PLENVU Bowel Preparation Instructions for Dr. McCallum Patients

PLEASE READ ALL OF THESE INSTRUCTIONS CAREFULLY

At anytime should you have any questions about the instructions, please contact our office at (520) 327-3454 (**during normal business hours**) so a staff member can go over them with you.

| • | STOP taking | , days before your procedure if okay with your Primary Care |
|------|---|---|
| | physician or Cardiologist). If you must continu | e it, please let us know. |
| 5 DA | YS BEFORE YOUR EXAM | |
| • | STOP any bulking agents; Metamucil, Citrucel, Iron supplements. | Gemfibrozil, Ginseng, Ginkgo, Garlic tablets, Vitamin E, Multi Vitamins, & |
| | YS BEFORE YOUR EXAM | |
| • | | eafy Vegetables, Fruit Skins, Salads, Popcorn, Beans (all kinds), Corn, |
| • | | lashed and Sweet Potatoes, Chicken, Fish, White Bread, Cheerios, Pudding, Datmeal, Bananas, Peeled Apples and Applesauce. |
| DAY | BEFORE YOUR EXAM - Clear liquid | l diet only after light breakfast. |
| • | Do not take any oral diabetic medications the da | |
| • | day of your exam. Continue to monitor blood s | |
| • | Take any heart and/or blood pressure medication | ns as usual. AM the day before your exam which may include any of the following items |
| • | Any items from the "Clear Liquids Die | |
| | One boiled or poached egg or a small p | portion (4 ounces) of skinless chicken, turkey or fish. |
| | ○ 1 piece of white toast – NO butter | 7 N) |
| | One 8 oz. can of Ensure (do not take I | |
| • | _ · | an throughout the day which includes; Beverages- Soft drinks (orange, ool-Aide, strained fruit juices w/o pulp (apple, white grape, lemonade, etc.), |
| | | mer. No beverages that are red or purple in color. Soups- Low sodium |
| | • | d candies, Jell-O (lemon, lime, or orange; no fruit or toppings), or popsicles |
| | (no sherbets or fruit bars). | d candles, Jen-O (lemon, mile, of orange, no fruit of toppings), of popsieres |
| • | · · | Orink all the clear liquids you like. NO SOLID FOOD. |
| • | | ents of the dose 1 pouch with at least 16 ounces of water by shaking or using |
| | | y take up to 2-3 minutes. Individual responses to laxatives vary. Remain |
| | close to a toilet, as multiple bowel movements v | vill occur. |
| DAY | OF YOUR EXAM – Clear liquids only | as directed. NO solid food until exam has been completed. |
| • | Starting at Use the mixing con | ntainer to mix the contents of the dose 2 (pouch A and B) with at least 16 |
| | | til it's completely dissolved. This may take up to 2-3 minutes. |
| • | Take any heart and/or blood pressure medication | |
| • | | URS PRIOR TO YOUR EXAM. Nothing after |
| • | Please wear sensible shoes (NO heels) and comp Please bring a list of your medications with your | |
| • | riease oring a list of your medications with y | ou. |

** Our facility doors open at 6:30am. Should you be scheduled for an early morning appointment, please plan your arrival accordingly.**