



# GASTROENTEROLOGY ASSOCIATES

Consultative Gastroenterology, Hepatology and Gastrointestinal Endoscopy

## Nulytely Colonoscopy Prep

Patient Name: \_\_\_\_\_ Date of Colonoscopy: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ which is \_\_\_\_\_ before your procedure.

Place:	Gastroenterology Associates Suite 110 W 801 St. Mary's Dr., Evansville (812)477-6103	Deaconess Main Lobby Patient Registration (812)450-3095	St. Mary's Main Lobby Patient Registration (812)485-4806
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***\*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, Ibuprofen, 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 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. 1 bottle of Milk of Magnesia (over the counter)
  - b. 1 Bottle of Nulytely (prescription attached) **Do not add any ingredient to this prep except water.**

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**Two Days Before Procedure:**

Take four (4) tablespoons of Milk of Magnesia at bedtime.

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**Day Before 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. Eat your regular diet for breakfast and lunch then drink clear liquids until 4:00pm (see clear liquid diet below).
3. At noon take another four (4) tablespoons of Milk of Magnesia.  
At 6:00pm drink one 8 oz glass of prep rapidly every 10 minutes until the entire amount is consumed. Three hours is an acceptable amount of time to drink the prep. You may resume clear liquids once you are done with the prep.

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**Day of Procedure:**

1. You may have clear liquids until \_\_\_\_\_. You may drink black coffee, tea or water.
2. You should take any heart, blood pressure, or seizure medications that you normally take in the morning with water.

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

**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	