

## COLYTE PREP FOR COLONOSCOPY

Fill your prescription for Colyte Prep at your pharmacy.

**Discard the Package Instructions and follow the instructions on this sheet.**

**Two (2) Days Before Colonoscopy:** Avoid whole grains, seeds, nuts, raw tomatoes and corn.

**Day before your colonoscopy:**

Eat a light breakfast and then **clear liquids after 10:00 AM for the remainder of the day.** The light breakfast can include toast or a bagel with butter, margarine or jelly. It can also include one egg. Clear liquids are liquids you can see through such as chicken broth, apple juice, white grape juice, Gatorade, black coffee or tea, ginger ale, Jell-O, ice popsicles. Do not have products that are red or purple.

*Remember! No solid foods or dairy products after breakfast!*

At 6:00 PM, mix Colyte with 4 liters of water. Drink 8 ounces of Colyte every 15 minutes until half the bottle is consumed. This will equal 64 ounces.

**Day of your colonoscopy:**

**Starting 6 hours before your procedure time,** drink the remaining bottle of Colyte. Drink 8 ounces of Colyte every 15 minutes until consumed within 2 hours time. You must drink at least six 8-ounce glasses of the morning dose. Discard the remaining prep. You may take your necessary morning medications with a sip of water (no more than 2 tablespoons).

**The Prep must be finished 4 hours prior to your procedure time. Only necessary medications may be taken with a sip of water after completion of Prep. If you take anything by mouth, including any solid food, gum, mints, hard candy or water, your procedure will be rescheduled.**

**Medications:**

**DIABETES:** If you take medications for diabetes or to control your blood sugar, call your primary physician for instructions on how to take these medications on the day before your colonoscopy and on the day of the procedure.

**BLOOD THINNERS:** If you are taking **ANY** blood thinner other than Aspirin, you need to make an appointment with one of the physicians of Gastrointestinal Associates to discuss how you will coordinate the medication use before and after the procedure. *Your Gastrointestinal Associates physician will make a recommendation about your blood thinner. You will need to speak to the physician who orders this medication for you. If there is a difference in his/her recommendation, you must call our office to advise your Gastrointestinal Associates physician.* If you are on chemotherapy with **Avastin**, it is *critical* that your Gastrointestinal Associates physician be made aware of this.

**If you are unable to complete the preparation as described above, please call our office at 267-620-1100.**

(Colyte Prep – 3/15)

## GASTROINTESTINAL ASSOCIATES, INC.

### WHAT IS COLONOSCOPY?

A flexible tube (colonoscope) is passed through the rectum into the lower intestinal tract. This enables the physician to view the lining of the rectum and all parts of the large intestine. (colon)

1. It is imperative that you **follow instructions given to you by Gastrointestinal Associates, Inc.** There are **restrictions on food and liquid intake. Failure to follow these restrictions could mean the cancellation of your procedure.**

2. **Meridia, Phentermine and Herbal products** must be **stopped two weeks** before the procedure.

3. **Fiber supplements and iron containing products** must be **stopped one week** prior to the procedure.

4. **You may take** blood pressure, heart and/or asthma medication with a sip of water.

5. **Diabetics** – if you are medicine-controlled check with the doctor who prescribes your medications for diabetes.

6. **Transportation** – you must arrange for a driver to accompany you to and from the procedure unit. Failure to have an available driver immediately following your procedure will result in cancellation of your procedure. **THEREFORE, YOUR DRIVER MUST REMAIN IN THE PROCEDURE UNIT WAITING ROOM UNTIL YOU ARE DISCHARGED.** If you are taking a taxi or public transportation, you must have an adult with you. **You cannot drive for 12 hours following your procedure. Therefore, you must have a driver.** Please have your driver available should your procedure time need to be changed.

7. Let us know of any **medication changes** prior to your procedure.

8. Let us know of any **insurance changes** prior to your procedure.

9. **Bring** your insurance cards and make sure that your referral (if required) is in order for the doctor's charge and the facility's charge. **You are responsible for any copays.**

### **YOUR PROCEDURE IS SCHEDULED AT: GASTROINTESTINAL ENDOSCOPY CENTER**

1600 Horizon Drive – Suite 107

Chalfont, PA 18914

Arrive 45 mins. before procedure time

Parking available

**PROCEDURE DATE:** \_\_\_\_\_

**PROCEDURE TIME:** \_\_\_\_\_

(what is colonoscopy 8/18)