

Outpatient Colonoscopy Instructions Half Lytely Prep Morning Exam

You are scheduled for a colonoscopy on _____ with Dr. _____ Report to **Ft. Sanders Regional Hospital on Clinch Ave:** Patient Services Center in the main lobby at _____.

☐ *****YOU WILL RECEIVE SEDATION FOR THIS PROCEDURE. SOMEONE MUST DRIVE YOU HOME.***** (The hospital will require verification that you do have a ride.)

Purchase the HalfLyte^{ly} prep kit (**prescription required**) at your pharmacy. The kit includes a ½ gallon prep and 2 Bisacodyl tablets.

Do not eat foods such as Fruits and Vegetables with seeds, salads, beans, corn, and nuts for 3 days prior to your test.

DAY BEFORE THE PROCEDURE:

- Begin **CLEAR LIQUID** diet at breakfast. You may have bouillon, water, Gatorade, coffee, tea, apple juice, white grape juice, clear fruit drinks without pulp, any soda, Jell-o, popsicles, hard candy and gum. **Avoid anything red or purple. Avoid milk products.**
The PEG solution may be mixed at this time and put in the refrigerator.
- At **12:00 noon**, take 1 Bisacodyl tablet. Drink 1 full glass of clear liquid after tablet. Do not chew or crush the tablet. Do not take within 1 hour of antacids.
- At **12:30 p m** take another Bisacodyl tablet as above.
- At **5:00 pm**, take the Reglan tablet. If the tablet becomes crushed in the mail mix it with a small amount of water and drink it.
- At 6:00 p.m. begin drinking the HalfLyte^{ly}. Drink 8 ounce glass every 10-20 minutes until all is gone. **IT IS IMPORTANT THAT YOU DRINK ALL OF THE HALFLYTE^{ly} SO THAT YOU ARE PROPERLY CLEANED OUT FOR YOUR TEST.** Do not take any medications within 1 hour of drinking the solution. It will get flushed out of your system.
- You may have **nothing** to drink after midnight.

Special Instructions:

- You may take blood pressure, heart, and seizure medication the morning of the procedure with a sip of water. All other medications should be taken after the test.
- Diabetics hold all oral diabetic medicine the morning of the procedure. If you take insulin, you will be given instructions. Read enclosed diabetic instructions.
- If you take **Aspirin**, you must stop these **5** days prior to your test.
- If you take **Plavix**, you must stop it **5** days prior to the test. **You** must contact the prescribing doctor for authorization to stop the medication. If you are told not to stop the medication, you must notify us for further instructions.
- If you take **Coumadin**, we will contact your prescribing doctor for authorization to stop it for **5** days prior to your test. We will call you with instructions.
- If you take **iron supplements** you must stop these **5** days prior to the test.

If you have any questions or need to cancel this appointment call our office at (865) 523-6418. **DO NOT CALL THE HOSPITAL.**