

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 SIX DAYS PRIOR TO YOUR EXAMINATION.

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

- BEGINNING ON _____ ONLY CLEAR LIQUIDS

****** DAY BEFORE ******

- CLEAR LIQUIDS ALL DAY
- AT 5:00 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 6:00 – 8:00 PM YOU WILL BEGIN DRINKING THE GOLYTLEY SOLUTION. DRINK (1) 8OZ GLASS EVERY 10-15 MINUTES. BE SURE TO DRINK ONLY ¼ OF THE SOLUTION. DRINK PLENTY OF WATER THROUGHOUT THE EVENING,
- NOTHING AFTER 10:00 PM

******DAY OF PROCEDURE******

- AT 5:00 – 7:00 AM BEGIN DRINKING THE GOLYTLEY SOLUTION. DRINK (1) 8OZ GLASS EVERY 10-15 MINUTES. BE SURE TO DRINK THE REST OF SOLUTION
- NOTHING AFTER 7:00 AM

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 ½ 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