT CONSIDERED A CLEAR LIQUID!!!!!!***
- ***IF YOU ARE DIABETIC & ARE ON INSULIN*** – take ½ your usual dose of insulin. If you take oral medicines for diabetes, **DO take** those as usual. **DO NOT** consume just sugar-free liquids.

ONE DAY BEFORE PROCEDURE:

- At 8 AM take your 1st dose of Metoclopramide or Zofran ondansetron by mouth.
- At 9 AM take the two 5 mg bisacodyl tablets with clear liquid drink of your choice.
- At 1 PM MIX MIRALAX 8.3 oz BOTTLE WITH 2 LITERS OF PEDIALYTE ANY FLAVOR AND DRINK.
- At 7:00 PM, TAKE PLENVU DOSE 1 use the mixing container to mix the contents of the Dose 1 pouch Mango flavor with at least 16 oz of water by shaking or using a spoon until it's completely dissolved. DO NOT POUR OVER ICE. Finish the dose within 30 min, then refill the container with at least 16 oz of clear liquid and finish it within 30 minutes.**

While you are having bowel movements, you may want to use alcohol free baby wipes or Tucks medicated pads to wipe instead of toilet tissue. To protect the skin outside the rectum, you may use Anusol, Desitin (zinc oxide), Boudreaux's Butt Paste or Vitamin A & D ointment.

- ❖ At 4 pm and 10 pm take your 2nd and 3rd doses of Metoclopramide or Zofran ondansetron by mouth.
- ❖ **At _____, (7 HOURS PRIOR TO YOUR CHECK IN TIME) TAKE PLENVU DOSE 2 --use the mixing container to mix the contents of the Dose 2 Fruit punch flavor (Pouch A and Pouch B) with at least 16 oz of water by shaking or using a spoon until it's completely dissolved. DO NOT POUR OVER ICE. Finish the dose within 30 min, then refill the container with at least 16 oz of clear liquid and finish it within 30 min.**

**DO NOT CHEW GUM OR SUCK ON CANDY WHILE YOU ARE WAITING FOR YOUR PROCEDURE.
STOP DRINKING LIQUIDS 4 HOURS PRIOR TO CHECK IN TIME**

**IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEDICINES OR PREP,
PLEASE CALL THE OFFICE (972) 867-0019 AND WE WILL ASSIST YOU, 24 HOURS A DAY, 7 DAYS A WEEK**

THE DAY OF YOUR PROCEDURE:

- ❖ ***Take your blood pressure or heart medications at your usual time with a small sip of water, unless otherwise instructed by your physician. If you take medicines for acid reflux, also take them in the morning.***
- ❖ ***If you have asthma, emphysema, or COPD – take your inhalers & medicines for that condition.***
- ❖ ***If you are diabetic – DO NOT take your diabetic medications or insulin the morning of your procedure.***

AFTER THE PROCEDURE:

- ❖ You will need someone to drive you home after your procedure. You will NOT be allowed to take a taxi or bus.

- ❖ YOU WILL NOT BE ALLOWED TO DRIVE THE REST OF THE DAY.
- ❖ Please call our office if you need information on medical transportation services if you do not have a ride available.

LOW RESIDUE DIET TO FOLLOW 3 DAYS PRIOR TO COLONOSCOPY

Food group	Foods allowed...	Foods to avoid...
Milk and dairy	Milk and milk products. Includes: <ul style="list-style-type: none"> <input type="checkbox"/> cow's milk <input type="checkbox"/> ice cream <input type="checkbox"/> yogurt <input type="checkbox"/> cheese <input type="checkbox"/> cream 	<ul style="list-style-type: none"> <input type="checkbox"/> fruited yogurt <input type="checkbox"/> any ice cream or cheese with nuts or seeds <input type="checkbox"/> any milk products if you are lactose intolerant
Beverages	<ul style="list-style-type: none"> <input type="checkbox"/> coffee and tea <input type="checkbox"/> carbonated beverages <input type="checkbox"/> apple juice <input type="checkbox"/> strained juice <input type="checkbox"/> bottled water <input type="checkbox"/> tomato juice <input type="checkbox"/> fruit drinks without pulp, such as fruit punch <input type="checkbox"/> Kool-Aid or Hi-C (without red dye) <input type="checkbox"/> nutritional supplements without added fiber, such as Boost/Ensure 	<ul style="list-style-type: none"> <input type="checkbox"/> any beverage containing pulp or seeds, such as orange or grapefruit juice <input type="checkbox"/> prune juice <input type="checkbox"/> nutritional supplements that contain fiber
Breads, cereals, and starches	<ul style="list-style-type: none"> <input type="checkbox"/> refined breads, rolls, bagels, English muffins, pita bread, biscuits, muffins, crackers, pancakes, waffles, or pastry <input type="checkbox"/> refined cooked and cold cereals such as hominy grits, farina, cream of wheat or rice, strained oatmeal, Cheerios, Corn/Rice Chex, Cornflakes, Rice Krispies, Special K <input type="checkbox"/> potato and sweet potato without skin <input type="checkbox"/> refined pasta <input type="checkbox"/> white rice 	<ul style="list-style-type: none"> <input type="checkbox"/> whole grain breads, cereals, and pasta <input type="checkbox"/> oatmeal <input type="checkbox"/> granola <input type="checkbox"/> any bread, cereal, cracker, or pasta made with seeds, nuts, coconut, or raw or dried fruit <input type="checkbox"/> corn bread <input type="checkbox"/> graham crackers <input type="checkbox"/> brown rice <input type="checkbox"/> wheat germ <input type="checkbox"/> bran <input type="checkbox"/> sprouted wheat <input type="checkbox"/> wild rice <input type="checkbox"/> barley <input type="checkbox"/> potato skins

Food group

Foods allowed...

Foods to avoid...

<p>Fruits</p>	<ul style="list-style-type: none"> <input type="checkbox"/> canned or cooked fruit without skins or seeds (peaches, pears, apricots, apples) <input type="checkbox"/> applesauce <input type="checkbox"/> ripe banana <input type="checkbox"/> jellied cranberry sauce 	<ul style="list-style-type: none"> <input type="checkbox"/> raw fruit (bananas are okay) <input type="checkbox"/> canned pineapple, oranges, grapefruit sections, mixed fruit <input type="checkbox"/> dried fruit <input type="checkbox"/> all berries, melons <input type="checkbox"/> whole cranberry sauce <input type="checkbox"/> avocado <input type="checkbox"/> coconut
<p>Vegetables</p>	<ul style="list-style-type: none"> <input type="checkbox"/> tender, well cooked fresh, canned, and frozen vegetables without seeds such as peeled carrots, green beans, and beets <input type="checkbox"/> strained vegetable juice <input type="checkbox"/> strained tomato sauce 	<ul style="list-style-type: none"> <input type="checkbox"/> all raw vegetables, such as lettuce, onion, celery, cucumber, mushrooms, scallions, etc. <input type="checkbox"/> vegetables with seeds <input type="checkbox"/> tough, fibrous cooked vegetables such as: <ul style="list-style-type: none"> artichokes asparagus broad beans broccoli and cauliflower brussel sprouts celery corn cucumber eggplant mushrooms onion peas (green peas) sauerkraut and cabbage spinach tomatoes zucchini summer squash, winter squash
<p>Meat and meat substitutes</p>	<ul style="list-style-type: none"> <input type="checkbox"/> cooked, tender fish, poultry, beef, lamb, pork, ham, veal, organ meats <input type="checkbox"/> eggs <input type="checkbox"/> cheese <input type="checkbox"/> tofu <input type="checkbox"/> tuna fish <input type="checkbox"/> smooth peanut butter and other smooth nut butters 	<ul style="list-style-type: none"> <input type="checkbox"/> non-tender meats <input type="checkbox"/> gristle <input type="checkbox"/> hot dogs <input type="checkbox"/> salami, cold cuts <input type="checkbox"/> meat substitutes made with whole grains, nuts, or seeds <input type="checkbox"/> dried beans, peas, lentils <input type="checkbox"/> crunchy style peanut butter and other crunchy nut butters
<p>Miscellaneous</p>	<ul style="list-style-type: none"> <input type="checkbox"/> salt, sugar, ground or flaked herbs and spices <input type="checkbox"/> vinegar <input type="checkbox"/> ketchup and mustard <input type="checkbox"/> soy sauce <input type="checkbox"/> jelly (but not jam or preserves) 	<ul style="list-style-type: none"> <input type="checkbox"/> pepper <input type="checkbox"/> seed spices <input type="checkbox"/> seeds and nuts <input type="checkbox"/> coconut <input type="checkbox"/> popcorn <input type="checkbox"/> jams or preserves <input type="checkbox"/> pickles and olives