



## DIGESTIVE DISEASES CENTER OF SOUTH TEXAS, P.L.L.C.

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DIPLOMATES, AMERICAN BOARD OF INTERNAL MEDICINE AND GASTROENTEROLOGY

### Golytely Afternoon Procedure

#### Laxative Prep Instructions

THE DAY BEFORE YOUR EXAM you may have a regular breakfast. You will then need to be on a **CLEAR LIQUID DIET** for lunch and the remainder of the day. Examples of Clear Liquids include: Fat-Free Broth, Bouillon, Liquid portions of soup, Coffee, Tea, Pulp-Free juices, Sodas, Popsicles, etc. One or two ounces of milk to flavor your coffee are OK to use. Please **AVOID** anything with **BRIGHT** artificial colorings such as **RED, BLUE, or GREEN** dye (this will turn your colon that color!) **AVOID JELL-O** as this will harden your stools. It is important to drink adequate fluids throughout the day.

THE DAY OF THE EXAM mix Golytely with **ONE GALLON** distilled drink water and place in the refrigerator. You may have a clear liquid breakfast before **7 AM**. **DO NOT EAT OR DRINK ANYTHING ELSE**. The only thing you may have would be your prep. **At 7 AM, (you can start earlier if you want)**, drink 8 ounces of the prep every 10 minutes until the entire gallon is consumed. You can drink as much water as you want during this time.

#### Medications

1. Stop taking Coumadin (a blood thinning medication) and Iron 7 days before the procedure, if possible. Please consult with your primary care physician to make sure it is OK to stop your Coumadin. We will check your blood tests the day before the procedure to make sure that your blood is not too thin.
2. Please let us know if you are taking any of the following: Aspirin, Plavix, Bufferin, Mortin, Ibuprofen, Advil, Naprosyn, Aleve, Nuprin, and Alka-Seltzer.

#### Diabetic Patients

1. Do not take oral diabetic medication (Pills) the day of the exam.
2. If Insulin is used at bedtime, take half of your usual dose.
3. If Insulin is used twice a day, take half of your morning dose on the day of the exam.

You should otherwise take all of your medications as usual the day of the exam with a small amount of water.

**Patient Name:** \_\_\_\_\_ - **Date of Exam:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Time of Exam:** \_\_\_\_\_ A.M / P.M - **Arrival Time:** \_\_\_\_\_ A.M / P.M - **Facility:** \_\_\_\_\_

**Please make arrangements for someone to drive you home after the exam. Due to the medication administered to sedate you, you will be unable to drive or take on any responsible tasks for the remainder of the day. The exam WILL NOT BE DONE IF YOU COME BY YOURSELF, VIA BUS, OR TAXI CAB.**

You should be ready for discharge approximately 30 minutes after the exam.

There is a possibility that your insurance company may not cover these procedures, we suggest that you contact your carrier prior to the exam to verify coverage. All unpaid charges will be the responsibility of the patient.

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