



Colonoscopy Preparation Using Golytely

Name: _____ DOB: _____

GOLYTELY PRESCRIPTION WILL BE SENT TO YOUR PHARMACY



STARTING 5 DAYS BEFORE YOUR COLONOSCOPY:

- NO **SEEDY** FOODS – Nuts, Popcorn, Seeds (flax, sunflower, and quinoa), multigrain bread, fresh and dried fruit, seedy vegetables (like tomatoes, cucumbers, squash, peppers)
- NO medicines that stop diarrhea – no **iron** or **fiber** supplements
- Blood thinners like *Plavix®*, *Brilinta®*, *Effient®*, *Warfarin*, *Pradaxa®*, *Eliquis®*, *Xarelto®*, may have to be stopped. **Are you on a blood thinner?** YES _____ NO _____

DAY BEFORE COLONOSCOPY - CLEAR LIQUID DIET ALL DAY:

Please **NOTHING** red, purple, or with pulp

Drinks – Gatorade, Powerade, Sports drinks are encouraged for their electrolytes
Black coffee or tea, plain with **NO cream or milk**. Any flavor soda or soft drink
Any flavor clear juice such as white grape juice or apple juice
Boost, Ensure, Glucerna (not plus or high fiber): Up to 2, NONE on procedure day

Desserts – Gelatin, Jell-O, Slurpee, and popsicles. NO red or purple, NO sherbets, NO smoothies

Soups – Clear broth which can be canned, home-made, or bouillon

Sweets – Hard candy such as mints, lifesavers, and gum

TAKING THE PREP DAY BEFORE - 1ST DOSE ON:

- First thing in the morning:** Add warm water directly to Golytely container up to the line and shake it up. Place in the fridge.
- 5 hours before bedtime:** You will drink half of the container. To do this, drink an 8 oz glass every 15-30 minutes until half of container has been consumed. Please place container back in fridge. After that, please continue to drink a substantial amount of clear liquids until bedtime to stay hydrated.

TAKING THE PREP DAY OF - 2ND DOSE (6 hours before procedure):

- You will drink the other half of the container. To do this, drink an 8 oz glass every 15-30 minutes until the remainder of container has been consumed.

NOTHING BY MOUTH STARTING THREE HOURS PRIOR TO PROCEDURE



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Date and Time of Your Procedure

Arrival Time to Procedure Location

Location of Procedure:

- | | |
|--|---|
| <input type="checkbox"/> Sentara Obici Outpatient Surgery Center
2800 Godwin Blvd, Suffolk, VA 23434
Second floor of main hospital building | <input type="checkbox"/> BelleHarbour Medical Building
3910 Bridge Rd Suite 101, Suffolk, VA 23435
First floor, side entrance facing Bridge Rd |
|--|---|

Important Transportation Note

_____ Patients CANNOT drive a vehicle for the remainder of the day after having a colonoscopy. Please be sure to bring a responsible adult with you to drive you home after the procedure.

Procedure Cancellation and No-Show Policy

_____ Our office must be notified of all procedure cancellations at least two business days prior to the procedure. Appointments cancelled within 48 business hours of the procedure time or a missed appointment will be subject to a **\$100 no-show fee**. To cancel a procedure, please call our office.

Billing Notice

_____ If polyps are removed or biopsies are taken during a **screening** colonoscopy, the colonoscopy becomes **diagnostic** per most health insurance companies. Your copay for a preventive exam is affected by this insurance company policy, as you would have a higher copay.

By signing below, I acknowledge that I have read and understood the information provided on this form. I understand that I am responsible for adhering to the preparation and all policies listed above, which were reviewed with me by _____.

PATIENT NAME: _____ DOB: _____

PATIENT SIGNATURE: _____ DATE: _____