

Division of Gastroenterology & Hepatology Colonoscopy Instructions – NuLYTELY/GoLYTELY/TriLyte/Colyte

| | | d on//_ with Dr |
|--------|---|---|
| Sto | ny Brook University | Hospital (14N) |
| Arri | ve at <u>:</u> AM/P | PM |
| | | |
| | ilviPORTANT—please | read all instructions as soon as you receive them. |
| COV | ID-19 TESTING | |
| You M | | 3 days before your procedure, regardless of vaccination status . Our g. |
| AS SC | OON AS POSSIBLE | |
| | Identify a driver for the day of | your colonoscopy. |
| | transportation. You will NOT be our waiting room during your p | ompany you when leaving the procedure unit, even if you take public be permitted to drive after your procedure. Your companion may wait in procedure. If they are unable to wait for 3 hours (including prep time e number so we may contact them. If we cannot confirm your pow WILL be cancelled. |
| | Are you on any of the followin | |
| | Warfarin (Coumadin [®]), Enoxaparin (Lovenox [®]), clopidogrel (Plavix [®]), or other blood thinners | Ask the physician who prescribed this medicine how to take it before and after your procedure |
| | Aspirin | You may continue taking aspirin unless otherwise instructed |
| | Insulin | Depending on what type of insulin you are taking, you may need to reduce your insulin dose the day before the procedure. Please ask your diabetes doctor for exact instructions. DO NOT TURN OFF YOUR INSULIN PUMP |
| | Oral Diabetes medications | Do not take these medications on the morning of your procedure |
| | Do you have an ICD (defibrillat | or) or pacemaker? |
| | If so, please notify your gastro | penterologist immediately for specific instructions. |
| VEV 11 | NCTRUCTIONS | |
| | NSTRUCTIONS Obtain the following howel pro | paration products from your local pharmacy at least 5 days prior |
| | J 1 | iLyte/Colyte (available by prescription only). |
| | Do not eat any solid food the <u>E</u> | NTIRE day before your colonoscopy |
| | Do not mix the bowel prep solu | ition until the day before your colonoscopy. |
| | Bowel prep is needed in order | to perform an effective colonoscopy. It is critical that you thoroughly |
| | read and follow these instruction | ions. You are taking a split-dose bowel prep which will be taken in 2 |
| | parts. The first dose will be ta | ken at 6 pm the day prior to the procedure and the second dose will be |
| | taken 6 hours prior to your sch | eduled procedure. The second dose may be in the middle of the night |

but the correct timing is essential for an effective bowel prep—set an alarm clock if necessary.

☐ If you have any questions regarding the prep or you feel it is not working call 631-444-5220.



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| 5 DAYS PRIOR TO COLONOSCOPY If applicable, stop taking any vitamins, herbal medications or iron supplements. Call Admitting at 444-1870 and provide your insurance information. 3 DAYS PRIOR TO COLONOSCOPY Confirm your transportation for the day of your procedure No solid foods after midnight 2 DAYS PRIOR TO COLONOSCOPY *No solid foods (ONLY clear liquids) *At 5 p.m., drink 1 bottle magnesium citrate & 3 glasses of water. *At 10 p.m., drink 1 bottle magnesium citrate & 3 glasses of water. 1 DAY BEFORE YOUR COLONOSCOPY You may take your regular prescription medications, unless you are instructed otherwise. You may not eat any solid foods or consume any alcohol today. Begin clear liquid diet ("clear liquid" means you can see through it when poured into a glass). It is very important to drink a lot of liquids today and drink an extra 8oz of clear liquid from 11AM-6PM. ➤ Clear juices without pulp (apple, white grape), clear broth, tea, coffee, clear soda, Gatorade®, Jell-O® NO red or purple liquids, NO milk products, NO vegetables, NO breads, NO meats |
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| |
| \Box If preferred, mix the bowel prep solution ahead of time and refrigerate. Mix according to the |
| directions on the container. The reconstituted solution must be used within 48 hours. |
| ☐ At 6 pm: Drink 8 oz. approximately every 10 minutes until about HALF (1/2) is done. Place the remainder of the |
| solution in the refrigerator. This is a split-dose prep and you will drink the remainder as directed below. |
| Note: It is normal to feel 'full' and 'bloated' during the prep. |
| It is easier to drink the prep when it is cold (on ice), and through a drinking straw. |
| ➤ Some people may experience nausea or vomiting. If this occurs, simply wait 30 minutes before |
| resuming drinking. If symptoms persist, please call our office (631) 444-5220. |
| ☐ At 9 pm: take 2 gas tablets (Gas-X or Mylanta Gas) with 8 oz. of clear fluid. |
| □ 10 pm: take 2 gas tablets with 8 oz. clear liquid. |
| $\ \square$ Continue to drink clear liquids throughout the evening. |
| ON THE DAY OF YOUR COLONOSCOPY |
| □ At : AM/PM (6 hours before your scheduled procedure time: Drink the remaining bowel prep |
| solution, every 10 minutes, until the solution is finished. |
| ☐ The prep and liquids should be completely finished 5 hours before your scheduled procedure. |
| ☐ Take your heart and blood pressure medications with a sip of water. |
| □ Nothing else to eat or drink. Do not chew any gum or hard candy. |
| $\ \square$ Do not take any diabetes medications (insulin or pills) on the morning of your procedure. |
| ☐ Wear loose fitting, comfortable clothes, with flat shoes or sneakers. |
| □ Do not wear jewelry or bring any valuables to the procedure. |
| □ Please bring a list of your current medications. You will need to complete a medical history form in the waiting room prior to the procedure. If you are unable to complete the form, please make sure you have company you who can complete the form for you |
| have someone accompany you who can complete the form for you. ☐ If you have an ICD (defibrillator) or a pacemaker, please bring the device card with you. |

☐ Make sure a responsible adult is available to take you home. If they are not able to stay for 3 hours in

our waiting room, then bring their phone number so we may contact then.