

PEG Preparation for a Colonoscopy

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Procedure Location:

___ North Richland Hills
Endoscopy Center I 7640
NE Loop 820 North Richland
Hills, TX 76180 | 469-713-
3740

___ Texas Health Harris
Methodist I 1301
Pennsylvania Avenue Fort
Worth, TX 76104 | 817-250-
2000

___ Medical City Fort Worth I
900 8th Avenue Fort Worth,
TX 76104 | 817-336-2100

___ Methodist Mansfield
Medical Center I 2700 E.
Broad St. Mansfield, TX
76063 | 682-242-2000

___ Texas Health Azle I 108
Denver Trail Azle, TX 76020
| 817-444-8600

Procedure Preparation:

- Hold all anticoagulants or blood thinners, such as, Coumadin, Warfarin, Plavix, Eliquis, and Lovenox, for ___ days prior to the exam once approved by your cardiologist or primary care physician (PCP).

Day Before Procedure: ALL DAY CLEAR LIQUID DIET

- You will need to follow a clear liquid diet throughout the entire day. Approved clear liquids include: water, clear juices without pulp (such as apple juice), soda, chicken or beef broth, popsicles and Jell-o (yellow and orange ONLY), tea, coffee, and lemonade. Do not drink anything red, green, or purple. No solid food and no dairy products such as milk or creamers.
- Diabetic patients should only take a half dose of diabetic medications.
- Step 1: In the morning, prepare the solution according to the instructions on the package and refrigerate.
- Step 2: At ___ AM/PM, begin drinking the NuLYTELY solution. Drink 8 oz. every 10-15 minutes until the entire bottle is empty.

Day of Procedure:

- Do not eat or drink anything after midnight.
- If possible, hold all medication unless otherwise directed. High blood pressure medication may be taken with a SIP OF WATER.
- Diabetic patients should not take diabetic medication the morning of the procedure. You can resume your normal dosing after the procedure once you have eaten.
- Plan on being at the facility for 2-3 hours.
- Someone must drive you home. No public transportation allowed without a chaperone. You will be sedated for your procedure and will be very drowsy for several hours. You may not drive or work for 12 hours after the procedure.

PROCEDURE DATE: _____ ARRIVAL TIME: _____ AM/PM