

DIGESTIVE DISEASE CLINIC
Golytely / Nulytely Colon Preparation

Date your procedure is scheduled _____ .

Please check in at (time) _____ am/pm. Your procedure is scheduled for (time) _____ am/pm at:

_____ Tallahassee Endoscopy Center (DDC building 2nd floor)

_____ Tallahassee Memorial Hospital (Central Registration)

_____ Capital Regional Medical Center (Admitting Office)

A Few Days Before Your Examination:

A few days before your procedure, have the prescription filled for the Golytely / Nulytely at your pharmacy. (Do not mix until the day before your procedure).

In addition, please purchase 10 oz. bottle of Magnesium Citrate, an over the counter laxative (lemon-lime or cherry flavor is o.k.).

The Day Before Your Examination: Date: _____

You must maintain a clear liquid diet. Clear liquid diet includes: water, tea, Gatorade, black coffee, clear soda pop, clear juice (apple, grape), jello (lemon or lime without added fruit), bouillon, or popsicles. **NO SOLID FOOD ALLOWED. AVOID RED COLORED LIQUID AND DAIRY PRODUCTS. DO NOT EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE THE EXAM.**

Follow the directions on the bottle for mixing the laxative solution (Golytely / Nulytely) the day before your scheduled procedure.

At **8 am** drink 10 oz. of Magnesium Citrate.

Continue with clear liquids the day prior to the exam for the entire day.

At **3 pm** begin drinking the Golytely / Nulytely solution (approx. 8 oz. every 15 minutes for about 3 hours). If you experience nausea and/or vomiting, wait for a 30 minute period and then continue drinking the solution until all the solution is gone. You may slow the prep by taking more time between glasses. You may drink clear liquids or suck on hard candy between glasses of solution for an alternate taste. Drinking the nulytely through a straw may help.

You may continue to drink clear liquids until midnight.

If you feel your colon is not adequately prepared please let the OUTPATIENT nurses know when you arrive at the hospital / outpatient facility.

If you are taking blood pressure, heart or seizure medication and generally take this medication in the morning, we **DO** want you to go ahead and take these medications the morning of your procedure with a sip of water.

Your procedure will be performed by Terence N. Reisman H. Timothy Paulk, Jr. Hardeep Singh Joshua Somerset Larry D. Taylor
 Michael J. Mangan Andres F. Rodriguez C. Raymond Cottrell Eugene Trowers

A well prepared colon is essential since stool in the colon may obscure lesions or block the channel of the scope. Failure to follow the instructions may result in an inadequate colon preparation, making it necessary to cancel your procedure.

ADDITIONAL INSTRUCTIONS (If applicable):

If you take insulin please check with the physician managing your diabetes for instructions regarding management of your diabetes during this time period. **Please bring your insulin, oral diabetes medications and your blood testing equipment with you on the day of the procedure.**

If you take aspirin / NSAID / Coumadin, please consult with your MD regarding holding this medication.

If you are taking coumadin make arrangements to have your blood drawn (for a PT) the day prior to your procedure.

If you have any questions, please call 877-2105.

You will be given instructions regarding your normal daily routine following the procedure at the time you are discharged from the facility.

ENDOSCOPY

OUTPATIENT INSTRUCTIONS

DO'S

1. If applicable, **DO** follow your colon preparation instructions. If you have questions regarding your colon preparation, please call, (850) 877-2105 for instructions.
2. If you are taking Coumadin, aspirin, Advil, Motrin, Ibuprofen, or iron, **DO** hold these medications ___ days prior to your procedure. Please resume your medications per your physician's instructions. Tylenol is o.k. to take.
3. If you are taking Coumadin **DO** make arrangements to have your blood drawn (for a PT) the day prior to your procedure.
4. **DO** bring your medications the day of your procedure. **DO** take your heart, blood pressure, seizure and asthma medications, if applicable, with a sip of water.
5. **DO** follow your insulin instructions per your primary care physician. Please discuss with him or her your preparation for the procedure, diet and time your procedure is scheduled. If applicable, **DO** check your blood sugar prior to leaving your house the morning of the procedure. Please bring your glucometer, testing strips and insulin to the endoscopy center the morning of your procedure.
6. **DO** wear casual clothes the day of procedure.
7. **DO** bring a copy of your insurance information and/or payment. If you have questions regarding payment, please contact our billing specialist at (850) 942-4706.
8. **DO** make arrangements for someone to drive you home. It is necessary to have a responsible adult available on discharge to receive post-procedure instructions and to drive you home. If a responsible adult is not available to drive you home, sedation **WILL NOT BE ADMINISTERED**.

There is adequate waiting space for you and one responsible adult. To prepare for your procedure, please arrive and check in for your procedure on:

DATE: _____
ARRIVAL TIME _____ AM/PM
PROCEDURE TIME _____ AM/PM

Some medications we use can have amnesiac affect, for that reason, your responsible adult should be available upon completion of the exam for consultation with you and your physician.

9. **DO** resume your normal daily routine the following day unless specific instructions are given to you at the time of discharge.
10. If applicable: **DO** bring your implanted cardiac defibulator/pacer identification card to the hospital on the day of the procedure.

DON'TS

1. **DON'T** eat or drink after midnight prior to your procedure.
2. **DON'T** wear nail polish on at least one fingernail (for patient monitoring purposes).
3. **DON'T** bring unnecessary valuables.
4. **DON'T** drive or operate machinery the day of your procedure.
5. **DON'T** take herbal supplements or herbal medications seven days prior to the procedure.

PLEASE BE ADVISED

1. To provide care for all patients in a timely manner and maximize your physician's time, please cancel your procedure as soon as possible and no later than 4 days prior to your appointment. Call 877-2105 to cancel your procedure.
2. To obtain biopsy results, you may call 1-866-436-6197. You will be asked for your unique ID, (your social security number) and your PIN number, (your date of birth entered as mm/dd/yy, for example 12/05/45). You may also obtain results online at www.mytestresults.com. You will need to enter 8664366197 in the customer number field and your unique ID and PIN number as indicated above.
3. Your procedure is scheduled at:
 - Tallahassee Endoscopy Center
2nd Floor of Digestive Disease Clinic
 - Tallahassee Memorial Hospital
Central Registration
 - Capital Regional Medical Center
Outpatient Registration

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