

GASTROENTEROLOGY ASSOCIATES OF TIDEWATER

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Colyte Preparation For Colonoscopy

Your **colonoscopy** is scheduled for _____ at _____AM/PM

At Chesapeake Hospital DePaul Hospital Chesapeake Office Virginia Beach Office

Diabetes handout given.

- ◆ All regularly used medication such as Digoxin etc. should be continued, **except as advised.**
- ◆ No blood thinners (Plavix, Coumadin etc.) for **ONE WEEK PRIOR TO PROCEDURE.**
- ◆ Make sure you have someone to accompany you and drive you home from your procedure.

PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY:

- ◆ On _____ fill Colyte jug with tap water (to line) and chill in refrigerator.

The day before the examination on _____

➤ DRINK ONLY CLEAR LIQUIDS ALL DAY

Clear Liquid Diet:

- | | | |
|---|---|---|
| • Water | • Jell-O (all flavors except red) | • Popsicles (no red) |
| • clear fruit juice (apple, white grape, cranberry) | • black coffee or tea, sugar or sweetener | • Gatorade (no red) |
| • bouillon or fat-free broth | • any soda (Coke, Pepsi, Sprite, etc.) | • Italian Ice |
| • hard candy (Lifesavers) | | • Boost or Ensure (<u>fiber-free</u>) |

NO MILK – NO MILK PRODUCTS – NO SOLID FOODS - NO ARTIFICIAL RED DYE

At _____ Drink 2 Liters of Colyte (half of the jug), about 8 oz. every 10 minutes or faster. Follow with at least 16 oz. of approved fluids before bed.

1. The day of the examination on _____

At _____ Drink the remaining 2 Liters of Colyte.

- a. Continue clear liquids until _____ (take your usual morning meds except blood thinners and diabetic meds)
- b. Please report to the location on time at _____AM/PM, with your driver. **YOU ARE REQUIRED TO HAVE AN ADULT ACCOMPANY YOU AND TO TAKE RESPONSIBILITY FOR YOUR CARE AFTER THE PROCEDURE, OTHERWISE YOUR PROCEDURE MAY BE CANCELLED.**

IF YOU HAVE QUESTIONS PLEASE CONTACT OUR OFFICE AT 547-0798. For more information see our website: www.gatqi.com under Procedures.

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