

Colonoscopy  
**Plenvu - 2 Day Prep**

Location: North Park Endoscopy Center, 910 E Houston Street, Suite 470., Tyler, Texas 75702  
(Free parking in North Park garage).

OR

Location: Tyler Medical Park, 1720 South Beckham Ave, Suite 103, Tyler, Texas 75701

Please note that your arrival time is 1 hour prior to your procedure time. This allows for you to get registered, health history, IV and to speak with anesthesia physician and physician performing the procedure. Please make sure you bring a picture ID and your insurance card with you to your appointment.

**ATTENTION: You will be contacted 1 week prior to your procedure to confirm your date, time and receipt of instructions. It is extremely important that you confirm your procedure. If we do not receive confirmation by 12:00 pm 3 business days prior to your procedure, your procedure will be cancelled. If you need to reschedule or have any questions please contact our Tyler Procedure Schedulers at (903) 606-7475**

**5 days before procedure:**

- If you are on any of the medications below, please call the prescribing physician **IMMEDIATELY to find out how many days you will need to stop this medication.** Your procedure may need to be rescheduled **IF** you cannot stop or substitute any of the below medications.

- |                            |                                            |
|----------------------------|--------------------------------------------|
| 1. Aggrenox (dipyridamole) | 6. Heparin                                 |
| 2. Brilinta (ticagrelor)   | 7. Plavix (clopidogrel)                    |
| 3. Coumadin (Warfin)       | 8. Pradaxa (dabigatran etexilate mesylate) |
| 4. Effient (prasugrel)     | 9. Ticlid (ticlopidine hcl)                |
| 5. Eliquis (apixaban)      | 10. Xarelto (rivaroxaban)                  |

If you are diabetic and take insulin and/or oral medications contact your prescribing physician for clear liquid diet and medication instructions.

- Pick up **Plenvu kit** with attached prescription.
- Pick up **Two (2) Fleets enemas, Two (2) Colace 100mg capsules and Two (2) Simethicone 180mg tablets.**

**3 days before procedure:**

- Begin avoiding fruits and vegetables with seeds and high fiber content such as cucumbers, tomatoes, popcorn, melons, corn, or anything with a thick peel. Seeds and residue will clog the suction apparatus of the endoscope and interfere with the examination.
- Discontinue fiber supplements, iron and herbal products.

**2 days before procedure:**

- Do not consume any solid food today. Only **FULL LIQUIDS**. Full liquids include:

- A full liquid diet is made up only of fluids and foods that are normally liquid and foods that turn to liquid when they are at room temperature. It also includes strained creamy soups.
- Milkshakes, pudding, popsicles, jello, juice (with and/or without pulp)
- Custard, soup broth (bouillon, consommé, and strained cream soup)
- Sodas, boost, Ensure, Resource, Sustacal and other liquid supplements
- Tea or coffee with cream or milk and sugar or honey.
- **DO NOT EAT MASHED FOODS SUCH AS MASHED POTATOES OR AVACADOES**
- You will take **ONE (1) Colace 100mg capsule at 9:00am.**
- You will take **ONE (1) Fleets Enema at 8:30 pm.**

**The day before the procedure:**

- You may have a clear liquid diet all day. **DO NOT CONSUME ANY SOLID FOOD.**  
Clear liquids:
  - Juice (no red or purple or pulp)
  - Popsicles (no red or purple)
  - Clear broth
  - Jello (no red or purple)
  - Soda, Gatorade, Sports drinks (no red or purple)
  - Coffee or tea (no milk or cream)
- You will take **ONE (1) Colace 100mg capsule at 9:00am**
- You will take **ONE (1) Fleets enema at 8:30pm**
- Between 5pm and 7pm prepare **Dose 1** of your Plenvu:
  - Empty the contents of Dose 1 into the mixing container that comes with your Plenvu kit.
  - Add water to the fill line on the mixing container (at least 16 fluid ounces). Do not add other ingredients to the Plenvu solution.
  - Thoroughly mix with a spoon or shake with lid securely on until completely dissolved. This may take 2-3 minutes.
  - Drink the Plenvu Solution over the next 30 minutes. It is important to consume **all** of the solution.
- Drink sixteen (16) ounces of the clear liquid of your choice within a 30 minute period after you finish the prep. Gatorade is preferred. You may use Tuck's pads, Vaseline or hemorrhoid medications for discomfort around the anus as needed.
- Take **One (1) Phazyme (Simethicone 180mg tablet PO)** at night **after completion of 1st half of the bowel prep**
- **NOTE: You must take all of the Plenvu as directed in order to achieve an adequate prep. It is common to have some mild nausea, cramping and gas after beginning MoviPrep. This usually passes when bowel movements begin (typically 60-90 minutes). If you experience persistent nausea and vomiting, stop drinking for 30-60 minutes, then resume.**

**The day of the procedure:**

- Five (5) hours before your scheduled procedure time, prepare **Dose 2** of your Plenvu:
  - Empty the contents of Dose 2 **Pouch A** and Dose 2 **Pouch B** into the mixing container that comes with Plenvu.

- Add water to the fill line on the mixing container (at least 16 fluid ounces). Do not add other ingredients to the Plenvu solution.
  - Thoroughly mix with a spoon or shake with lid securely on until completely dissolved. This may take 2-3 minutes.
  - Drink the Plenvu Solution over the next 30 minutes. It is important to consume **all** of the solution.
- Follow again with the 16 ounces of clear liquids.
  - Take **One (1) Phazyme (Simethicone 180mg tablet PO)** in the morning **after completion of the 2nd half of the bowel prep and 3 hours before the procedure.**
  - You may have clear liquids until **3 hours** prior to **procedure time.**
  - If you are on heart, blood pressure and/or seizure medications you **MUST** take these medicines before you arrive with a small sip of water.
  - **Arrive 1 hour** before your schedule appointment time.
  - You will be sedated for this procedure so you **MUST** bring a responsible driver that will remain with you while you are having the procedure. You may **NOT** go home in a taxicab or medical transportation unless a responsible adult is riding with you. **YOU MAY NOT DRIVE UNTIL NEXT DAY.**
  - Leave all personal belongings at home (jewelry etc). We do not take responsibility for lost valuables (jewelry, teeth, hearing aids, cell phones, etc). We will ask that your driver keep all valuables with them while you are having your procedure. We ask that you bring your driver's license and insurance cards with you.
  - All female patients that have not had a hysterectomy, currently on birth control or have had a cycle in past 2 years **must have** a urine pregnancy test upon arrival.
  - No gum or tobacco products the day of procedure.
  - All spinal nerve stimulators need to be turned off prior to your procedure if you are getting sedated

#### **DISCLAIMER: IMPORTANT INSURANCE INFORMATION**

If you have been scheduled for a routine/screening colonoscopy, please pay close attention to this information. For questions regarding any of the following, please contact financial counselor in **Tyler: Contact Beverly Davis 903-606-4573 [beverly.davis@christushealth.org](mailto:beverly.davis@christushealth.org)**. Please allow 24-48 hours for a reply.

The purpose of this screening is to look for cancer or pre-cancerous conditions. This may cause a change in your benefits should we find something. We have staff that can help guide you through this process and offer options to assist in any financial concern you may have. If you have any questions on what you may be financially responsible for this procedure you may contact the financial counselor listed above.

If you are a returning client to CHRISTUS Trinity Mother Frances Hospitals and Clinics and have any outstanding financial balances from previous visits, these may need to be collected prior to any elective procedures. If you would like consolidate all of your accounts into one simple monthly payment plan, please contact one of our financial counselors listed above.

If you do not need to consolidate but would like a monthly payment plan you can expect to pay at least 20% of your estimated financial responsibility (deductible and/or co-insurance) prior to

the procedure. To find out that amount please call our patient financial support services team at the number listed above.