

**YOUR PROCEDURE IS SCHEDULED FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_ / \_\_\_\_ / \_\_\_\_. PLEASE ARRIVE AT \_\_\_\_:\_\_\_\_ am / pm**

**LOCATION:**

 1) GI NORTH ENDOSCOPY 4150 Deputy Bill Cantrell Memorial Rd Ste. 200 Cumming, Ga. 30040 (Park at T-Level)

2)Northside Hospital-Forsyth, 1200 Northside Forsyth Drive Cumming, Ga. 30041 (pt. services-located at back entrance of hospital)

**GOLYTELY PREP FOR COLONOSCOPY (SPLIT DOSE)**

**1 WEEK BEFORE THE PROCEDURE**

* Please inform your doctor if ANYTHING HAS CHANGED WITH YOUR HEALTH OR MEDICATIONS SINCE YOUR LAST VISIT.
* Please follow your doctor’s specific instructions regarding your medications.
* IF YOU ARE ON A BLOOD THINNER and HAVE NOT been given instructions for holding it, please call our office TODAY!
* Pick up the prep from your pharmacy.
* If you were ordered **“constipated prep”,** start that now.

**5 DAYS BEFORE THE PROCEDURE**

* **Do not eat** fruits (including dried fruit), corn, beans, all nuts, popcorn, quinoa or any food with seeds.

**2 DAYS BEFORE THE PROCEDURE**

* If you were ordered an **“extended prep”** you will start clear liquids now

**1 DAY BEFORE THE PROCEDURE (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **NO solid food all day** – **ONLY a clear liquid diet (NO RED OR PURPLE color)**. Upon waking in the morning, immediately begin a clear liquid diet, including:
* Water, clear broth, coffee or tea (without milk or creamer)
* Sport Drinks such as Gatorade, Powerade, Propel or Vitamin Water (NO RED OR PURPLE)
* Fruit flavored drinks such as Crystal Light, Kool-Aid, Capri Sun (NO RED OR PURPLE)
* Apple juice, white cranberry juice, carbonated beverages or soda (NO RED OR PURPLE)
* JELL-O, Italian ices, ice popsicles, sorbet, hard candy(NO RED OR PURPLE)
* **NO** liquids that you cannot see through, juice with PULP, any type of MILK, smoothies, ALCOHOL, soups with noodles/vegetables.
* **BOWEL PREP INSTRUCTIONS:**
* In the morning, mix the entire jug of GOLYTELY. Shake the solution until the GOLYTELY is dissolved then refrigerate
* At 6pm, start drinking HALF (64oz.) of the GOLYTELY prep. Drink one 8oz. cup every 15 minutes until jug is half empty.
* Continue clear liquid diet until midnight. DO NOT EAT ANY SOLID FOOD.

**DAY OF THE PROCEDURE (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*NO SOLID FOOD- Clear liquids/prep ONLY!**

* **FIVE HOURS (at \_\_\_\_\_\_\_\_\_\_am)** prior to your scheduled procedure time, drink the rest of the solution (64ounces). This means one 8oz. cup every 15 minutes until it is all finished. This part of the bowel prep takes about 2 hours.

**DO NOT DRINK ANYTHING OR EAT ANYTHING AFTER THE ABOVE! (NO GUM OR HARD CANDY)**

* Please arrive to the outpatient surgery center ON TIME for your procedure.
* Please make sure you have an adult over the age of 18 with you the ENTIRE TIME of the procedure or your procedure will be cancelled
* **HOLD ALL MORNING MEDICATIONS EXCEPT HEART AND BLOOD PRESSURE MEDS-** take with a tiny sip of water.
* **Please leave ALL jewelry and electronic devices at home (cell phones, smart watches, Fitbits)**
* **EXTENDED PREP: Your provider has ordered an EXTENDED PREP for you due to either constipation, gastric delay, or a previous inadequate prep. You will start clear liquids TWO DAYS before your procedure. In addition, you will take one tablespoon of Miralax daily, as directed 1-4 times per day for 7 days prior to your procedure day. Taper as needed, ideally you will have a good bowel movement at least once or twice a day before the colonoscopy.**
* **CONSTIPATED PREP: Your provider has ordered a CONSTIPATED PREP for you due to either constipation, gastric delay, or a previous inadequate prep. You will take one tablespoon of Miralax daily, as directed 1-4 times per day for 7 days prior to your procedure day. Taper as needed, ideally you will have a good bowel movement at least once or twice a day before the colonoscopy.**

**DIABETIC PATIENTS:**

* If you take **ORAL** diabetic medication HOLD on the day of the prep and day of the procedure then resume after scope.
* If you take **INSULIN**, take ½ the regular evening dose (on the night of prep) and nothing in the morning of the procedure. Monitor blood sugar carefully.
* If you have an **INSULIN PUMP**, turn it off the morning of the procedure and monitor blood sugar carefully.

**HEART AND BLOOD PRESSURE MEDICATIONS:**

* Take all heart and blood pressure medications with a TINY sip of water as usual. HOLD ALL OTHER MEDICATIONS until after the procedure.
* IF YOU TAKE A BLOOD THINNER, BE SURE YOU HOLD IT AS DIRECTED BY YOUR CARDIOLOGIST BEFORE THE PROCEDURE.

\*\*After thoroughly reading instructions above- if you have any questions, please do not hesitate to call our nursing staff at (404)-446-0600.