

PLENVU PREP



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Gastro-Intestinal Center

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Endoscopy Center of Little Rock

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GastroArkansas Endoscopy of Conway

455 Hogan Ln.
Conway, AR 72034
(501) 764-1960
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Report to the outpatient department at

Date: _____ Time: _____

We ask for 3 day notice to cancel your procedure. Missed appointments or cancellations without 3 day notice will incur a \$100 fee. Please bring your drivers license and insurance card to your appointment.

ONE WEEK BEFORE YOUR PROCEDURE

Do not take IRON, vitamins or herbal supplements. Continue to take your usual medications UNLESS stated by our physician. Do not take fish oil 2 days prior to procedure. **Avoid food with seeds (flax seed, popcorn, corn, nuts, berries, etc.)**

If you are taking glucagon like peptides receptor agonists such as Ozempic, Mounjaro, Semaglutide, and others in this category, please hold this medication for 7 days prior to procedure.

DAY BEFORE YOUR PROCEDURE

DO NOT EAT ANY SOLID FOODS THE DAY BEFORE YOUR TEST

Stay on clear liquids the entire day prior to procedure. It is important that you stay hydrated by using a variety of clear liquids from the list below.

- Bouillon (99% fat free) and Broth
- Apple Juice
- Plain coffee (no cream)
- Popsicles (no red or purple)
- Jello (no red or purple)
- Ginger Ale, Water, Sprite, 7-UP
- Soft drinks (Coke, Diet Coke, Dr. Pepper, etc.)
- Plain tea (no flavoring)
- Hard candy (such as sour balls)

NO MILK OR MILK PRODUCTS - Including Coffee Mate

NO PULP

NO RED OR PURPLE PRODUCTS

DIABETICS: Reduce your insulin from _____ units of _____ in the AM to _____ units. In the PM, reduce your insulin from _____ units of _____ to _____ units. If you take oral diabetic medications – do NOT take them the morning of your procedure. Please check your blood sugar before you leave home and let the nurse know the results before the procedure. Please monitor your blood sugar while prepping for the procedure.

ESSENTIAL MEDICATIONS: On the morning of the procedure, DO take your heart, blood pressure, seizure, anxiety, and depression medications with small sip of water before 5am.

BLOOD THINNERS: If you take antiplatelet agents or anticoagulants (blood thinners) such as Plavix/ Clopidogrel, Effient/ Prasugrel, Brilinta/ Ticagrelor, Pradaxa/ Dabigatran, Xarelto/ Rivaroxaban, Eliquis/ Apixaban, Coumadin/Warfarin, etc., your physician will give you instructions on holding these medications prior to procedure. You do not need to stop aspirin.

** Hold your _____ for _____ days prior to your procedure.

As a courtesy, we ask for 3 day notice to cancel your procedure. Missed appointments or cancellations without 3 day notice will incur a \$100 fee.

*Please see reverse side

PLENVU PREP

You must complete the entire prep as instructed to ensure your system will be clean, clear, and ready for examination.

PLENVU DOSE 1

Date: ____ / ____ / ____

Day of the Week: M T W Th F S Su

Time: _____ AM/PM



TAKE DOSE 1
MANGO FLAVOR

1. Use the mixing container to mix the contents of DOSE 1 pouch with at least 16 oz of water by shaking or using a spoon until it is completely dissolved. This may take up to 2-3 minutes. Take your time – slowly finish the dose within 30 minutes.

2. Refill the container with at least 16 oz of clear liquid. Again, take your time and slowly finish all of it within 30 minutes.

PLENVU DOSE 2

Date: ____ / ____ / ____

Day of the Week: M T W Th F S Su

Time: _____ AM/PM



TAKE DOSE 2
FRUIT PUNCH
FLAVOR

1. Use the mixing container to mix the contents of DOSE 2 (Pouch A and Pouch B) with at least 16 oz of water by shaking or using a spoon until it is completely dissolved. This may take up to 2-3 minutes. Take your time – slowly finish the dose within 30 minutes.

2. Refill the container with at least 16 oz of clear liquid. Again, take your time and slowly finish all of it within 30 minutes.

- **Nothing by mouth after midnight other than your prep, this includes gum, candy, mints, and all tobacco products.**
- **You must follow the instructions carefully to ensure your system will be clean, clear, and ready for examination. If instructions are not followed, the physician may be unable to perform your procedure.**
- **Someone must accompany you to your procedure to drive you home. You will be sedated and unable to drive for the remainder of the day.**
- **Failure to follow these instructions will result in a delay of your procedure time.**

If you have questions, please call our office at (501) 664-6980.

You will be billed separately from the Out-Patient Facility.