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COLONOSCOPY FLEET PHOSPHO-SODA PREP

1. Purchase Fleet's Phospho-Soda from any pharmacy. This will usually be a green bottle. You will need to purchase two- 1 ½ ounce bottles.
2. Avoid seeds for three days prior to test. (rye bread, popcorn, sesame seeds, etc.).
3. **The day before the test:**
 - a) **Be on a clear liquid diet the entire day.** This includes chicken broth, soda, jello, coffee, tea, water, clear juice. (Avoid orange juice with pulp, dairy products, anything RED or PURPLE).
 - b) **At 9AM take one & one-half oz. of the Fleet's Phospho-Soda** in a 8 oz glass of lemon-lime drink, cola or root beer. Follow this with 3or more glasses of clear liquids. (1 & 1/2 oz equals three full tablespoons). You may also mix with the following juices: grapefruit, pineapple, apple or water. You may continue to drink liquid for the rest of the day.
 - c) **At 3pm** take 4 Dulcolax tablets (Bisacodyl).
 - d) **At 6PM** repeat the one & one-half ounce dose of Fleet's phospho-soda, mixed as above. Follow this with 3 glasses of water. You may continue to drink liquids until midnight, then nothing else until your examination.
 - e) **IT IS VERY IMPORTANT TO REMAIN WELL HYDRATED, DRINK LOTS OF FLUIDS DURING THE PREP.**
 - f) **OTHER THAN THE PREP AND MEDICATIONS-NOTHING TO EAT OR DRINK THE DAY OF EXAM. TAKE ALL PREP AND MEDICATIONS AT LEAST 3 HOURS BEFORE EXAM TIME.**
4. Avoid aspirin products for 7 days prior to your study. Notify your doctor if you are on blood thinners.
5. **You must have a driver to take you home** if you are going to receive sedation. This applies to most colonoscopies. You cannot take a taxi home, unless you have another adult friend or relative with you. (A responsible person must make sure you get safely to your home.)
6. Please clarify your AM medications with your doctor in advance before your prep begins. In general, **take all blood pressure medications, heart medications and inhalers for respiratory problems the morning of your test. If you take insulin, check with your doctor for instructions.** You may have sips of water for your medications.
7. **Make sure you check in with Outpatient Registration one hour before your scheduled procedure.**

Procedure Time and Date _____ **Check-In** _____