

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

**INSTRUCTIONS FOR COLONOSCOPY**

**HalfLytely**

**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 8 – 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/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 the day before the procedure.**

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| **Step 1** | Mix Solution by adding lukewarm water to the top of the bottleCap bottle and shake to dissolve powderThe solution should be clear and colorless.Refrigerate if desired |
| **Step 2****4:00 pm** | Take 2 bisacodyl tablets that come in the prep boxTake 4 Dulcolax laxative tablets that you have purchased separatelyDo not chew or crush Do not take within one hour of taking an antacid |
| **Step 3****4:15 pm** | Start drinking the refrigerated solutionDrink 1 - 8oz. glass of solution every 15 - 30 minutes. Be sure to drinkall of the solution. |
| **Step 4** | Take 4 Dulcolax laxative tablets after drinking 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.