**COLONOSCOPY**

**ATTENTION!!! PLEASE READ IMMEDIATELY!!!**

**Regarding Blood Thinners please address the following:**

* If you take Blood Thinners or Anticoagulants (Heparin, Coumadin, Plavix) it is important that you notify your doctor who prescribed these medications to discuss stopping those drugs ONE WEEK prior to your procedure.
* If you take any ASPIRIN product, such as Aspirin, Ecotrin, Motrin, Advil, Aleve, etc, you must discontinue their use one week prior to the procedure as well. If you are on any of those medications, please contact the prescribing doctor to discuss stopping those medications for one week.
* If you have contacted your doctor and he/she advised you NOT to withhold the medications, please contact our office IMMEDIATELY.
* If you need medication for pain relief, you may take acetaminophen, (Tylenol regular or extra strength only!)

**Foods needing to be avoided:**

* 5 days before the procedure avoid ANY FOOD CONTAINING SEEDS. Examples are corn, grapes, tomatoes, and watermelon, rye bread, poppy or sesame seeds.

**Diabetic patient please see attached sheet specific for diabetics.**

**Medications the day prior to and the day of procedure:** Please continue to take ALL OTHER medications as prescribed to you as you normally would **EVEN THE MORNING OF THE PROCEDURE**. You may need to reschedule your pills the night before the procedure to AVOID TAKING MEDICATION WHILE DRINKING THE PREP.

**Notes:**

\*\*Please notify our office immediately if you require ANTIBIOTICS before this procedure is performed.

\*\* It is important to fill out the medication sheet in this packet, and list ALL medications on the sheet. The list should include name of drug, dose and how many times a day you take it. Bring this sheet to the hospital.

\*\* You MUST have a driver with you to bring you home after the procedure. A taxi is only acceptable if you have another adult, besides the taxi driver, with you.

YOUR PROCEDURE IS SCHEDULED FOR:

DATE:

PLACE: Millard Fillmore Suburban Hospital 1540 Maple Rd, Williamsville, NY 14221

REPORT TO ADMISSION:

COVID Testing is schedule by Millard Fillmore Suburban Hospital close to procedure date.

***NULYTELY PREP***

**SEVEN** - Days before the procedure avoid blood thinning medications such as: ASPIRIN, COUMADIN, PLAVIX, FISH OILS and IBUPROFEN. TYLENOL is ok to take for pain if needed.

**FIVE -** Days before the procedure avoid foods that contain seeds. This includes: CORN, GRAPES, STRAWBERRIES, WATERMELON, RYE BREAD, POPPY SEEDS, ETC. until after the procedure.

Day before procedure: **Nulytely** prep instructions…..

In the morning, you may have a normal breakfast. Ex: toast and egg

You may take your medications in the morning.

CLEAR LIQUID LUNCH (see list of clear liquids)

10:30am - Fill the Nulytely container with one gallon of room temperature water and shake briskly.

11:00am - Start drinking the Nulytely solution. We recommend drinking **ONLY HALF THE GALLON.** Drink one (8oz) glass every 30 minutes, SLOWLY. If you have not gone to the bathroom after drinking half the gallon you need to drink acouple more glasses until you are going to the bathroom clear. If your stomach feels upset, stop drinking for about 30-60minutes. While drinking the solution **DO NOT** eat or drink anything else. Let your stomach calm down, and then start again.

REMEMBER -DO NOT eat or drink anything (even water or medication) While drinking the solution. When finished drinking prep you may continue having clear liquids.

AFTER MIDNIGHT - DO NOT EAT OR DRINK. IF YOUR PROCEDURE IS SCHEDULE AFTER 1:00 P.M. YOU MAY HAVE CLEAR LIQUIDS UP TO 6 HOURS BEFORE.

**Clear Liquid Diet**

**DO NOT EAT OR DRINK ANYTHING RED OR PURPLE**

**Do NOT drink any alcoholic beverages**

**ALLOWED LIQUIDS:**

**BEVERAGES:**

* Water, tea or coffee
* Sweeteners are ok in the coffee
* Clear soft drinks (7UP, ginger ale, orange, Sprite, etc.)
* Gatorade, Orange juice (no pulp), Lemonade- with no pulp
* Strained fruit juices without pulp (apple, white grape, orange, white cranberry, etc.)

**SOUPS:**

• Low sodium chicken or beef bouillon/broth

**MISCELLANEOUS:**

* Hard candies
* Plain yogurt and 1 cup of plain Ice cream
* Jell-O (lemon, lime or orange); no fruit or toppings and not Red
* Popsicles or Italian ice

**The above may be taken for lunch or dinner**

**INSTRUCTIONS FOR DIABETIC PATIENTS PRIOR TO COLONOSCOPY**

CLEAR LIQUID DIET MAY INCLUDE BEVERAGES WITH SUGAR

*YOU WILL NOT BE TAKING YOUR DIABETIC MEDICATION (NO INSULIN, METFORMEN AND/OR ANY OTHER DIABETIC MEDS. YOU WILL NOT BE EATING SO YOU DON'T WANT TO LOWER YOUR SUGAR LEVEL.*

*THE DAY OF YOUR PROCEDURE TAKE DIABETIC MEDICATIONS WITH YOU TO THE HOSPITAL SO YOU CAN TAKE THEM AFTER THE PROCEDURE.*

*ADVISE THE NURSES AT THE HOSPITAL SO THEY CAN GIVE YOU SOMETHING TO DRINK OR, IF YOU ARE GOING TO EAT WHEN YOU GET HOME, TAKE YOUR DIABETIC MEDS AT THAT TIME.*

*CONSULT WITH YOUR ENDOCRINOLOGIST TO MAKE SURE THERE IS NOTHING THEY WOULD WANT TO DO DIFFERENTLY.*