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BOWEL PREPARATION INSTRUCTIONS FOR AFTERNOON SCOPES (CLENPIQ)-DR BENITEZ
YOU HAVE BEEN SCHEDULED FOR A DIAGNOSTIC PROCEDURE CALLED COLONOSCOPY TO BE PERFORMED ON

_____ AT _____ ARRIVAL TIME _____

REPORT TO _____ PARKWEST HOSP (MAIN ENTRANCE) _____ FT. LOUDOUN HOSP (ER/REG DESK)
**** LATE ARRIVAL MAY RESULT IN UP TO A 2-HOUR DELAY IN YOUR PROCEDURE ****

PRE-PROCEDURE INSTRUCTIONS: DO NOT EAT CORN, VEGETABLES, FRUITS, SEEDS, NUTS, POPCORN OR HIGH FIBER FOODS FOUR DAYS PRIOR TO YOUR EXAMINATION.

**** DAY BEFORE ****

- BEGINNING ON _____ YOU MAY EAT YOUR USUAL BREAKFAST, BUT AFTER THIS, ONLY CLEAR LIQUIDS FOR LUNCH AND DINNER ARE ALLOWED.
- AT 4:00 P.M.: DRINK THE ENTIRE CONTENTS OF ONE BOTTLE. FOLLOW WITH FIVE 8 OZ GLASSES OF CLEAR LIQUIDS WITHIN THE NEXT 5 HOURS. NOTHING TO EAT OR DRINK AFTER 10 PM EXCEPT PREP INSTRUCTIONS FOR NEXT MORNING.

**** MORNING OF PROCEDURE ****

- AT 6:00 A.M. DRINK THE ENTIRE CONTENTS OF ONE BOTTLE. FOLLOW WITH THREE 8 OZ GLASSES OF CLEAR LIQUIDS WITHIN THE NEXT HOUR.
- NOTHING TO EAT OR DRINK AFTER THIS

IF YOU HAVE SPECIFIC MEDICAL PROBLEMS SUCH AS SEVERE HIGH BLOOD PRESSURE OR ANGINA, YOU MAY TAKE YOUR MORNING MEDICATION WITH A SMALL SIP OF WATER EARLY ON THE DAY OF YOUR TEST. IF YOU TAKE INSULIN FOR DIABETES, TAKE 1/2 YOUR USUAL DOSE THE EVENING BEFORE AND HOLD YOUR MORNING DOSE DAY OF YOUR PROCEDURE.

- DISCONTINUE IRON SUPPLEMENTS AT LEAST 5 DAYS PRIOR TO YOUR PROCEDURE AND STOP ASPIRIN, FISH OIL, FLAXSEED OIL AND ALL SUPPLEMENTS INCLUDING FIBER FOR 1 WEEK.
- STOP BLOOD THINNERS FOR THE FOLLOWING AMOUNT OF TIME: EFFIENT FOR 7 DAYS, COUMADIN, WARFARIN, BRILINTA OR PLAVIX FOR 5 DAYS, AND PRADAXA, ELIQUIS, SAVAYSA OR XARELTO FOR 3 DAYS.
- AVOID TAKING IBUPROFEN, NAPROXEN OR ANY ANTI-INFLAMMATORY FOR 2 DAYS PRIOR TO YOUR PROCEDURE.

BRING SOMEONE ALONG WITH YOU TO DRIVE YOU HOME.

- YOU WILL BE SEDATED FOR THE EXAMINATION. WHILE MOST OF THE EFFECTS OF THE MEDICINE WILL WEAR OFF PRIOR TO YOUR DISCHARGE, WE CANNOT LET YOU LEAVE UNACCOMPANIED. YOU WILL NOT BE ABLE TO DRIVE A CAR THE REMAINDER OF THE DAY.

****IN ORDER TO BETTER MEET THE NEEDS OF OUR PATIENTS, WE RESPECTFULLY ASK THAT YOU GIVE US AT LEAST 72 HOURS NOTICE IF YOU NEED TO RESCHEDULE YOUR PROCEDURE. GIVEN THIS CONSIDERATION WE MAY MORE PROMPTLY MEET OUR PATIENTS NEEDS. ****

IF YOU HAVE ANY QUESTIONS OR HAVE AN EMERGENCY ON THE DAY OF YOUR EXAM, PLEASE CALL OUR OFFICE AT (865)-539-5372 OPTION 2.

*** PLEASE BRING I.D., INS. CARDS AND LIST OF CURRENT MEDICATIONS WITH YOU ***

OVER

CLEAR LIQUID DIET

DAY BEFORE PROCEDURE

TEA (decaffeinated or regular)
BLACK COFFEE (NO CREAMER/MILK)
CARBONATED BEVERAGES (clear or light colored only)
FRUIT FLAVORED DRINKS
GREEN TEA
LEMONADE
GATORADE (NO RED OR PURPLE)
POWERADE (NO RED OR PURPLE)
WATER

BOUILLION (BEEF OR CHICKEN)

JELL-O (NO RED OR PURPLE)
POPSICLE (NO RED OR PURPLE)

SUGAR
HONEY
SYRUP
HARD CANDY (NO RED OR PURPLE)
SALT

4 DAY PRE-PROCEDURE DIET—FOODS ALLOWED

MEAT—FISH, CHICKEN, PORK, TURKEY AND GROUND BEEF
PASTA—NO RED SAUCE
WHITE RICE
DAIRY—CHEESE, MILK, PLAIN YOGURT
EGGS
WHITE BREAD