
Scheduled for: Date ____/____/____ Time: _____ a.m./p.m.
Report to our office, room 209 a half hour before the procedure at: _____ am/pm

COLONOSCOPY (Golytely)

ONLY follow the instructions on this page and not on product label.

On the day before the test: _____

You may only have clear liquids today... **no solid foods**. (Examples: coffee without cream, tea, pop, water, juice, Gatorade, broth from soup, Popsicles, jello) You may have these clear liquids until midnight. You may **not** have liquids that are **red or purple** in color or any **milk/dairy** products.

- The day before the procedure mix preparation in the early morning and refrigerate before drinking. Mixing instructions are located on the box that you will receive from the pharmacist.
- At 6 P.M start drinking the Golytely (available through prescription only)
 1. Drink an 8-ounce glass of the solution every 15 minutes until the bottle is **half empty**. This should only take 2 hours.
 2. Refrigerate the remaining half for the morning of the procedure. Do not drink the 2nd preparation until the morning of the procedure unless informed otherwise.

You may have clear liquids until midnight. After midnight you may have nothing to eat or drink, including no medications.

Date of Procedure:

- Nothing to eat or drink the day of the procedure starting from midnight, including any medications you may normally take. **No Gum or Candy**.
- The morning of the procedure you will need to drink the second preparation.
- Start drinking the preparation 6 hours before your procedure starts. _____
- You will drink the preparation the same way you did the night before.
- The preparation **must** be completed at least 4 hours before your procedure.

You will receive IV anesthesia for this procedure; **you may not drive yourself home**. Make sure you make arrangements for a ride home after the colonoscopy. You must be accompanied by a responsible adult over the age of 18.

Female patients that are not post menopausal (no period in over one year) are required to give a urine sample before the procedure.

Please do not wear jewelry or nail polish/acrylic nails for your procedure(s).

It is your responsibility to contact our office regarding any biopsy results. Typically results are available 3-5 business days after the procedure. The doctor will instruct you to call the office for results or to make a follow up visit. Please call, 773-631-2728.

Medications:

Blood pressure and heart medications may be taken until 7 am the morning of the procedure. All other medications may be taken up until midnight the day before the procedure.

ASPRIN PRODUCTS must be discontinued 5 days prior to the exam. If you are on blood thinners, please see the handout that has been provided for dosing instructions.

A bleeding profile blood test must be performed the day before the procedure if you take Coumadin/Warfarin or if you have a history of liver disease (i.e. Cirrhosis).

If you are a diabetic you may not have diabetes medication on the evening before the test and the morning of the test. If you use insulin please contact your PCP regarding modification of dosage. On the exam date check you blood sugar and record here: _____