



EXTENDED GO-LYTELY SOLUTION INSTRUCTIONS FOR COLONOSCOPY

What you will need:

- The Prescription that we have sent to your pharmacy is the (Go-Lytely Solution)
- (OTC) Dulcolax laxative Tablets (NOT stool softener) x 10 tablets

PREP INSTRUCTIONS

On _____ (2 days prior to your procedure)

- Have a light breakfast and/or lunch by 12:00pm, then AFTER you will start your clear liquid diet (on the back)
- At 6 PM on this day you will need to take 4 Dulcolax Laxative tablets. Please remain on a clear liquid diet.

On _____ (the day before the procedure)

- Remain on clear liquid diet, as given from medical assistant.
- At 12 pm (noon) start drinking $\frac{1}{2}$ of the Go-Lytely solution AND then take 2 Dulcolax laxative tablets.
- At 4 pm drink the remaining $\frac{1}{2}$ of the Go-Lytely solution and then take 2 Dulcolax laxative tablets.
- At 6 pm take 4 Dulcolax Laxative Tablets followed by 2 8oz glasses of water.

*** NOTHING TO EAT OR DRINK AFTER MIDNIGHT ***

* DO NOT FOLLOW PHARMACY INSTRUCTIONS, FOLLOW THIS PREP ONLY

Please note the below personalized instructions for you and your procedure(s);

_____ Take your heart/blood pressure medication(s) the morning of the procedure with a sip of water.

_____ Discontinue any use of the following blood thinners 5 days prior to the procedure(s): Aspirin, Vitamin E, Fish oil, Coumadin/Warfarin/Jantoven, Plavix/Clopidogrel, Brilinta, Eliquis/Apixaban, Pradaxa, Effient

_____ If you are a diabetic and are insulin dependent, you may take $\frac{1}{2}$ of your morning dose the morning of the procedure and take the remaining $\frac{1}{2}$ with you to the facility.

_____ If you are a diabetic and are on oral medication(s) DO NOT take your medication(s) the morning of the procedure. Bring them with you to the facility. Your blood sugar levels will be monitored prior to the procedure.

_____ If you have any artificial heart valves, hip or knee replacements, pacemaker or defibrillator within the last year, you will be given antibiotics prior to the procedure.

The facility will contact you the day before the procedure to schedule the time of the procedure with you. Please remember you WILL be sedated for this procedure and need to arrange for transportation to and from the facility on the day of the procedure. Please make sure it is not public transportation as in a taxi? bus? Etc. If you work? it is NOT recommended for you to return to work the same day of the procedure due to the sedation.

For any questions please contact our office at 352-383-5200 M-F 8AM-4PM



CLEAR LIQUID DIET

NO.REDS?PINKS?PURPLES.OR.BLUE.DYES
CLEAR.LIQUIDS.ONLY_ NO.COFFEE_ NO.ALCOHOLIC.PRODUCTS

You may have any/all of the following clear liquids on the day prior to your procedure(s)

- **Water** (sparkling?and.flavored.CLEAR.water.is.fine)
- **Tea** (sweetened.and.un_sweetened)
- **Gatorade** (CLEAR.COLORS.ONLY)
- **Sprite, 7UP, Ginger Ale, Fresca or Club Soda**
- **Apple Juice**
- **White grape juice**
- **Chicken, beef or vegetable broth**
- **Jello** (Lemon?Lime?Banana?or.Orange.Flavors)
- **Popsicles** (No.Red?pink?purple.or.blue.colored)
- **Italian Ice** (No.Red?pink?purple.or.blue.colored)