Go-Lytely Colonoscopy Preparation (Split Dose Prep)

INSTRUCTIONS

Please call our office a week prior to have a prescription for Go-Lytely sent to your local pharmacy.

**Make arrangements for someone to bring you home after the procedure. You will not be able to drive or take any other transportation alone. You must arrange for someone to be available that day to accompany you home by car, taxi or public transportation.

5 DAYS BEFORE YOUR PROCEDURE
- If you are taking ANY anticoagulants or anti-platelets such as Coumadin (Warfarin), Xarelto (rivaroxaban), Plavix (Clopidogrel), Effient (prasugrel) or taking any opiates or Suboxone, **PLEASE NOTIFY US IMMEDIATELY.**
- Continue taking daily aspirin if prescribed
- Do not take iron supplements.
- Please avoid foods containing seeds, nuts or corn (including popcorn)-the foods may interfere with the exam.

1 DAY BEFORE YOUR PROCEDURE
- Begin a clear liquid diet. Drink only clear liquids for breakfast, lunch and dinner. Clear liquids include water, Gatorade, clear fruit juice (apple or white grape), bouillon broth, jello, popsicles, clear soda (7-up, Sprite, Ginger Ale), black coffee or tea (ok to use sweetener, NO DAIRY PRODUCTS). **NO ARTIFICIAL RED COLOR** (i.e. No red Jell-O, popsicles or Gatorade). **NO SOLID FOODS, MILK OR MILK PRODUCTS.**

- On the day prior to your procedure, at 2:30pm, begin following the instructions on the side of the Go-Lytely bottle. You may want to prepare this ahead of time and refrigerate as it makes it easier to drink when chilled. Drink 8 ounces every 20 minutes until half gallon (2 liters) is gone.

DAY OF PROCEDURE
- Start drinking the second half gallon of the Go-Lytely prep. Drink 8 ounces every 20 minutes until all the Go-Lytley is gone. **This must be done at least 4-5 hours before your procedure.**
- You may continue drinking clear liquids **ONLY** until three hours before your procedure.
- You should take any heart or blood pressure medications with a small amount of water.
- If you have insulin or diabetic medication, ask your primary care physician about reducing your dosage prior to your exam in order to avoid hypoglycemia (low blood sugar)

Date____________________________________________________

Arrival Time_____________________________________________
Procedure Time_______________________________