

Your Prep Day Is: _____

**INSTRUCTIONS FOR COLONOSCOPY
PREP WITH *FLEET PHOSPHO SODA***

!!!VERY IMPORTANT!!!

Someone must come with you and stay with you, and drive you home after the procedures!

Several Days Before Prep Day

Please read all instructions several days before your colonoscopy examination. Your dosage schedule may be adjusted by your physician.

1. You will need to obtain a **single 3oz bottle or two 1.5oz bottles of Fleet Phospho Soda** (Ginger-Lemon flavor or unflavored) over the counter at any pharmacy .
2. Also you will need **2 Dulcolax** tablets, over the counter at any pharmacy.

*NOTE: Individual responses to laxatives do vary. This prep may cause multiple bowel movements. It often works within 30 minutes; may take as long as 3 hours. Please remain within easy reach of toilet facilities.

Day Before Examination: Prep Day

1. **Drink only “clear liquids” for breakfast, lunch and dinner. Solid food, milk or milk products and beverages colored red or purple are not allowed.**

“CLEAR LIQUIDS” Include:

- * Strained fruit juice without pulp (apple, white-grape, lemonade)
- * Water
- * Clear broth or bouillon
- * Coffee or tea (without milk or non-dairy creamer)
- * Gatorade (not red or purple)
- * Carbonated and non-carbonated soft drinks (not red or purple)
- * Kool-Aid or other fruit flavored drinks (not red or purple)
- * Plain Jello (without added fruits or toppings, not red or purple)
- * Ice Popsicles (not red or purple)
- * Coke or Diet Coke

PLEASE BE SURE TO DRINK PLENTY OF LIQUIDS TO KEEP HYDRATED!

2. **2:00 P.M.** (*First Dose--1.5 oz. Fleets Phospho Soda*)

- Mix one tablespoon of Fleet Phospho Soda into each of three 8 oz glass (3 tablespoons, 1 per glass) of Ginger Ale, Sprite, 7up, or cool water and drink.

*Optional -followed immediately with an additional 8oz glass of water, Sprite, Ginger Ale.

OR

- Mix 1.5oz Fleet Phospho Soda with ½ cup of 7-UP, Sprite, Ginger Ale, or Water. Follow with 3-4, 8oz glasses of liquid.

3. **5:00 P.M.** (*Second Dose--1.5 oz. Fleets Phospho Soda*)

- Take second dose of Fleet Phospho Soda the same way as you took the first dose. Mix one tablespoon of Fleet Phospho Soda into each of three 8 oz glass (3 tablespoons, 1 per glass) of Ginger Ale, Sprite, 7up, or cool water and drink.

*Optional -followed immediately with an additional 8oz glass of water, Sprite, Ginger Ale.

OR

- Mix 1.5oz Fleet Phospho Soda with ½ cup of 7-UP, Sprite, Ginger Ale, or Water. Follow with 3-4, 8oz glasses of liquid.

4. **6:00 P.M.**

Take 2 Dulcolax Tablets.

5. NOTHING TO DRINK AFTER _____ THE MORNING OF THE EXAM.



Morning of Examination

- Park at the Ambulatory Surgical Center/Eye Institute. Check in at the Surgery waiting room on the 1st floor. (Next to the optical shop.)

OR

- Park at West Florida Hospital main entrance (Davis Hwy side). Check in at the Information Desk on the First Floor.

AT: _____ ON: _____

*****PLEASE READ ALL SPECIAL INSTRUCTIONS CAREFULLY***
BEFORE YOU START YOUR PREP!!!!!!!!!!**

**IF YOU HAVE ANY QUESTIONS PLEASE CALL
OFFICE @ 474-8428 OR 1-800-874-4542 ext. 8428**

SPECIAL INSTRUCTIONS

!!PLEASE READ CAREFULLY!!

1. If you are **DIABETIC**, please let us know so we can adjust your dosage of medication. Patients should have ½ (one-half) of their usual dose of insulin, or pills on the day before their examination and take the full dose of insulin after the examination. Please bring your own insulin or pills with you on the day of your procedure so you can take it and go eat.
2. If you are taking one or more **ASPIRIN** every day. Please stop these for 5 days before or after your examination. You may use Tylenol if need for discomfort.
3. If you are taking any **ARTHRITIS MEDICATION** such as **CELEBREX, VIOXX, BEXTRA, NAPROSYN, OR IBUPROPHEN** please stop taking 2 days before procedure.
4. If you are taking **COUMADIN, TICLID, PERSANTINE** or **PLAVIX** (or any other blood thinners). Please contact our office for instructions on stopping these medications. These are typically stopped 5 days before the examination, with doctors approval.
5. If you are taking **EUTONYL, NARDIL, or PANATED** (psychiatric meds) please let us know. There may be a risk of possible drug reaction with Demerol.
6. If you have an **ARTIFICIAL HEART VALVE**, or were told to take Antibiotics before surgeries, or dental work please let us know.
7. If you have **KIDNEY DISEASE**, you will need another prep. Please notify us immediately.
8. If you are taking **ANY** medications, please do not take before the examination. Bring them along with you and take them afterwards.
9. If this is a procedure done for screening purposes only, it is your responsibility to verify your coverage with your insurance company for screening services (screening colonoscopy code #45378).

IF YOU HAVE ANY QUESTIONS PLEASE CALL

@

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PLEASE BE SURE TO DRINK PLENTY OF LIQUIDS TO KEEP HYDRATED!