STILLWATER MEDICAL CENTER
GoLYTELY Split Dose Prep for Colonoscopy Patient Instructions
Adult Gastroenterology of Stillwater

Adult Gastroenterology OF STILLWATER

Your procedure is scheduled for:
Date: _____ Place: _____
Arrival Time: _____ Procedure Time: _____
Physician: _____

HAVE YOUR PRESCRIPTION FILLED AT THE PHARMACY.

Day Before the Procedure:

1. DO NOT EAT.
2. Consume clear liquid diet only (no red or purple dye).

   Acceptable: Water, coffee, tea, apple juice, white grape juice, soda such as Sprite, 7-UP and ginger ale, Jell-O, popsicles, broth and Gatorade or sports drinks.
3. Before 1:00 PM, mix the solution with lukewarm water and shake. Refrigerate solution. You may add Crystal Light lemonade for flavor.
4. Starting at 5:00–6:00 PM–Drink an 8 oz. glass of the solution every 15 minutes until you have consumed 8 glasses. **NOTE**: GoLYTELY is generally well tolerated. However, side effects may include: nausea, bloating and mild cramping. If these symptoms occur, wait 30-60 minutes and then resume drinking the solution at one 8 oz. glass of solution every 30 minutes until you have consumed 8 glasses.

Day of the Procedure:

1. DO NOT EAT.
2. You may drink clear liquids up to 2 hours before your arrival time.
3. Routine medications may be taken with a sip of water.
4. Four (4) hours before your scheduled procedure time, drink 8 glasses of the prep solution, drinking 8 oz. every 15 minutes until all 8 glasses have been consumed. For morning procedures, this means waking up very early, but it will ensure the best possible prep. Studies have shown that taking part of the prep the morning of the procedure gives the doctor the best possible view of the colon. A clean colon is essential for finding and removing polyps that may cause cancer. If the prep is excellent and no polyps are found, a colonoscopy may not be needed for 5-10 years.

***IMPORTANT*:**

1. You will not be able to drive after your procedure. You will need a driver to stay during your procedure and to drive you home after the procedure.
2. No Iron containing medication for at least one (1) week before the procedure.
3. If you take Aspirin for heart protection, DO NOT STOP taking it.
4. If you take any medications for blood pressure, heart, seizure and/or anxiety; please take these medications the morning of the exam with just sips of water.
5. Before scheduling the procedure, please notify the doctor or nurse if you take any of the following medication: Diabetic Medicine, Aspirin, Coumadin, Warfarin, Plavix or any blood thinner so that we can make adjustments to your medications prior to your procedure.
6. Verbal and written instructions will be given to you and your driver after the procedure although you may not remember due to the medications given at the time of your procedure.

Please call the office during regular business hours for any questions.
405.533.1695 Monday–Friday 8:00 AM–4:30 PM

I understand the above discharge instructions and have been given the opportunity to ask questions.

_____	_____	_____
Patient's Signature and/or Other Responsible Person	Date	Time
_____	_____	_____
Nurse's Signature	Date	Time
_____	_____	_____
Physician's Signature	Date	Time