



Procedure Instruction Packet

READ this instruction packet completely at least 7 days prior to your procedure!!

***Your procedure may be cancelled if these instructions are not followed.*

Date of Procedure: _____

Procedure Scheduled: _____

Required Arrival Time: _____

- We ask all patients to arrive 1 hour prior to the estimated start time of their procedure.

Estimated Start Time of Procedure: _____

- Note: The exact time for each procedure varies from patient to patient. Our physicians give each patient outstanding care and undivided attention.

Please print this packet out if you are receiving it by email.

It is important that you read the instructions a few times before your procedure. We recommend you set a reminder on your calendar 7-10 days prior to your procedure to ensure you are prepared and understand your restrictions.



Important: If you are scheduled for a colonoscopy, *follow our instructions ONLY. Do **NOT** follow the instructions within the colonoscopy prep kit you receive at the pharmacy.*

Following the instructions within this packet is very important. We want to ensure your procedure will be performed with success.

You will receive a confirmation call or text 72 hours prior to your scheduled procedure.

Colonoscopy Prep Instructions - Plenvu

YOUR BOWEL PREP IS VERY IMPORTANT - Please read immediately and review instructions carefully! Only follow these MDTEC instructions for your prep. If you do not follow these instructions and you are not prepped properly for your procedure, a cancellation fee will apply.

Prior to your procedure:		2 Days Prior	1 Day Prior	Procedure Day
<p>Your prescription is sent to your pharmacy after your pre-op call or office visit has been completed. Please pick up your prescription within 72 hours.</p> <p>You will need to arrange for a responsible adult to drive you home. <u>You cannot drive until the day after your procedure.</u> A taxi, ride share, or shuttle is not an approved means of transportation <u>unless you have a family member or friend with you.</u></p> <p><u>If you take Phentermine</u> – stop taking this 10 days prior to your procedure. <u>If you take iron, dietary, herbal or fiber supplements</u>, stop taking these 7 days prior to your procedure.</p> <p><u>If you take a blood thinner-</u> <u>Please contact the prescribing doctor to obtain a blood thinner hold order.</u> The office can fax this order to us at 410-972-2698.</p> <p><u>If you see a specialist:</u> you can request that your most recent visit summary, labs, and test results from that office be faxed to us at 410-972-2698</p> <p>If you develop any covid, flu, or cold like symptoms within 2 weeks of your procedure date, please call us at 410-224-3636.</p>	<p><u>Stop</u> consuming all food with seeds, corn and nuts 5 days prior to your procedure. <u>Stop</u> taking all NSAIDS. Ibuprofen, Advil, Aleve, etc. 5 days prior to your procedure. You may take Tylenol as needed.</p> <p><u>Inhalers and Nasal Spray-</u> Continue as prescribed. Please bring with you on day of procedure. <u>Blood Pressure and other essential medications:</u> Continue as prescribed. Take these medications on the day of your procedure with a SMALL sip of water at least 2 hours before procedure. <u>If you use a CPAP:</u> please bring with you on the day of your procedure. <u>If you wear contacts:</u> please remove them at home or bring your contact lens supplies with you if you don't have glasses to wear. Please leave jewelry and other valuables at home.</p> <p>Contact our pre-operative department with any questions at 410 224-3636 Option 2.</p>	<p>Drink at least four 8oz. glasses of water throughout the day.</p>  <p>Eat a light dinner.</p> <p><u>NO Solid Foods after midnight!</u></p> <p>You will begin a clear liquid diet at midnight.</p> <p><u>Acceptable clear liquids include:</u> water, clear broth, apple juice, white cranberry juice, white grape juice, soda, jello, popsicles, coffee, and tea. You may have any transparent liquid. Nothing with milk or creamer. Nothing red, blue or purple in color are allowed.</p>	<p><u>Clear liquid diet all day today.</u></p> <p>Drink at least four 8oz. glasses of water throughout the day.</p>  <p>No alcohol the day before or day of your procedure.</p> <p>If you are taking <u>diabetic medication</u>, cut your dose in half this day and do not take any diabetic medication day of procedure.</p> <p><u>6pm: Plenvu Prep- (Part 1)</u> <u>Step 1</u> -Empty Dose 1 Pouch in container. Add 16oz. water. Mix with spoon to dissolve. <u>Step 2</u> - Drink solution until all solution has been consumed within 30 minutes. <u>Step 3</u> - Refill container with 16oz water and drink slowly over 30 minutes.</p> <p><u>It should take you no more than 1 hour to complete these steps.</u></p> <p>If you are unable to tolerate the prep, please call to speak to the on call doctor.</p>	<p><u>Clear liquid diet until 4 hours prior to your procedure.</u></p> <p><u>Morning Dose of Plenvu: (Part 2)</u> <u>5 hours prior to your procedure.</u> <u>Step 1</u> - Empty dose 2 (pouch A &B) into container. Add 16oz. water. Mix with spoon to dissolve. <u>Step 2</u> - Drink solution until all solution has been consumed within 30 minutes. <u>Step 3</u> - Refill container with 16oz water and drink slowly over 30 minutes. <u>You must finish all of the prep, including the water 4 hours prior to your procedure. Please call the office if your prep results are not clear like water or a transparent yellow at this time.</u></p> <p><u>You cannot have ANYTHING AT ALL by mouth for at least 4 hours prior to scheduled procedure time.</u> This includes ice, water, gum, hard candy and mints.</p> <p>No smoking the day of procedure. <u>Please remember to bring your:</u> -Current Medication list with the last dose for each medication taken -Insurance Cards -Driver's License/Photo ID -Any co-insurance fees that are due.</p>

Medication Record Form

- This form must be completed prior to your procedure.
- Please list all prescriptions, over the counter medications, vitamins and supplements taken in the last month.
- Please remember to review medication instructions provided on page 1 of your procedure instructions.
- *If you have questions regarding your medications prior to your procedure, please call 410-224-3636 and ask to speak with our procedure coordinator.*

Medication Name	Dose	Frequency and Time(s) Taken	<u>Date / Time of Last Dose</u>

Patient Signature

Date

Medication Record Form

Patient Signature

Date