

**DIET AND PREP INSTRUCTIONS:**

1. **TWO DAYS PRIOR TO PROCEDURE:** AVOID FRUITS, VEGETABLES, NUTS, CORN, BEANS
2. **THE DAY BEFORE:** YOU MAY HAVE A LIGHT BREAKFAST IN THE MORNING (unless you will be using the PLENVU or CLENPIQ prep, then you must remain on clear liquids since the morning)
3. **THE DAY BEFORE:** AFTER BREAKFAST, YOU WILL CONSUME ONLY CLEAR LIQUIDS THE REST OF THE DAY
4. YOU MAY NOT HAVE BREAKFAST OR SOLID FOODS ON THE DAY OF YOUR COLONOSCOPY, UNTIL AFTER YOUR PROCEDURE

IT'S IMPORTANT TO STAY HYDRATED BEFORE, DURING, AND AFTER TAKING A LAXATIVE. DRINK PLENTY OF CLEAR LIQUIDS, WHICH INCLUDE:	
<ul style="list-style-type: none"> <li>• Sports drinks (Gatorade, Powerade, etc.)</li> <li>• Soups / Broths (without any solids)</li> <li>• Clear soda (Sprite, Sierra Mist, ginger ale, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Jello-O / popsicles (no red colors, no fruit or pulp)</li> <li>• Tea / Coffee (without milk or creamer)</li> <li>• Apple juice</li> </ul>

**AVOID FOODS/LIQUIDS THAT ARE RED OR PURPLE COLORED  
AVOID ALCOHOLIC BEVERAGES**

**1<sup>ST</sup> OPTION—PLENVU or 2<sup>ND</sup> PREP OPTION—CLENPIQ**

If you will be using PLENVU or CLENPIQ to prepare for your colonoscopy, you will have only clear liquids the day before your colonoscopy.

EVENING (before procedure)	MORNING (day of procedure)
<b>PLENVU Dose 1 or CLENPIQ Dose 1</b> Date: ____/____/____ Day of the week: M T W Th F S Su Drink from: 4 pm—8 pm	<b>PLENVU Dose 2 or CLENPIQ Dose 2</b> Date: ____/____/____ Day of the week: M T W Th F S Su Drink from: 4 am—6 am if procedure is at 10 am or earlier or from 6 am—8 am if procedure is at 1030 am or later

1. PLENVU and CLENPIQ come with mixing instructions, which you will follow to prepare your drink.
2. You will take 2 doses approximately 12 hours apart, as indicated at the times above.
3. PLENVU and CLENPIQ can be refrigerated. It must be used within 6 hours after it's mixed.

**3<sup>rd</sup> PREP OPTION—GOLYTELY**

You will need to take 2 Dulcolax (bisacodyl) tablets at 12 noon the day before.

EVENING (before procedure)	MORNING (day of procedure)
<b>GOLYTELY - Drink 1/2 of the gallon</b> Date: ____/____/____ Day of the week: M T W Th F S Su Drink from: 4 pm—8 pm	<b>Finish last 1/2 of gallon</b> Date: ____/____/____ Day of the week: M T W Th F S Su Drink from: 4 am—6 am if procedure is at 10 am or earlier or from 6 am—8 am if procedure is at 1030 am or later

1. GOLYTELY comes with mixing instructions, which you will follow to prepare your drink.
2. GOLYTELY can be refrigerated. It must be used within 48 hours after it's mixed.
3. When drinking GOLYTELY and MAGNESIUM CITRATE, don't drink too rapidly.

**COLONOSCOPY PREP INSTRUCTIONS**  
**THOMAS V. NATTAKOM, MD**

Patient Name: \_\_\_\_\_ Date of colonoscopy: \_\_\_\_\_

Arrival time: \_\_\_\_\_ Procedure time: \_\_\_\_\_

**CANCELING AND RESCHEDULING PROCEDURES**

If you need to cancel or reschedule your procedure, we ask that you call a minimum of 2 business days prior to your appointment to do so. There will be a \$50 charge applied if you cancel your appointment without proper notification, or if you are "no show". To cancel / reschedule, you can call main office, Digestive Disease Consultants, at (575) 522-7697.

**YOUR PROCEDURE WILL TAKE PLACE AT THE FOLLOWING FACILITY:**

<input type="checkbox"/>	Lohman Endoscopy Center	4381 E. Lohman Ave, Suite A—LC 88011	575-522-3220
<input type="checkbox"/>	Memorial Medical Center	2450 S. Telshor Blvd—LC 88011	575-522-8641
<input type="checkbox"/>	Mountain View Regional Medical Center	4311 E. Lohman Ave—LC 88011	575-556-7600
<input type="checkbox"/>	Mountain View Surgery Center	4351 E. Lohman Ave—LC 88011	575-532-3305

**MEDICATIONS**—You will continue taking all your scheduled medications up until the day prior to your procedure, except those that are specifically indicated by the provider to stop

- **MORNING OF PROCEDURE**—If you take medications in the morning for heart, blood pressure, or seizures, you may take them with sips of water.
- If you are insulin-dependent, you will take ½ of your evening dose the day before the procedure. Bring your insulin and any diabetes medication with you to your appointment.

**ANTICOAGULANTS / PRESCRIPTION BLOOD THINNERS**—If you take one of the following medications, you will have specific instructions on when to stop taking it, unless advised otherwise:

PLAVIX (clopidogrel)	EFFIENT (prasugrel)
COUMADIN (warfarin)	XARELTO (rivaroxaban)
ELIQUIS (apixaban)	SAVAYSA (no generic available)
PRADAXA (dabigatran)	AGGRENOX OR TICLID

**\*If you take a daily Aspirin, you will discontinue it 4 days prior to your procedure\***

You will hold your \_\_\_\_\_ for \_\_\_\_\_ days prior to the procedure

**IMPORTANT REMINDERS:**

1. Bring current insurance card & photo ID, list of current medications, your co-pay, and these orders
2. Bring your Covid vaccination card with you
3. If you have a pacemaker or implanted defibrillator, bring manufacturer card with you
4. No nail polish on either index finger—this is to monitor your oxygen levels during procedure
5. You will need to have someone drive you after the procedure

(See reverse side)