# GASTRO CONSULTANTS OF ATLANTA, P.C. COLONOSCOPY – GoLytely-prep INSTRUCTIONS

<b>PATIENT NA</b>	ME:		
PROCEDURE DATE:		ARRIVAL TIME:	
LOCATION:	.,	69 Peachtree Dunwoody Rd. Suite 290, Atlanta, GA 30342 30 Preston Ridge Rd. Suite 200, Alpharetta, GA 30005	
	□ Saint Joseph's Hospital	□ Northside Hospital	

#### **DURING THE WEEK BEFORE YOUR SCHEDULED EXAM:**

- Avoid excessive ingestion of food with seeds or poorly digested foods such as corn, greens and/or nuts.
- If you take iron, vitamin E or aspirin, discontinue these supplements <u>ONE WEEK</u> before the exam, if possible.
- Purchase the prep at the pharmacy with the prescription provided/or sent electronically.
- Please do not hesitate to contact us for more specific questions regarding your medications.

## THE DAY BEFORE EXAM: YOU MAY HAVE CLEAR LIQUIDS ONLY. NO SOLID FOOD OR FULL LIQUIDS UNTIL THE EXAM(S) ARE COMPLETED.

#### FOR EXAMPLE: YOU MAY INGEST:

Water, Tea or Coffee (NO MILK/CREAM)
Clear Broth or Bouillon
Gatorade or 10K (Lemon/Lime/Lemonade)

Apple Juice, *Sprite - 7-Up* - Ginger Ale *Jell-O* (Lemon or Lime)-<u>avoid</u> red/orange-colored *Jell-O Crystal Light Nutrasweet* Mix (Lemon/Lime/Lemonade)

Mix laxative preparation as directed on the label and place in the refrigerator to chill before drinking.

At 5 P.M. begin drinking 8 oz of GoLytely mixture every 10-15 minutes until gone.

**IMPORTANT**: If you experience nausea while taking the prep, pause from drinking more until this nauseated feeling eases off, otherwise you may experience vomiting. If you cannot complete the entire preparation, it is possible that your bowel may not be adequately cleansed. This might cause the exam to be more difficult, longer duration and possibly inadequate, which might require repeating the process on another occasion. If you have not experienced any response to the prep, **please call** the office number and the doctor on call will discuss alternate options. The final "stool" output should appear as a thin, watery yellow or clear fluid, usually by the morning of the exam.

#### **DAY OF PROCEDURE:**

**PLEASE!** YOU MAY NOT HAVE ANYTHING BY MOUTH FOR AT LEAST FOUR HOURS BEFORE YOUR EXAMINATION. If you regularly take heart or blood pressure medicines, you **SHOULD** take these medications in the morning of your examination; you may take them with a small amount of water no less than 2 hours before your scheduled time. If you have diabetes or if you take blood-thinner medication, such as *Coumadin*, please contact our office for special instructions.

### **IMPORTANT:** You will need someone to drive you home after the procedure.

Please take this form with you to your procedure with your photo ID and insurance cards. Please call the office if you need to cancel or to reschedule this procedure during office hours at least 48 hours prior to your scheduled time. **ALL cancellations less than 48 hour notice or missed appointments will be charged \$250.** If you have any other questions or problems with the preparation, please call **404.255.1000.** If you need to call after office hours, the paging operator will reach the physician on-call. Thank you.