

GASTROENTEROLOGY CENTER

OF THE SOUTH

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INSTRUCTIONS FOR OUTPATIENT ENDOSCOPIC TESTING

1. This procedure will be performed at Terrebonne General Hospital Atrium Endoscopy unit, or at the outpatient/short stay department located at the main hospital.
2. Nothing to eat or drink after midnight. The morning of your test, your stomach must be empty. The nurse from TGMC Endoscopy Dept. will inform you what medication to take the morning of the procedure when you are called with your time.
3. **A NURSE FROM T.G.M.C. ENDOSCOPY DEPT. WILL CONTACT YOU THE DAY BEFORE YOUR PROCEDURE TO INFORM YOU OF THE TIME TO REPORT FOR YOUR PROCEDURE. YOU WILL ALSO BE INFORMED WHAT MEDICATION IF ANY TO TAKE THE MORNING OF YOUR PROCEDURE. IF YOU HAVE ANY QUESTIONS ABOUT YOUR TIME PLEASE CALL 985-850-6256/985-850-6167.**
3. You will receive sedatives and **MUST BRING SOMEONE WITH YOU ON THE DAY OF YOUR PROCEDURE. THEY WILL NEED TO DRIVE YOU HOME.** The doctor will explain your results to you and the person with you.
4. **NO ASPIRIN, ADVIL, ALEVE, MOTRIN, BC POWDER, STANBACK, ALKA SELTZER, ARTHRITIS PILLS OR BLOOD THINNERS FOR 7 DAYS PRIOR TO THE PROCEDURE. IF YOU ARE CURRENTLY ON AN ASPIRIN REGIMEN YOU DO NOT NEED TO STOP, WE DO NOT WANT YOU TO TAKE ANY ADDITIONAL ASPIRIN PRODUCTS.** Continue your other medications. Do not take any over the counter medications without checking with us first. **TYLENOL IS SAFE TO TAKE UP UNTIL MIDNIGHT THE NIGHT BEFORE THE PROCEDURE.**
5. If you have any problems after the procedure or questions in regards to the prep, please do not hesitate to call us at **985-851-5206.**
6. You should check with your insurance company and inform them this procedure has been scheduled.
DO NOT TAKE YOUR DIABETES MEDICATIONS THE MORNING OF YOUR PROCEDURE.

COLONOSCOPY PREP INSTRUCTIONS- PLENVU

(please pick up prep 5-7 days prior to procedure)

THE DAY BEFORE YOUR PROCEDURE

- A. You **MUST** be on a clear liquid diet starting when you get up in the morning. **NO SOLID FOODS** The more fluids you drink, the better your colon will be cleaned out.
- B. **DO NOT DRINK ANY RED FLUIDS**
- C. **CLEAR LIQUID DIET (LISTED BELOW). DO NOT EAT OR DRINK ANYTHING ELSE EXCEPT WHAT IS ON THIS LIST!**

SOUP BROTH	KOOL AID	GATORADE/ POWERADE
ICED TEA	JELLO	COFFEE (powered creamer)
POPSICLES	WATER	LEMONADE
FRUIT JUICE	SOFT DRINKS (DIET/ REGULAR)	

- D. **AT 4:00 PM, perform the following steps.**
1. Pour DOSE 1 packet into the provided clear container
 2. Add water to the container up to the fill line and shake until dissolved
 3. Drink ALL the liquid in the container.
 4. Drink ONE more 16oz container of water within the next 30 min.
- E. **At 9:00 PM, perform the following steps.**
1. Pour DOSE 2 (Pouch A&B) into the provided clear container
 2. Add water to the container up to the fill line and shake until dissolved
 3. Drink ALL the liquid in the container.
 4. Drink ONE more 16oz container of water within the next 30min.

F. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.

THE MORNING OF THE PROCEDURE

1. The nurse from TGMC Endoscopy Dept. will inform you what medication to take the morning of the procedure when you are called with your time.
2. **DO NOT TAKE YOUR DIABETES MEDICATIONS THE MORNING OF THE PROCEDURE.**
3. **THE NURSE FROM T.G.M.C ENDOSCOPY DEPARTMENT WILL CONTACT YOU THE DAY BEFORE YOUR PROCEDURE AFTER 2:00PM TO TELL YOU WHAT TIME TO REPORT FOR YOUR PROCEDURE. IF YOU HAVE QUESTIONS ABOUTYOUR TIME PLEASE CALL 985-850-6256/985-850-6167.**