

PEG 3350 SPLIT DOSE PREP FOR COLONOSCOPY

Your procedure is scheduled for:

Date: _____ Place: _____

Arrival Time: _____ Procedure Time: _____

Physician: _____

Have your prescription filled at the pharmacy.

Day Before the Procedure:

1. Do not eat.
2. Consume a clear liquid diet only (no red or purple dye).
Coffee, tea, apple juice, soda, Jell-O, popsicles, broth, and sports drinks are permitted. No creamer or milk.
3. Before 1:00pm – Mix the solution with lukewarm water and shake. Refrigerate solution. You may add Crystal Light lemonade for flavor.
4. 5:00pm or 6:00pm – Drink an 8oz glass of the solution every 15 minutes, until you have consumed 8 glasses. NOTE: PEG 3350 is generally well tolerated. However, side effects may include: nausea, bloating, and mild abdominal cramping. If these symptoms occur, wait 30-60 minutes and then resume drinking the solution at one 8oz glass of solution every 30 minutes until you have consumed 8 glasses.

Day of the Procedure:

1. Do not eat.
2. You may drink clear liquids up to 2 hours before arrival time.
3. Routine medications may be taken with a sip of water.
4. 4 hours before your procedure time, drink 8 glasses of the prep solution, drinking 8oz every 15 minutes until all 8 glasses have been consumed. For morning procedures this will mean waking up very early, but it will ensure the best possible prep. Studies have shown that taking part of the prep the morning of the procedure gives the doctor the best possible view of the colon. A clean colon is essential for finding and removing polyps that may cause cancer. If the prep is excellent and no polyps are found, a colonoscopy may not be needed for 5-10 years.

Important:

1. You will not be able to drive after your procedure. You will need a driver to stay during your procedure and to drive you home after your procedure.
2. No iron containing medication for 1 week before the procedure.
3. If you take aspirin for heart protection, DO NOT stop taking it.
4. If you take any of the following medications for: blood pressure, heart, seizure, and/or anxiety; please take these medications the morning of the exam with just a sip of water.
5. Before scheduling the procedure, please notify the doctor or nurse if you take any of the following medicine: diabetic medicine, Aspirin, Coumadin, Warfarin, Plavix, or any blood thinner so that we can make adjustments to your medications prior to your procedure.
6. Verbal and written instructions will be given to you and your driver after the procedure.

Please call the office during regular business hours for any questions.

918-481-4700, M – F, 8:00am – 4:30pm