

VISICOL PREPARATION FOR COLONOSCOPY

Your Colonoscopy is scheduled for: _____ @ _____ with Dr. _____

Please report to:

- 250 Hospital Parkway, Main Hospital 1st floor Radiology Department
 270 International Circle, Building 2 North 2nd Floor Reception area

5 DAYS BEFORE THE EXAMINATION

1. **If you take Aggrenox, Plavix, Coumadin (Warfarin) please let the care provider know.**
2. **Stop** all iron tablets **3 days** prior to the exam

THE DAY BEFORE THE EXAMINATION

1. Have only **Clear Liquids** such as Water, Clear Fruit Juices, Boullion, Jello, Tea, 7-up
2. **No** Solid foods or Milk Products
3. **No** Red, Purple, Coffee or Cola colored liquids
4. **5:00 pm** take **4 Visicol** tablets every 15 minutes with 8oz of clear liquid. Until all 20 tables have been consumed.
5. **9:00 pm** take **4 Visicol** tablets every 15 minutes with 8oz of clear liquid. Until all 20 tablet have been consumed.
6. Before bedtime take 4 Bisacodyl tablets.
7. **If you take Insulin**, take ½ of your usual dose(s)
8. **Note For This Preparation To Work You Must Drink 16 (8oz glass) of Clear Liquids**

THE DAY OF THE EXAMINATION

1. **Stop** taking anything by mouth **4 hours before the exam except for your medications**, you can take medications with small sips of water only.
2. Take your medications as you usually do **unless** directed by your physician.
3. **Diabetic patients**, if you use insulin take ½ of your usual dose in the morning or check with your primary care physician.
4. Arrive **promptly** to your scheduled time.
5. **You must have someone to drive you home at the time of check-in.** (Your driver can not leave the hospital campus). The hospital regulation **prohibits** you from driving yourself home or taking alternative transportation (bus or taxi).
If no one is available to take you home, your exam will be cancelled.

FOLLOWING THE EXAMINATION

1. You should plan on light activity for the remainder of the day.
2. No driving or working.
3. You may return to your normal activities the day after your exam.
4. You will be able to eat normally **unless** instructed otherwise.

To cancel or reschedule your appointment please call 408-972-6599 72 hours prior to exam
For Questions regarding your exam, please call 408-972-6599 (Do not call the advice nurse)



ITEMS CONSIDERED AS CLEAR LIQUIDS

Jello:	Lime, Lemon and Orange flavored
Soda:	7-up, Sprite, Ginger-Ale and Gatorade
Popsicles:	Orange and Green colors
Boullion/Broths:	Chicken, Beef or Vegetable flavored
Juices:	White Cranberry, White Grape or Apple Juice
Tea:	With Sugar Only (No Milk, Cream or Non-Diary Products)

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