

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

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DIPLOMATES, AMERICAN BOARD OF INTERNAL MEDICINE AND GASTROENTEROLOGY

Halflytely Morning Procedure

Laxative Prep Instructions

On the day before the exam you will need to be on a clear liquid diet the entire 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 is 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. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.**

The day before your exam prepare your **Halflytely** solution according to the instructions on the package and refrigerate. **At 1 PM** begin taking 2 – 4 Bisacodyl tablets with water. Be careful not to chew or crush these tablets. **At 3 PM** drink 1 (8 oz) glass of solution every 10 minutes. (Rapidly drinking a glassful is usually easier than sipping an ounce or two at a time.) **BE SURE TO DRINK ALL OF THE SOLUTION.** A watery bowel movement should begin in approximately 1 hour. You will continue to have loose bowel movements for about 1 to 2 hours after finishing.

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.

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.

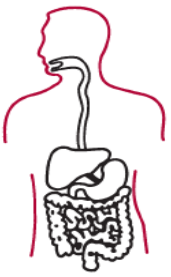
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