

**VIRTUA MEMORIAL HOSPITAL
175 MADISON AVENUE
MT. HOLLY, NJ 08060**

**COLONOSCOPY INSTRUCTIONS – Evening/Morning Prep (Split Dose)
PEG3350/GAVILYTE/GOLYTELY/NULYTELY– PRESCRIPTION
REQUIRED**

Date of Procedure: _____

Report Time for Procedure: _____

Place of Procedure: _____

_____ E-Prescribed to Pharmacy

_____ Prescription given to patient

If you DO NOT follow these instructions your procedure may be cancelled If you have any **questions**, or **you are unable to complete most of the prep given or have not moved your bowels**, please call the GCSJ office **IMMEDIATELY at 609-265-1700**. If it is after 5 pm you will receive a callback from the Doctor On-Call for the evening.

PRIOR TO YOUR PROCEDURE: Be sure to get your Prep Kit at least “1” week before your procedure. **If you take ANY BLOOD THINNERS OR MEDICATION FOR DIABETES, follow the instructions given to you by the provider at your appointment OR by the nurse during your phone interview.**

Purchase Ducolax (generic Bisacodyl) tablets- These are over the counter

7 DAYS PRIOR TO THE PROCEDURE STOP THE FOLLOWING (Unless otherwise instructed by your physician)

Fish Oil , IRON or Multivitamin with iron, OTC Supplements

THE ENTIRE DAY BEFORE THE PROCEDURE – (YOUR PREP DAY)

You are to be on a CLEAR LIQUID DIET. **NO SOLID FOOD (NO RED or PURPLE COLORED PRODUCTS – ORANGE IS OK)**

This includes **only** the following:

1. Water
2. Clear Broth: chicken, beef, vegetable
3. Clear juices: apple, white grape, white cranberry
4. Soft drinks: soda, Gatorade, lemonade- **NO RED OR PURPLE**
5. Coffee or tea: (hot or iced) – NO CREAM, MILK, or POWDERED CREAMER
6. Jell-O- **NO RED OR PURPLE**
7. Popsicles (without fruit or cream), lemon sorbet, Italian Ice

START PREP: Plan on being at home during your prep. For your comfort you may use Vaseline or moistened baby wipes around the anal area. PLEASE FOLLOW OUR INSTRUCTIONS, DO NOT follow the instructions on the box.

Begin the prep between 5:00 pm and 7:00 pm (day prior to the procedure)

1. Mix the solution in the morning the day before you colonoscopy
2. Add lukewarm drinking water to top of the line on bottle
3. Cap the bottle and shake well until the powder is dissolved-The solution should clear and colorless- Then place solution in the refrigerator
4. Take 4 Dulcolax (Bisacodyl) by 4pm the day before colonoscopy
5. By 5pm no later than 7pm drink ½ of the solution
6. Drink 8 ounces every 10-15 minutes until you have completed the dose

After drinking ½ the contents of the first container, then refrigerate overnight.

Try to be up and about (active) as much as possible while drinking the solution. You may continue to drink clear liquids from the list during the prep time the evening before your procedure. It is important for you to prevent yourself from becoming

dehydrated so KEEP DRINKING THE RECOMMENDED CLEAR LIQUIDS up **until midnight.**

No hard candy, Lifesavers, mints, gum or Smoking BEFORE SCHEDULED PROCEDURE TIME.

MORNING OF THE PROCEDURE : Your morning prep start time will be 6 HOURS PRIOR TO THE START OF YOUR PROCEDURE. GCSJ will advise you when to begin.

******You must finish your prep and not drink anything else within 5 hours of your procedure*******

1. **Begin** your second dose the morning of your colonoscopy starting at _____am. Follow the same instructions as you did with first bottle of prep.

EXCEPT:

You **MAY** take your morning medications after your last sip of the morning prep with a sip of water. **MEDS SHOULD BE TAKEN FOUR HOURS PRIOR TO PX.** However, if you are DIABETIC, you **MAY NOT** take your diabetes medication.

You are required to have a responsible party over the age of 18 accompany you to provide transportation after your procedure. For the safety of our patients, we do not allow our patients to drive themselves home. Public transportation is not permitted without a responsible person to accompany you in the taxi, bus, etc. We recommend that your driver wait for you during the visit to the surgical center.

PLEASE NOTE: Female patients, of childbearing age, (up to and including the age of 50) will be required to provide a urine specimen for pregnancy testing. **This is required for the administration of anesthesia on the day of your procedure.** Please avoid urinating immediately prior to your arrival the day of your procedure to prevent delay or possible cancellation.

