

PREP FOR COLONOSCOPY WITH HALFLYTELY

DAY BEFORE PROCEDURE:

1. **CLEAR LIQUID DIET ALL DAY.** Examples: Black coffee, tea, apple juice, white grape juice, soft drinks, Gatorade, Tang, bouillon (chicken, beef or vegetable), plain Jell-O, Popsicles, and hard candy. **NO RED DRINKS, RED JELL-O, OR RED JUICES. NO MILK OR MILK PRODUCTS**
2. **NO SOLID FOODS ALL DAY.**
3. At 12:00 noon Take all (4) bisacodyl tablets with water. Do not crush or chew. Do not take within 1 hour of taking an antacid.
4. At 1:00 pm. Add lukewarm water to top of line on bottle. Cap bottle and shake to dissolve. Do not mix with anything else.
5. **Wait for a Bowel movement.** After a bowel movement occurs (usually in 1 to 6 hours, begin to drink the solution. Drink 1 (8oz.) glass every 10 minutes about 8 glasses. Drink all of the solution.
6. **NOTHING to eat or drink after midnight.**

DAY OF PROCEDURE:

1. **Do not eat or drink anything, not even water.** You may brush your teeth.
*** If this procedure is scheduled for 12 noon or later, BEFORE 8:00 a.m., you may have a clear liquid breakfast, then NOTHING TO EAT OR DRINK
 2. **SPECIAL INSTRUCTIONS FOR ROUTINE MEDICATIONS:**

Heart Medicines	Take with a sip of water only
Blood Pressure Medicine	Take with a sip of water only
Insulin	_____
Blood thinner	Stop 5 days before procedure
Aspirin or aspirin like products	Stop 5 days before procedure
Advil, Motrin, Ibuprofen, Naprysn, Goodies, BC's et.	Stop 5 days before procedure
Iron Preparations	Stop 3 days before procedure
Vitamin E	Stop 5 days before procedure
Oral Diabetic Medicines	Hold morning of procedure
Other	_____
 3. **IF YOU ARE DIABETIC: CHECK YOUR BLOOD SUGAR PRIOR TO COMING TO THE OFFICE FOR YOUR PROCEDURE.**
 4. Take one (1) Plain Fleet Enema (green and white box). Be finished one to one-and-a-half (1-1 1/2) hours before you are due for your procedure.
 - 5 **REPORT to:** **Dekalb Gastroenterology Associates**
2675 N. Decatur Rd. – Suite 506
or
Dekalb Medical Center (go through ER entrance)
- Arrival Time _____ Scheduled time _____ Day _____ Date _____
6. **NO RIDE – NO PROCEDURE. SOMEONE MUST ACCOMPANY YOU, AND DRIVE YOU HOME. Afternoon procedures your ride must stay on the premises.**
 7. Bring a list of all of your medications Prescription and over the counter)
 8. Plan to be at the office or hospital 1 1/2 to 2 hours.
 9. If you have any further questions or need to reschedule, please call the office at **(404) 299-1679** as soon as possible. Ask to speak to _____

You will be required to pay any outstanding balances or co-pays prior to the procedure being performed.