



Gastroenterology  
of Greater Orlando

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*Board Certified in Gastroenterology*

## **2-day Extended Colonoscopy Instructions (GOLYTELY)**

Procedure Date: \_\_\_\_\_ Follow Up: \_\_\_\_\_ 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
FL HOSPITAL FISH MEMORIAL	1055 Saxon Blvd, Orange City FL	386-917-5000
CENTRAL FLORIDA REGIONAL HOSPITAL	1401 West Seminole Blvd, Sanford FL	888-894-2106
RINEHART SURGERY CENTER	392 Rinehart Rd Suite 1090, Lake Mary FL	321-363-9400

### **RINEHART SURGERY CENTER**

**\*\* If you've been vaccinated no COVID test is required \*\***

***COVID-19 Testing is required before scheduled procedure, for those who have not yet been vaccinated. The surgery Center will contact you to set up this appointment.***

### **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.

2884 Wellness Ave  
Orange City, FL 32763  
(386) 668-2221

929 N Spring Garden  
Ave Ste. 150  
DeLand, FL 32720  
(386) 469-7993

795 Primera Blvd, Ste. 1001  
Lake Mary, FL 32746  
(407) 749-6656



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1. At <b>5:00PM</b> , take 4 Dulcolax tablets with water.
2. At <b>5:30PM</b> , 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.**

<b>If your procedure is before 12PM</b>	<b>If your procedure is after 12PM</b>
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.

***Please allow a 5 business day notice for cancellation or there will be a \$200 charge.***

***Cancellation Fees:***

- Colonoscopy: \$200
- Endoscopy: \$200
- Flexible Sigmoidoscopy: \$200
- Interstim: \$200
- Capsule Endoscopy: \$100
- Anorectal Manometry: \$100
- Hemorrhoid Banding: \$20
- Follow Up: \$20

***\*\*Any procedure cancellations need to be made 5 business days prior to the scheduled date to avoid any cancellation fees. Follow up appointments need to be cancelled 2 business days prior\*\****

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please call the office if you have any questions or concerns

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