# **PLENVU**

Phone: (909)833 7556

#### **CONFIRM YOUR LOCATION:**

□ POMONA VALLEY HOSPITAL	□ ARCHIBALD SURGERY CENTER
1798 N. Garey Ave, Pomona, CA 91767	9674 Archibald Ave, Suite 175, Rancho
Phone <b>(909) 865-9141</b>	Cucamonga, CA 91730
	(Will call 1-2 business days before to give the
	exact procedure time)
	Phone: <b>(909) 296-8930</b>

#### PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU START:

**ARRANGE FOR TRANSPORTATION:** Since Endoscopy involves anesthesia/ sedation, you must have someone drive you home and stay with you for 2-4 hours following the procedure. **You may use Uber or Lyft services but must have a responsible adult other than the driver for discharge.** 

## Inform the Office Immediately

- If you started any NEW immunosuppressive medications or a chemotherapy regimen.
- Experienced chest pain, shortness of breath or dizziness
- If there is a change in your insurance coverage

### STOP THE FOLLOWING MEDICATIONS:

14 DAYS BEFORE THE PROCEDURE	Ozempic/ Wegovy: Semaglutide Mounjaro: Trizepatide Trulicity: Dulaglutide Saxenda/Victoza: Liraglutide
5 DAYS BEFORE THE PROCEDURE	NSAIDs: Advil, Ibuprofen, Motrin, Aspirin, Aleve, Naproxen, Celebrex, Diclofenac, Meloxicam  Coumadin/ Warfarin  Anti-Platelet Therapy: Plavix/ Clopidogrel, Prasugrel/ Effient, Ticlopidine/ Ticlid, Brilinta/Ticagrelor, Aspirin, Excedrin.  Supplements: Any iron or multi-vitamin (with iron), Fish Oil, Vitamin E, omega-3, CoQ10, Fosamax, and Garlic supplements.

3 DAYS BEFORE PROCEDURE	Apixaban/ Eliquis Rivaroxaban/ Xarelto Dabigatran/ Pradaxa Edoxaban/ Savaysa
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## 1 DAY BEFORE THE PROCEDURE: STAY HYDRATED!

Clear fluids ONLY for BREAKFAST, LUNCH & DINNER. Continue fasting until after your procedure.

DO NOT have any solid foods or milk products. Nothing colored RED, PURPLE. No alcoholic beverages.

Take less than your usual dose of insulin or diabetic medications on the day before your procedure.

# **EVENING BEFORE YOUR COLONOSCOPY AT 6:00 pm (1st DOSE - Mango Flavor)**

Step 1: Pour Dose 1 pouch into the mixing container.

Step 2: Add water to the 16oz line on the container and mix (shake or stir until dissolved).

Step 3: Take your time. Slowly finish the dose within 30 minutes.

Step 4: You MUST drink 1 more 16oz container of water over 30 minutes.

## DAY OF THE PROCEDURE (2ND DOSE)

## **5 hours before your procedure:** (2nd DOSE - Fruit Punch Flavor)

Step 1: Pour Dose 2 (Pouch A & B) into the mixing container.

Step 2: Add water to the 16oz line on the container and mix (shake or stir until dissolved).

Step 3: Take your time. Slowly finish the dose within 30 minutes.

Step 4: You MUST drink 16oz more of water over 30 minutes.

# 3 HOURS BEFORE YOUR PROCEDURE: DO NOT DRINK ANY WATER OR ANY OTHER LIQUIDS.

YOU MAY TAKE IMPORTANT MEDICATIONS (such as heart, blood pressure, thyroid, or seizure medication) with a small sip of water on the morning of your procedure. DO NOT take insulin or your diabetic medications until after the procedure.