



Attleboro Gastroenterology, P.C.

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FLEETS PHOSPHO-SODA Prep / Colonoscopy AFTER 10 AM

Purchase: 2 (1 ½ oz each) bottles of fleets phospho-soda, found in the laxative aisle.

FIVE DAYS BEFORE: Please **stop** aspirin, aspirin containing products, and anti-inflammatory meds (Ibuprofen, Motrin, Advil, Aleve, and Naprosyn). **You may take Tylenol.**

***If you take Coumadin (Warfarin) stop this for **5 days** and Plavix for **3 days** unless otherwise instructed. You **MUST** notify the person that prescribed this drug of the date of your procedure for dose instructions after the procedure.

THE DAY BEFORE:

Please do not eat any solid foods. You **must** remain on ***CLEAR** liquids for the day.

5 PM - Drink 1 bottle of Phospho-soda

5 AM - Drink the second bottle of Phospho-soda

Individual response to this laxative can vary anywhere from 15 minutes to 3 or more hours. We recommend that you stay **CLOSE** to the facilities!

IMPORTANT: DRINKING MORE FLUIDS WILL IMPROVE YOUR INTESTINAL PREPARATION FOR THE TEST AND YOU WILL FEEL BETTER!!

***CLEAR LIQUIDS INCLUDE:** Strained fruit juices without pulp, white grape or cranberry juice, apple juice, lemonade, Gatorade, soft drinks, jello, popsicles and chicken or beef broth. **These liquids cannot be colored red or purple!** Consume 64 oz of sports drink during the day. You may have coffee or tea with sugar or sweetener. **NO** milk or cream.

DAY OF PROCEDURE:

“NOTHING” TO EAT or DRINK for 6 hours before procedure

*****You may take any blood pressure meds with water before 6AM in the morning.

Report to Sturdy Hospital Emergency Room. Your procedure time is approximate; please plan to be at the hospital approximately 2 - 3 hours.

You **MUST HAVE A RIDE HOME** from the hospital, this person must come inside to pick you up at the Endoscopy/ Day Surgery dept. You **WILL NOT BE ALLOWED TO DRIVE or RETURN TO WORK THAT DAY.** **This is not negotiable.** If you **must** take a taxi home **you are required** to be accompanied by a relative or friend. For your safety, please go home and rest.

Please bring a **current list of medications** that you are taking and bring inhalers if you use them. If you are **diabetic please check your glucose** the morning of the procedure

Special Instructions: _____

Your test is scheduled for _____ at _____

Arrive at the hospital at _____

Please call the office with any questions (508) 222-2021