



GASTROENTEROLOGY ASSOCIATES

Consultative Gastroenterology, Hepatology and Gastrointestinal Endoscopy

HalfLytey Colonoscopy Prep

Patient Name: _____ Date of Colonoscopy: _____

Arrival Time: _____ which is _____ before your procedure.

Place:	Gastroenterology Associates	Deaconess	St. Mary's
	Suite 110 W	Main Lobby	Main Lobby
	801 St. Mary's Dr., Evansville	Patient Registration	Patient Registration
	(812)477-6103	(812)450-3095	(812)485-4806

****Because of the medications you will receive, you must have someone drive you home after the procedure.***

Preparing for your Colonoscopy:

1. Do not take these medications seven days before your procedure.
 - a. Aspirin, aspirin containing drugs and Plavix. **You may take Tylenol and Celebrex.**
 - b. Iron medications/supplements such as *Fermalox, Niferex, Ferrous, Sulfate* or vitamins containing iron.
 - c. Non-Steroidal anti-inflammatory (arthritic) medications (ex. Advil, Nuprin, Motrin, Aleve, Ibuprofin, etc.)
 - d. Any fiber supplements such as *Metamucil, Citrucel, or Konsyl.*
2. Please notify us if you are an insulin dependant diabetic or are taking any blood thinners (example: Coumadin). **You must stop** taking Coumadin 5 days prior to your procedure. Please check with your primary care physician before stopping medications.
3. The week before your colonoscopy you must not eat certain foods that contain seeds such as strawberries, tomatoes, popcorn, breads with sesame seeds, rice, caraway seeds (as in rye bread), chili or kidney beans, corn or red Jell-O. Also, no fruit or vegetable skins or seeds, peas, grapefruit, oranges, pineapple, or lettuce. Also, refrain from Olean products. **Please note: You may have any foods not listed above including fruits and vegetables that are peeled and the seeds removed.**
4. You will need to purchase:
 - a. HalfLytey Bowel Prep Kit (prescription attached) **Do not add any ingredient to this prep except water.**
*****Use these instructions only. Do not use instructions on Bowel Prep Kit.*****

Instructions The Day Before Your Procedure:

1. Add water to the line on the prep container, shake vigorously (you may put in the refrigerator to chill if you prefer).
2. Begin clear liquid diet for breakfast and continue clear liquids until 4:00 p.m. (See clear liquid diet below.)
3. At 4:00pm take 4 Bisacodyl tablets (enclosed in your prep kit) with 8 ounces of water.
4. At 6:00pm drink one 8 oz glass of prep rapidly every 10 min until the prep is gone.
5. You may resume clear liquid diet after you have finished drinking your prep.

The Day of the Procedure:

1. You may drink black coffee, tea, or water until _____.
2. You should take any heart, blood pressure, or seizure medications that you normally take in the morning with sips of water.

**** Please note: Some insurances do require outpatient precertification. It is you responsibility to notify us if precert is required for your procedure.**

Clear Liquid Diet:

This diet has little food value, is nutritionally inadequate, and should be used for a limited time only.

Soups: fat free broth or bouillon	Beverages: gingerale, hot tea, coffee, postum without milk or cream, kool-aid, carbonated beverages, clear fruit juices, Hi-C, Boost Breeze. Please avoid milk, orange and tomato juices and anything that contains a red dye.
Desserts: plain gelatin desserts	