

Preparation Instructions:
Colonoscopy with Plenvu (BREAKFAST)

Preparation Instructions:

You are scheduled for a colonoscopy, a procedure in which the doctor examines the lining of your large intestine by looking with a flexible tube called a colonoscope. If polyps or other abnormalities are found during this procedure, the doctor may remove the abnormal tissue or take biopsies for closer examination.

****Please remember to arrange for a responsible adult to drive you home after your procedure. If you do not have a responsible adult driver your procedure will be cancelled. You may NOT take a taxi cab home from the procedure. If you do not have anyone to drive you please notify the office and recommendations can be given for approved driver services. Please review the preparation schedule below for the days preceding your colonoscopy. If you need further assistance please call the office.**

<u>1 Week Prior</u>	<u>2 Days Prior</u>	<u>1 Day Prior</u>	<u>Procedure Day</u>
<ul style="list-style-type: none"> ➤ Fill your prescription for the Plenvu solution. ➤ <i>Optional purchase(for sore bottom):</i> -Plain or Aloe Baby Wipes -Desitin or A&D Ointment ➤ Arrange for a driver to take you home post-procedure. ➤ If you are taking iron, please discontinue this 7 days before your procedure. <i>This includes multivitamins with iron as well.</i> ➤ If you have diabetes you may continue your medication prior to the procedure but these medications will need to be held the day of surgery until after your procedure, unless otherwise directed. If you are taking insulin, please inform your Endocrinologist as this may need to be adjusted. ➤ <i>Continue aspirin</i> products if you are taking <i>for cardiac reasons</i>. Otherwise discontinue aspirin products. ➤ Avoid foods containing seeds (strawberries, sesame, poppy, etc.). Also avoid cracked black pepper, corn and tomato skins, as well as olestra potato chips. 	<ul style="list-style-type: none"> ➤ You will be starting a modified diet tomorrow (1 day prior to your procedure). Please make sure you have these items available: <p>Clear Liquid Suggestions</p> <ul style="list-style-type: none"> -Water -Broth (chicken, vegetable, beef) -Coffee or tea with <i>no</i> milk -Gatorade or Crystal Light -Soft Drinks -Juices <i>without</i> pulp -Jell-O(<i>no</i> pudding) -Popsicles <p>Optional Items ONLY for Breakfast (until 12noon)</p> <ul style="list-style-type: none"> -Yogurt (plain vanilla) -Bacon -Eggs <p style="text-align: center;">**NO RED OR PURPLE**</p>	<ul style="list-style-type: none"> ➤ Beginning at noon, start a clear liquid diet. You are to consume <i>nothing</i> solid this day. You can have a light breakfast up until 12 noon. (please see the approved breakfast listed on 2 days prior) ➤ Drink <i>at least</i> 8-10 large glasses of clear fluid throughout the entire day. ➤ At 5PM:Mix the 1st dose of Plenvu use the mixing container in the kit to mix the contents of the Dose 1 pouch with at least 16 ounces of water by either shaking or using a spoon to mix until it's completely dissolved. This may take 2-3 minutes. ➤ Drink the solution until it is gone. This should take about 30 minutes. <i>Please DO NOT "gulp" the entire solution all together.</i> ➤ Once 1st dose of Plenvu is finished you are to drink any 16 ounces of a clear liquid of your choice. Again, drink this over 30 minutes. ➤ Continue clear liquids until bedtime. 	<ul style="list-style-type: none"> ➤ Wake up 5 hours prior to your scheduled procedure time and <i>repeat steps 3-5 from the previous day.</i> <p style="text-align: center;"><u>ALERT</u></p> <p>After your prep, the results should appear clear yellow or clear green liquid with no solid matter. If not, please call the office ASAP.</p> <ul style="list-style-type: none"> ➤ <i>NOTHING BY MOUTH IS PERMITTED including no chewing gum, hard candy or mints</i> after you complete your Plenvu solution. ➤ You may take your essential morning medications (blood pressure or heart) with a few small sips of water, unless otherwise directed ➤ Arrive one hour before your scheduled procedure time.

Colonoscopy Operative Request / Consent

1. I, _____ hereby request, consent to, and authorize **Dr. Wolke, Dr. Plotner, Dr. Axelrad, Dr. Noguera, Dr. Valle, Dr. Lakhani, and Dr Patel** (the "Practitioner") and such surgical assistants as may be selected by him/her to perform the following procedure(s): **colonoscopy with possible biopsy**. Risk of drug allergy, over sedation, aspiration, bleeding, perforation and need for surgery have been explained to me.
The Practitioner has advised me there is a small possibility of missing lesions.

2. It has been clearly explained to me that during the course of this operation, some other conditions which had not been expected may present themselves. I recognize that if such conditions are discovered it will be necessary to do more than that which is specified in paragraph #1 above. I, therefore, authorize and request that the above named Practitioner and his/her surgical assistants perform such surgical procedures which, in their best professional judgment, will be effective in their attempt to heal and/or diagnose. This includes, but is not limited to, pathology and radiology. I further authorize the Anesthesiologist or nurse anesthetist selected by the Anesthesiologist to administer whatever anesthesia they feel is indicated; and authorize the use of blood transfusions when attending personnel feel such is required.

3. I fully understand that this operation, like any operation, is accompanied by some degree of risk and that no cure is guaranteed.

4. The nature of my (or the patient's) condition, the nature of the procedure(s) listed under paragraph #1 above, the risks involved and whatever other choices are available to me (or the patient), if any, have been explained by a representative of The Gastroenterology Group, P.C. and I have been given the opportunity to ask any questions that I may have regarding that explanation and my questions have been answered satisfactorily.

Signature of Patient

Date

Signature of Witness

Date

Signature of Next of Kin or Guardian

Date

PHYSICIAN'S STATEMENT:

I have personally explained, in non-technical terms, the proposed procedure to the patient, and/or relative/guardian, the major risks or consequences of this procedure, and any alternatives.

Signature of Physician

Date