

**Patient Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS FOR COLONOSCOPY**

**HalfLytely-2 day prep**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Procedure**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Arrival Time**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**with D**r.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location**: \_\_\_\_\_\_**Urbana GI Endoscopy Center** – 3280 Urbana Pike # 104,

Ijamsville, MD 21754

Phone Number 240-436-6440

\_\_\_\_\_\_ **GIEA-** 15005 Shady Grove Rd # 200, Rockville, MD 20850

Phone Number 301-340-8099

\_\_\_\_\_\_ **Shady Grove Adventist Hospital, Outpatient Surgery Center**

9901 Medical Center Dr, Rockville, MD 20850

Phone Number 240-826-7541

**You must have someone drive you home**. If you plan to take a taxi home, you must have someone accompany you. You will be ready to be discharged ½ to 1 hour after your procedure is complete.

**Please leave all valuables and jewelry at home. Please refrain from wearing any cologne, perfume or lotions.**

Please remember we require 72-hour notice for cancellations or rescheduled appointments. If you fail to give 72 hour notice you may be charged a cancellation fee.

**ONE WEEK BEFORE THE PROCEDURE**

You may take Tylenol as needed.

There are some medications to be held prior to your procedure.

* **Aspirin or Aspirin products** (including Excedrin) should be held for 1 week prior to the procedure. If prescribed by a physician, consult with that doctor first about your ability to safely hold these medications.
* **NSAIDS (Nonsteroidal Anti-Inflammatory Drugs)** such as Advil, Motrin, Aleve, etc. should be held for 3 days prior to the procedure.
* **Prescribed NSAIDS** (Voltaren, Relafen, Celebrex, Indocin, etc) should be discussed with your prescribing physician to see if you can safely hold for 3 days prior to procedure.
* **Blood Thinners** (Coumadin, Plavix, Persantine, Pradaxa, Xarelto, Aggrenox, etc.) should be discussed with your prescribing physician to see if you can safely hold for 3 days prior to procedure.
* All diabetic patients taking **insulin/oral hypoglycemic medications** should contact a nurse in regard to holding these medications prior to the procedure. You can reach an RN at the number listed above for the location of your procedure.

**YOU WILL NEED**

o HalfLytely –prescription

o 16 – 5 mg Dulcolax laxative tablets (generic name Bisacodyl) – over the counter

**5 DAYS PRIOR TO THE PROCEDURE**

Stop eating high fiber foods and fiber supplements (including nuts, corn, popcorn, raw fruits,

vegetables and bran). *Cooked vegetables and fruit are acceptable.*

**DAY BEFORE THE PROCEDURE**

You must be on a **clear liquid diet** the entire day before your procedure **(no solid foods)**

**DO NOT** drink milk or alcoholic beverages

**Any of the following clear liquids are OK**

Water

Strained fruit juices (without pulp) including apple, orange, grape, or cranberry

Limeade or Lemonade

Coffee or tea (DO NOT use any dairy or non-dairy creamer)

Clear broth (beef, chicken, or vegetable) with or without salt or pepper

Gatorade, PowerAde or Vitamin Water type products

**This is the laxative dosing regimen to follow 2 days before the procedure:**

|  |  |
| --- | --- |
| Morning Time | Take 4 dulcolax laxative tablets with 8 to 6 oz. of clear liquid |
| Mid-Day | Take 4 ducolax laxative tablets with 8 to 16 oz. of clear liquid. |
| Evening Time | Take 4 dulcolax laxative tablets with 8 to 16 oz of clear liquid.  |

**1 day before the procedure:**

|  |  |
| --- | --- |
| **Step 1****12:00 pm** | Take 4 Dulcolax tablets with water. Do not chew or crush. Do not take within one hour of taking an antacid. |
| **Step 2****4:00 pm** | Mix solution, add lukewarm water to the top of the bottle, cap the bottle and shake to dissolve powder. The solution should be clear and colorless. Use within 48 hours. Keep refrigerated. |
| **Step 3****4:15 pm** | Wait for bowel movement after the Dulcolax tablets. After bowel movement occurs (usually 1-4 hours) begin to drink the solution. \*\*\*After 4 hours if no bowel movement has occurred, begin to drink the solution. |
| **Step 4** | Drink 1 8 oz. glass of solution every 10-15 mimutes. Drink each glass guiqckly rather than small amounts continuously. Take 4 Dulcolax laxtative tabets to be sure to drink all of the solution. |

The purpose of this prep is to clean your colon. Your bowel movements should not be solid. Cloudy/light colored watery stool is acceptable. \*We recommend coating the rectal area with **VASELINE** to protect the skin from chaffing during your prep

**\*\*\*You must be totally fasting 4 hours before the procedure. This means you may have nothing to eat, drink, smoke, or chew 4 hours prior to the procedure. To avoid the risk of a delay or a cancelled procedure, please be very careful to not eat, drink smoke or chew during this 4 hour time frame.**

 If any problems or questions arise, please call our office at 301-251-1244 option 3 during normal business hours.