

**VIRTUA MEMORIAL HOSPITAL  
175 MADISON AVENUE  
MT. HOLLY, NJ 08060**

**COLONOSCOPY INSTRUCTIONS  
- Evening/Morning Prep (Split Dose) -  
PLENVU – PRESCRIPTION REQUIRED**

Date of Procedure: \_\_\_\_\_

Report Time for Procedure: \_\_\_\_\_

Place of Procedure: \_\_\_\_\_

\_\_\_\_\_ E-Prescribed to Pharmacy

\_\_\_\_\_ Prescription given to patient

**If you DO NOT follow these instructions your procedure may be cancelled**

If you have any **questions**, or **you are unable to complete most of the prep given or have not moved your bowels**, please call the GCSJ office **IMMEDIATELY** at **609-265-1700**. If it is after 5 pm you will receive a callback from the Doctor On-Call for the evening.

**PRIOR TO YOUR PROCEDURE**: Be sure to get your Prep Kit at least “1” week before your procedure. **If you take ANY BLOOD THINNERS OR MEDICATION FOR DIABETES, follow the instructions given to you by the provider at your appointment OR by the nurse during your phone interview.**

**7 DAYS PRIOR TO THE PROCEDURE STOP THE FOLLOWING** (Unless otherwise instructed by your physician)

**Fish Oil** , IRON or Multivitamin with iron, OTC Supplements

**THE ENTIRE DAY BEFORE THE PROCEDURE – (YOUR PREP DAY)**

You are to be on a CLEAR LIQUID DIET. **NO SOLID FOOD (NO RED or PURPLE COLORED PRODUCTS – ORANGE IS OK)**

This includes **only** the following:

1. Water
2. Clear Broth: chicken, beef, vegetable
3. Clear juices: apple, white grape, white cranberry
- 4. Soft drinks: soda, Gatorade, lemonade- - NO RED OR PURPLE**
5. Coffee or tea: (hot or iced) – **NO CREAM, MILK, or POWDERED CREAMER**
6. Jell-O- **NO RED OR PURPLE**
7. Popsicles (without fruit or cream), lemon sorbet, Italian Ice

**START PREP: Plan on being at home during your prep. For your comfort you may use Vaseline or moistened baby wipes around the anal area. PLEASE FOLLOW OUR INSTRUCTIONS, DO NOT follow the instructions on the box.**

**Begin** the prep between 5:00 pm and 7:00 pm (day prior to the procedure)

1. Empty Dose (1) Pouch into the disposable container and add water up to the designated line.
2. Use the mixing container to mix the contents of the Dose 1 Pouch. Add 16 ounces of water and mix by stirring with a spoon or shaking until completely dissolved. This may take up to 3 minutes. Take your time. Slowly finish the dose within 30 minutes.

Try to be up and about (active) as much as possible while drinking the solution. You may continue to drink clear liquids from the list during the prep time the evening before your procedure. It is important for you to prevent yourself from becoming dehydrated so KEEP DRINKING THE RECOMMENDED CLEAR LIQUIDS up **until midnight.**

***No hard candy, Lifesavers, mints, gum or Smoking PRIOR TO YOUR PROCEDURE TIME.***

**MORNING OF THE PROCEDURE** : Your morning prep start time will be 6 HOURS PRIOR TO YOUR PROCEDURE TIME. GCSJ will advise you when to begin.

**\*\*\*\*\*You must finish your prep and not drink anything else within 5 hours of your procedure\*\*\*\*\***

Empty Dose 2 **A pouch** and **B pouch** into container and fill to the line with water. Mix by stirring with a spoon or shaking until completely dissolved. This may take up to 3 minutes. Take your time. Slowly finish the dose within 30 minutes. Drink the 16oz. glass of prep beginning at \_\_\_\_\_. Continue drinking the 16oz. glass of the prep slowly (do not gulp). Complete the dose of the prep within 30 minutes from the start of consumption

**EXCEPT:**

You **MAY** take your morning medications after your last sip of the morning prep with a sip of water. However, if you are DIABETIC, you **MAY NOT** take your diabetes medication.

**You are required to have a responsible party over the age of 18 accompany you to provide transportation after your procedure. For the safety of our patients, we do not allow our patients to drive themselves home. Public transportation is not permitted without a responsible person to accompany you in the taxi, bus, etc. We recommend that your driver wait for you during the visit to the surgical center.**

**PLEASE NOTE:** Female patients, of childbearing age, (up to and including the age of 50) will be required to provide a urine specimen for pregnancy testing. **This is required for the administration of anesthesia on the day of your procedure.** Please avoid urinating immediately prior to your arrival the day of your procedure to prevent delay or possible cancellation.