

## Colonoscopy Preparation Planner



**Procedure Time:** you will be contacted within 1 week of the procedure date with your arrival time.



**Transportation:** Once you have received your arrival time, coordinate your transportation needs for the day of the procedure. **According to State law you may not, under any circumstance, be allowed to drive a motor vehicle home or walk home once your procedure is completed. We reserve the right to cancel the procedure at any time if transportation is not confirmed.**



**Medications:** Please stop Vitamin E, any multi-vitamins containing Vitamin E, any oil based supplements, (fish oil, castor oil), and Iron supplements **1 week prior to procedure.** **DIABETICS SHOULD CHECK WITH THEIR DOCTOR REGARDING THEIR MEDICATIONS.**



### 3 days before procedure:

1. **Begin the recommended low residue diet.** (See website for more information on low residue diets)



### 2 days before procedure: (Last Chance to cancel procedure without possible financial penalties)

1. **Begin the recommended clear liquids diet at 6 PM.** (See website for more information on clear liquids)
2. Drink a minimum of (8) glasses of CLEAR liquids (total of ~64oz.), throughout the day.
3. Eat your last meal between the hours of 5-6 PM.



### 1 Day before your procedure:

1. **Continue the recommended clear liquid diet.** (See website for details)
2. Drink a minimum of (8) glasses of CLEAR liquids (total of ~64oz.), throughout the day to prevent dehydration.



#### **6:30-10:30 Arrival times:**

**FIRST DOSE-** **6PM** (the night before your procedure), mix (1) Pouch of A&B together in container. Fill to the top line on the container (~32oz.). Drink 8oz (to the next line) every 15 minutes until container is empty. Drink 16oz. of clear fluid over next hour.

**SECOND DOSE-** **10PM** (the night before your procedure), repeat instructions from the first dose.

#### **10:45-3:30 Arrival times:**

**FIRST DOSE-** **6PM** (the evening before the procedure), mix (1) Pouch of A&B together in container. Fill to the top line on the container (~32oz.). Drink 8oz (to the next line) every 15 minutes until container is empty. Drink 16oz. of clear fluid over next hour.

**SECOND DOSE-** **6AM** (the morning of the procedure), repeat instructions from the first dose.

**\*\* Apply Vaseline or hemorrhoid cream/wipes to any anal irritation that may occur.\*\***

#### **Procedure Day:**

1. If your bowel movements are not clear – take 1-2 Fleet® enemas before leaving home. (Clear can be defined as yellow or water-clear).

For any questions regarding your prep or diet restrictions, please call and leave a message on the Nurse's line at:  
860-447-0402 or visit our website for further details: [www.coastaldigestivecare.com](http://www.coastaldigestivecare.com).

2. Arrive at your appointed time wearing loose-fitting clothing, socks, and a short-sleeved T-shirt.
3. **NOTHING TO DRINK WITHIN 4 HOURS OF YOUR ARRIVAL TIME.**