

Colonoscopy (Golytely) Instructions

Stillwater Surgical Associates

MEDICATIONS

Continue to take your regularly scheduled medications through the morning of your procedure except:

1. Stop taking all arthritis medicines (Motrin, ibuprofen, Advil, naprosyn, Aleve, naproxen, Voltaren, Arthrotec, aspirin, & vitamin E) Iron, Vitamin's containing iron, and bulk (fiber) laxatives (Metamucil, Citrucel, Effersyllium, etc.) **5 DAYS** prior to your procedure.
2. If you are taking prescribed blood thinners (Plavix, Coumadin, etc) **YOU MUST CALL** your medical doctor to see if you can temporarily **STOP TAKING THEM**. **YOU MUST ALSO NOTIFY** the doctor performing the procedure if you **CANNOT STOP** these medications before your procedure.
3. If you are a diabetic and take insulin, take ½ your normal dose the night before your procedure. Do not take insulin, Byetta, or diabetic pills the morning of the procedure.

PREP INSTRUCTIONS

1. Drink only clear liquids the day before your procedure. Clear liquids include soft drinks, chicken and beef broth, Jello, apple juice, grape juice, lemonade, and black coffee. No red coloring in liquids.
2. Get 1 gallon of Golytely.
3. At 2:00pm, begin to drink the Golytely. Drink 8oz. every 10 minutes until gallon consumed or stools clear.
4. If you get nauseated or very bloated, slow down and rest for a while. Resume drinking Golytely when nausea subsides.
5. The prep works well and is relatively gentle compared to other preps. Some people have multiple bowel movements over the night; others have just 3-4 loose stools.
6. Nothing to drink after midnight the night before your procedure.
7. Take a warm shower with regular soap the morning prior to your procedure unless otherwise instructed.
8. Report to the HOSPITAL MAIN REGISTRATION DESK in the MAIN LOBBY at _____(time), _____(day), _____(date).
9. You **MUST** have someone to drive you home, as you will not be **PERMITTED TO DRIVE** if you receive sedation. We are not permitted to discharge patients to taxicabs or buses. Please make arrangements with family or acquaintances
10. If you have any questions about your procedure, **PLEASE CALL 405-372-1480** and ask for the On-Call Endoscopy Nurse to be paged.

I have received these instructions for a Colonoscopy exam

_____/_____/_____
 Patient's Signature or Person Authorized to give Consent/Relationship Date Time

 Signature of Person Giving Instructions Date Time

Original to Medical Records, Copy to Patient

Reviewed/Revised: 1/13, 6/17 Reference: For Use On:	STILLWATER MEDICAL CENTER Colonoscopy (Golytely)--SSA Patient Instructions	Patient Label (Pt Name, V#, MR#, DOB, DOS, Age, Sex, Loc, Physician)
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