

2-day Extended Colonoscopy Instructions GOLYTELY/TriLyte

Procedure Date: _____ Follow Up Date and Time: _____

The facility will call you 2 business days prior to your procedure with the arrival time

FACILITY	ADDRESS	PHONE#
ORANGE CITY SURGERY CENTER	975 Town Center Dr., Orange City FL	386-456-5247
LAKE MARY SURGERY CENTER	460 ST Charles Court, Lake Mary FL	407-585-0263
FHC PLANS SURGERY CENTER	2777 Enterprise Rd, Orange City FL	386-481-6289
ADVENT HEALTH FISH MEMORIAL	1055 Saxon Blvd, Orange City FL	386-917-5000
LAKE MONROE HOSPITAL	1401 West Seminole Blvd, Sanford FL	888-894-2106
RINEHART SURGERY CENTER	392 Rinehart Rd Suite 1090, Lake Mary FL	321-363-9400

INSTRUCTIONS:

- Continue taking routine medications, including blood pressure and heart medications.
- If diabetic, only take ½ of your usual dose the morning of procedure.
- Before stopping any blood thinner, please discuss with your prescribing provider.
- Hold Coumadin, Plavix, Effient, Brilinta for 5 days before your procedure.
- Hold Pradaxa, Eliquis, and Xarelto for 2 days before your procedure.
- **5 days** before discontinue any iron supplements, vitamins, or herbal supplements.
- **5 days** before, do not take any: Aleve, Motrin, Naproxen, Ibuprofen – Tylenol is safe to use
- **You must have a friend or family member drive you to and from the facility. NO FORM OF TAXI SERVICE IS PERMITTED.**

Purchase at the Pharmacy/Grocery Store:

- **Magnesium Citrate**
- **Dulcolax, 6 tablets**

2 days BEFORE PROCEDURE:

Do Not Eat Any Solid Food for TWO Days Before The Procedure!

Have a clear liquid diet throughout both days. Avoid liquids that are red or purple in color such as red grape or cranberry juice. Avoid ALL dairy products and juices with pulp such as orange or grapefruit juice. You can drink **clear** liquids (**NO REDS/DARK COLORS**) until 3 hours before the procedure.

1. At **5:00PM**, take 4 Dulcolax tablets with water.

2. At **5:30PM**, drink 10 oz. bottle of Magnesium Citrate.

On the day BEFORE PROCEDURE:

Do Not Eat Any Solid Food!

Have a clear liquid diet throughout both days. Avoid liquids that are red or purple in color such as red grape or cranberry juice. Avoid ALL dairy products and juices with pulp such as orange or grapefruit juice. You can drink **clear** liquids (**NO REDS/DARK COLORS**) until 3 hours before the procedure. At the 3 hour mark, nothing by mouth including water. You may take any necessary medications with a small sip of water **but no later than 3 hours prior to your procedure.**

If your procedure is before 12PM	If your procedure is after 12PM
1. At 5:00PM start drinking the Golytely solution. Drink an 8 oz. glass of solution every 15 minutes until you finish ½ of the container.	1. At 5:00PM start drinking the Golytely solution. Drink an 8 oz. glass of solution every 15 minutes until you finish ½ of the container.
2. At 11:00PM finish drinking the remainder of the Golytely solution, 8oz glass every 10-15 minutes.	2. At 6:00AM finish drinking the remainder of the Golytely solution, 8 oz. glass every 10-15 minutes.

Cancellation Fees:

As a courtesy to other patients who are waiting for appointments, we require that you provide us with notice of any cancellation of an appointment. Missed or cancelled appointments are subject to the following fees, which are not covered by your insurance:

Surgical Center or Hospital Procedure with less than 72 hours' notice..... \$75
 In-office Procedure with less than 24 hours' notice \$50
 Office visit with less than 24 hours' notice \$25

In addition, I understand that missed appointments or appointments cancelled without required notice may result in a fee charged by the applicable Surgical Center, Hospital, or other facility. I understand that there is a charge for returned checks for any reason (check with your office's staff for specific fees charged). Failure to remedy the returned check may result in legal action. Additionally, there may be a fee charged for completing forms (check with your office's staff for specific fee charged) and copying medical records in accordance with state laws.

Patient Name: _____

DOB: _____

Patient Signature: _____

Date: _____

Please call the office if you have any questions or concerns.