Bowel Preparation Instructions

Items necessary to purchase:

Golytely – Prescription required and provided

- **Have prescription filled at pharmacy 1 week prior to appointment to avoid delays**
- **Four** 5mg. Dulcolax laxative formula pills

5 days prior to your procedure, please avoid seeds and nuts as much as possible.

The day before your procedure:

- **NO SOLID FOODS ALL DAY LONG**. Consume only a clear/transparent liquid diet.
  - Water, Soda, Gatorade, black coffee, tea, popsicles, Jell-O, Broth/bouillon, apple juice, white grape juice, white cranberry juice.
- **AVOID RED AND PURPLE LIQUIDS**
- Drink plenty of clear liquids throughout the day to stay hydrated.
- **NOTHING AFTER MIDNIGHT EXCEPT FOR THE PREP AS DIRECTED**
- **NO ALCOHOL**
- THE MORNING OF YOUR PREP: Add water to the fill line of Golytely container and put in the refrigerator to chill

Procedure time **7:00am to 10:30am** Start Part A at 2 PM the day before your procedure, finish by 4 PM

1. Take four 5 mg. Dulcolax laxative formula pills
2. Drink four 16 oz. cups of Golytely (64 oz. total); drink one cup every 20 minutes until done with all four cups

You can continue to drink clear liquids

Start Part B at 10 PM the day before your procedure, finish by Midnight

1. Drink four 16 oz. cups of Golytely (64 oz. total); drink one cup every 20 minutes until done with all four cups

AFTER FINISHING PART B: DO NOT EAT OR DRINK ANYTHING ELSE

Procedure time **11:00am to 2:00pm** Start Part A at 5 PM the evening before your procedure, finish by 7 PM

1. Take four 5 mg. Dulcolax laxative formula pills
2. Drink four 16 oz. cups of Golytely (64 oz. total); drink one cup every 20 minutes until done with all four cups

You can continue to drink clear liquids

Start Part B at 5 AM the morning of your procedure, finish by 7 AM

1. Take four 5 mg. Dulcolax laxative formula pills
2. Drink four 16 oz. cups of Golytely (64 oz. total); drink one cup every 20 minutes until done with all four cups

AFTER FINISHING PART B: DO NOT EAT OR DRINK ANYTHING ELSE

For a sore bottom try ointments such as A&D, Preparation H, or Vaseline to area as needed

Special Instructions

Please contact the office at 314-529-4900 option 4 if you have any items below:

- An implanted defibrillator and/or pacemaker
- You have had a cardiac stent placed in the last 12 months
- You are taking an antiplatelet medication with aspirin
- You are currently taking blood thinners such as Counadin, Jantoven (warfarin0, pardaxa (dabigatran), Xeralto (rivaroxaban), Eliquis (apixaban), Clopidogrel (Plavix), Prasugrel (Effient), Ticagrelor (Brilinta)
- You are currently taking any diabetic or weight loss medication such as; Farziga, Jardiance, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza, Wegovy or Zepbound

Insulin: Please contact your prescribing physician and inform him/her that you cannot eat or drink after midnight before your procedure, then ask for instructions on how to adjust your insulin dosages

Herbal Medication: It is best to stop any herbal remedies 5 days before the procedure as many of them can thin the blood and increase risk of bleeding during or after the procedure.

SOMEONE WILL NEED TO DRIVE YOU TO AND FROM THE ENDOSCOPY CENTER THE DAY OF YOUR PROCEDURE

- Driver needs to stay at the facility during your procedure. Plan on staying for around 2 hours.
- You will not be able to drive or drink alcohol for 24 hours following your procedure.

Medication Reconciliation Form

Allergies (Examples: food, medications, latex, etc)

Medication Name	Reaction	Medication Name	Reaction

- List **ALL YOUR MEDICATIONS** including, eye drops, over-the-counter and alternative medicines such as vitamins, herbals, supplements and THC (cannabis).
- It is extremely important for your care and safety, that you provide complete and accurate information

Medication List

Medication Name	Dose	How often do you take it?	Why are you taking this medication?	Date of last dose taken
1.				
2.				
3.				
4.				
5.				
6.				
7.				

It is suggested that you provide a copy of this list to your Primary Care Provider.

OFFICE USE ONLY

Reviewed By RN _____
Signature Date/ Time

☐ No Changes to Medications; Resume home medications

☐ Changes

New Medication Name	Dose	Frequency	Purpose of Medication

☐ Patient education regarding medication changes

Medications Reconciled by RN_____
Signature Date/ Time

Gateway Endoscopy Center and its providers are not responsible for medications ordered by other organizations or providers.