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BOWEL PREPARATION INSTRUCTIONS FOR MORNING SCOPES (GOLYTLEY)-DR BENITEZ
YOU HAVE BEEN SCHEDULED FOR A DIAGNOSTIC PROCEDURE CALLED COLONOSCOPY TO BE PERFORMED ON

_____ AT _____ ARRIVAL TIME _____

REPORT TO _____ PARKWEST HOSP (MAIN ENTRANCE) _____ FT. LOUDOUN HOSP (ER/REG DESK)
**** LATE ARRIVAL MAY RESULT IN UP TO A 2-HOUR DELAY IN YOUR PROCEDURE ****

PRE-PROCEDURE INSTRUCTIONS: DO NOT EAT CORN, VEGETABLES, FRUITS, SEEDS, NUTS, POPCORN OR HIGH FIBER FOODS FOUR DAYS PRIOR TO YOUR EXAMINATION.

*****TWO DAYS BEFORE ******

- BEGINNING ON _____ ONLY CLEAR LIQUIDS
- AT 1:00 PM YOU WILL START YOUR GOLYTLEY PREP. ADD DRINKING WATER TO TOP LINE OF BOTTLE, CAP BOTTLE AND SHAKE WELL TO DISSOLVE. PLACE IN REFRIGERATOR.
- AT 3:00 PM YOU WILL BEGIN DRINKING THE GOLYTLEY SOLUTION. DRINK (1) 8OZ GLASS EVERY 10-15 MINUTES. BE SURE TO DRINK 1/2 THE SOLUTION. DRINK PLENTY OF WATER THROUGHOUT THE EVENING.

******DAY BEFORE PROCEDURE ******

- AT 5:00 PM BEGIN DRINKING THE GOLYTLEY SOLUTION. DRINK (1) 8OZ GLASS EVERY 10-15 MINUTES. BE SURE TO DRINK THE REST OF SOLUTION, BUT NOTHING AFTER 10 PM.

DO NOT EAT OR DRINK ANYTHING ON THE MORNING OF YOUR EXAMINATION. IF YOU HAVE SPECIFIC MEDICAL PROBLEMS SUCH AS SEVERE HIGH BLOOD PRESSURE OR ANGINA, YOU MAY TAKE YOUR MORNING MEDICATION WITH A SMALL SIP OF WATER EARLY ON THE DAY OF YOUR TEST. IF YOU TAKE INSULIN FOR DIABETES, TAKE 1/2 YOUR USUAL DOSE THE EVENING BEFORE AND HOLD YOUR MORNING DOSE DAY OF YOUR PROCEDURE.

MEDICATIONS TO STOP PRIOR TO PROCEDURE

7 DAYS PRIOR:

Trulicity
Ozempic
Mounjaro
Bydureon bcise
Byetta
Victoza, Saxenda
Adlyxin
Rybelsus

7 DAYS PRIOR:

Aspirin
Effient
Fish Oil
Flaxseed Oil
Supplements
Fiber

5 DAYS PRIOR:

Iron Supplements
Coumadin
Warfarin
Brilinta
Plavix

3 DAYS PRIOR:

Pradaxa
Eliquis
Savaysa
Xarelto

2 DAYS PRIOR:

Ibuprofen
Naproxen
Meloxicam
Anti-inflammatory

BRING SOMEONE ALONG WITH YOU TO DRIVE YOU HOME.

- YOU WILL BE SEDATED FOR THE EXAMINATION. WHILE MOST OF THE EFFECTS OF THE MEDICINE WILL WEAR OFF PRIOR TO YOUR DISCHARGE, WE CANNOT LET YOU LEAVE UNACCOMPANIED. YOU WILL NOT BE ABLE TO DRIVE A CAR THE REMAINDER OF THE DAY.

******IN ORDER TO BETTER MEET THE NEEDS OF OUR PATIENTS, WE RESPECTFULLY ASK THAT YOU GIVE US AT LEAST 72 HOURS NOTICE IF YOU NEED TO RESCHEDULE YOUR PROCEDURE. GIVEN THIS CONSIDERATION WE MAY MORE PROMPTLY MEET OUR PATIENTS NEEDS. ******

IF YOU HAVE ANY QUESTIONS OR HAVE AN EMERGENCY ON THE DAY OF YOUR EXAM, PLEASE CALL OUR OFFICE AT (865)-539-5372 OPTION 2.

***** PLEASE BRING I.D., INS. CARDS AND LIST OF CURRENT MEDICATIONS WITH YOU *****

OVER

CLEAR LIQUID DIET

DAY BEFORE PROCEDURE

TEA (decaffeinated or regular)
BLACK COFFEE (NO CREAMER/MILK)
CARBONATED BEVERAGES (clear or light colored only)
FRUIT FLAVORED DRINKS
GREEN TEA
LEMONADE
GATORADE (NO RED OR PURPLE)
POWERADE (NO RED OR PURPLE)
WATER

BOUILLION (BEEF OR CHICKEN)

JELL-O (NO RED OR PURPLE)
POPSICLE (NO RED OR PURPLE)

SUGAR
HONEY
SYRUP
HARD CANDY (NO RED OR PURPLE)
SALT

4 DAY PRE-PROCEDURE DIET—FOODS ALLOWED

MEAT—FISH, CHICKEN, PORK, TURKEY AND GROUND BEEF
PASTA—NO RED SAUCE
WHITE RICE
DAIRY—CHEESE, MILK, PLAIN YOGURT
EGGS
WHITE BREAD