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## COLONOSCOPY PREPARATION

### Things to do

- **Please make plans to bring a responsible adult (over the age of 18) with you the day of this procedure. They will need to stay here in our office the entire time that you are here and will drive you home.**
- Please pick up the prescription for *Plenvu* from your pharmacy. Additionally, you will need to purchase a *10 ounce bottle of lemon lime flavored Magnesium Citrate* available in the digestive aisle at your pharmacy (this is separate from the prep itself).
- **Our office is not responsible for the reimbursement of the cost of the prep if your appointment is cancelled for any reason. Please schedule your pharmacy pick-up accordingly.**
- Please bring your insurance card and valid photo ID to your procedure.
- Please do not bring any valuables with you such as jewelry, cell phones, and electronic devices because we cannot be responsible for lost items.
- Wear comfortable clothing that you are able to change out of easily. You may wear a warm pair of socks during your procedure.
- After your procedure, you should plan to relax and take it easy for the remainder of the day. The day of the procedure, you will be unable to return to work or make any legal/business decisions due to the sedation you will receive.
- Remember nothing to eat or drink four hours prior to your procedure start time.

Thank you for choosing Cary Endoscopy.

# Your Perfect PLENVU Prep

## 5 days prior to procedure

Stop all blood thinning medications, vitamins, and herbal supplements.

*Example- Aspirin, Ibuprofen, Motrin, Advil, BC Powder, Aleve, Fish Oil, Vitamins, Iron.*

## 3 days prior to procedure

Begin the Low Fiber Diet starting at breakfast and continue all day

*See examples of foods on the following pages*

## 2 days prior to procedure

Continue the Low Fiber Diet all day

At 5pm, drink the over-the-counter *10 ounce bottle of lemon lime Magnesium Citrate* mixed with 8 ounces of a clear liquid of your choice.

## The day before your procedure

Clear Liquid Diet all day

*See examples of clear liquids on the following pages. Please stay hydrated today by drinking at least 8 ounces of clear liquids every hour during waking hours.*

Empty **Dose 1** of Plenvu (bowel prep) in the container provided. Add water to the fill line. You will need at least 16 ounces of water. Mix the water and Plenvu together with a spoon or put the lid on mixing container securely and shake until completely dissolved. This may take 2 to 3 minutes.

Approximately 5 pm, drink the whole container of Plenvu over 30 minutes. Refill container with 16 ounces of clear liquid and drink slowly over the next 30 minutes.

*It may be helpful to suck on a hard candy while drinking your prep, sipping the prep through a straw, and drinking the solution slowly to prevent nausea.*

Continue to drink additional clear liquids during the evening.

## Procedure Day

Beginning **5 hours prior** to your procedure start time, Empty **both Dose 2 pouches** into clean container. (Dose 2 Pouch A and Dose 2 Pouch B).

Add 16 ounces of water and mix until completely dissolved. Drink the whole container over 30 minutes, followed by a 16 ounce container of clear liquid.

**You must have nothing to eat or drink 4 hours prior to your procedure time.**

*After this dose, the color of your bowel movements should be clear liquid/yellow*

# Low Fiber Diet

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Fiber is the part of vegetables, fruits, and grains that cannot be digested by your body. A low-fiber diet restricts these high fiber foods. As a result, the amount of undigested material passing through your colon is limited and stool bulk is lessened. This is the start to your bowel prep.

No Fresh Fruits

No Fresh Vegetables

No Salads

No Red Meat

No Whole Grains

## **Foods low in fiber:**

White bread

White rice

Plain white pasta

Crackers such as saltines (no multigrain)

Cream of Wheat

Grits

Cold cereals with less than 1 gram of fiber per serving

Pancakes and waffles made from white flour

Most canned or well-cooked vegetables and fruits without skins or seeds

Fruit and vegetable juice with little or no pulp, fruit-flavored drinks, and flavored waters

Pork, poultry, fish, eggs and tofu

Milk and foods made from milk such as yogurt, pudding, ice cream, cheeses and sour cream

Butter, margarine, oils and salad dressings without seeds

Canned soups without corn, beans, peas or grains such as barley (example Chicken noodle soup)

## **Foods to avoid:**

Whole-wheat or whole-grain breads, cereals and pasta

Brown rice, wild rice and other whole grains, such as oats, kasha, barley and quinoa

Oatmeal

Dried fruits and prune juice

Raw fruit, including those with seeds, skin or membranes, such as berries

Raw or undercooked vegetables, including corn

Vegetables that have seeds

Dried beans, peas and lentils

Seeds and nuts and foods containing them, including peanut butter and other nut butters

Coconut

Popcorn

Red Meat (beef)



# Clear Liquid Diet

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A clear liquid diet consists of only liquids that you can see through. Clear liquids and foods may be colored as long as you are able to literally see through them. The clear liquids are easily digested and leave no undigested residue in colon. You cannot eat solid food while on a clear liquid diet. A colonoscopy requires that no food be in your intestinal tract.

## The following foods are allowed in a clear liquid diet:

- Water (plain, carbonated or flavored)
- Popsicles (no red or purple)
- Italian Ice
- Clear fruit juices without pulp (apple juice, white grape juice, white cranberry juice, peach juice)
- Fruit-flavored beverages (lemonade without pulp, Kool-Aid: no red or purple)
- Carbonated drinks, including dark soda (Coke, Pepsi and Root Beer are acceptable)
- Any clear sodas (Ginger Ale, Sprite)
- Sweet Tea
- Tea or coffee without milk or powdered creamer
- Sports drinks (no red or purple)
- Clear, fat-free broth (bouillon, consomme)
- Honey or sugar
- Hard candy (lemon drops, Jolly Ranchers, Werthers)

***Any foods not on the above list should be avoided.***

***We ask you to avoid any liquids with red coloring as this could be mistaken for blood in the colon.***

***No gelatin, no dairy and no alcohol while on this clear liquid diet.***



# For Certain Patients

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## **Diabetic Patients:**

- \* Please make sure you have regular drinks available (not just “Diet and Sugar Free”) in case you develop low blood sugar while you are prepping for your procedure.
- \* Check your blood glucose the morning of your procedure.
- \* If you take a pill to lower your blood sugar, do not take the evening dose the night before your procedure or the morning dose the day of your procedure.
- \* If you are insulin dependent, we will try to schedule your procedure in the early part of the day. DO not take Humulin, Regular or NPH insulin the morning of your procedure.
- \* If you take any other insulin such as Lantus, Humalog, or 70/30 insulin, **you must contact your prescribing physician for further instructions.**

## **Asthma Patients:**

- \* Please use your inhalers the morning of your procedure.
- \* Bring your inhalers with you to the procedure.

## **Heart, Blood Pressure and Seizure Patients:**

- \* Please hold your morning dose of blood pressure medications
- \* Please take your anticonvulsant medications the morning of your procedure with a sip of water.
- \* You may take your beta blocker the morning of your procedure with a sip of water.
- \* *Propranolol, Metoprolol, Atenolol, Carvedilol, Timolol, Labetalol, , Acebutolol, Esmolol, Metoprolol Succinate are some examples of beta blockers.*

## **Blood Thinner Patients:**

If you are on a blood thinning medication or aspirin prescribed by a physician, **be sure to notify us as soon as possible.** We will need to contact the prescribing physician for further instruction.

- \* There may be risks involved in stopping your blood thinning medication. If you have any questions regarding this, please contact the prescribing physician.
- \* *Warfarin/Coumadin, Plavix, Xarelto, Pradaxa, Lovenox, Eliquis, Pletal, Heparin, Effient, Ticlid, Aggrenox, Aspirin 325mg are some examples of these blood thinners.*

## **Sleep Apnea Patients:**

- \* Please bring your CPAP machine with you to your procedure.

## **For those who take Herbal Supplements, Fish Oil, Vitamins, and Aspirin 81mg-**

- \* Stop these supplements and Aspirin 5 days prior to your procedure. Each of these has blood thinning elements and will need to be stopped in preparation for your procedure.

# Patient Financial Responsibility

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## **In-Office Procedures:**

If you owe more than a copay, we will contact you by phone at least a week prior to your scheduled procedure. At that time we will notify you of what your estimated financial responsibility will be. **That estimated fee will be due on the day of your procedure.** *Please keep in mind that we can only quote you an estimate of what your insurance company tells us.*

- You will be charged both a professional fee and a facility fee. Your insurance company will determine your benefits and there may be a balance from the professional fee and the facility fee for you to pay.
- If you have any tissue specimens removed during the procedure, you will receive a separate pathology bill for the tissue analysis.
- You will receive a separate bill from Anesthesia Care Services, PA for their services of deep sedation for the procedure.
- If you have any questions about your anesthesia fees please call: (888) 447-7220 or (336) 884-4595

## **Hospital Procedures:**

After the insurance company has been billed and paid, the patient will be responsible for the remaining balance.

# Cancellation Policy

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Any procedure cancellations must be made at least 48 hours prior to the scheduled procedure. There is a \$50 cancellation fee for failure of notification.

## **PATIENT RIGHTS AND RESPONSIBILITIES**

### **Your Rights as a Patient**

When you are well informed, participate in treatment decisions, and talk openly with your doctor and office staff, then you help make your care more effective.

#### **Patient Rights – You have a right to:**

- Considerate, respectful, and safe care.
- A discussion of your illness, what we can do about it, and the likely outcome of care.
- Know the names and roles of the people caring for you here.
- Respectful and effective pain management.
- Receive as much information to consent to or refuse a course of treatment or invasive procedure and to actively participate in decisions regarding your medical care.
- Involve your health care proxy or significant others in the decision making process for medical decisions.
- Receive information regarding Advance Directives- available upon request.
- Reasonable continuity of care and to know in advance the time and location of an appointment as well as the doctor you are seeing.
- Full consideration of privacy and confidentiality of your medical information. Your written permission will be obtained prior to releasing any medical information. When we do release your information to others, we ask them to keep them confidential.
- Review your medical record and ask questions unless restricted by law.
- Know of any relationships with other parties that may influence your care.
- Know about rules that affect your care and about charges and payment methods. You have a right to receive and examine an explanation of your bill regardless of the source of payment.
- Choose your own physician or an external physician not in our practice.
- Voice your concerns, complaints, or problems with the care you received by contacting our Practice Administrator or Endoscopy Coordinator. If we are unable to satisfactorily address your complaint, you may contact the NC Medical Board via e-mail at [www.ncmedboard.org](http://www.ncmedboard.org) or by telephone 1-800-253-9653 or you can go to [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp) which is the website for the Office of the Medicare Beneficiary Ombudsman.

#### **Patient Responsibilities - You agree to:**

- Provide accurate and complete information concerning your symptoms, past history, and current health status.
- Make known whether you clearly comprehend your medical care and what is expected of you in the plan of care.
- Follow the treatment plan and care instructions given to you.
- Keep appointments and notify us if you are unable to do so.
- Accept responsibility for your actions if you refuse planned treatment or do not follow your doctor's orders.
- Accept financial responsibility for care received and pay promptly.
- Follow facility policies and procedures
- Be considerate of the rights of other patients and staff.
- Be respectful of your personal property and of others in the facility.
- Inform the staff of any discomfort or pain and patient safety issues.
- Share your values, beliefs, and traditions to help the staff provide appropriate care.

#### **Advance Directives**

- If you are interested in any additional information about advanced directives, certain forms can be supplied if requested by contacting our office.

### Ownership

Cary Endoscopy Center is owned and operated by  
H. Paul Singh, MD and Rajendraprasad Makam, MD