

## GOLYTELY COLONOSCOPY PREP

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Location: : St. Thomas Medical Group Endoscopy Center  
4230 Harding Pike, Suite 400  
Nashville, Tennessee 37205

ARRIVAL Time: \_\_\_\_\_

- You will be sedated for this procedure. **PLEASE BRING A RESPONSIBLE ADULT WITH YOU.** The responsible party will be expected to stay on the premises the entire time of your procedure. The responsible party will be required to drive you home or accompany you (medic ride, taxi, bus, etc.) until you reach your destination.
- If a responsible adult is **not** with you, **you will be required to reschedule.**
- Total time for your procedure can be anywhere **from 1 hour up to 3 ½ hours** (depending on previous cases that are being done on that day). **Please be patient, as every case is different.**
- If your insurance changes prior to your procedure, please notify our office.
- Women: If you could be pregnant or seeing a fertility Dr., please notify us prior to sedation.
- Appointment cancellations require a 24 hour notice or a charge could be incurred.

**3 DAYS BEFORE THE EXAM; DO NOT EAT ANY RAW FRUITS OR VEGETABLES.**

### THE DAY BEFORE YOUR COLONOSCOPY

1. Begin a clear liquid diet starting with breakfast. **NO SOLID FOOD TODAY-ONLY LIQUIDS.**
2. **PREPARE YOUR PRESCRIPTION THAT WAS CALLED INTO YOUR PHARMACY.**
3. Please drink at least ½ of your prep before 2 pm and drink the other ½ before 8 pm
4. If you experience nausea, take a 30-60 minute break then begin drinking again.
5. You must **FINISH THE ENTIRE PREP** for your colon to be clean.
6. You may have clear liquids up until 8 hours before your appointment.

**\*If unable to take ALL of this prep OR your bowel movements are NOT CLEAR;  
Drink 2 bottles of Magnesium Citrate (not the cherry flavored)**

### CLEAR LIQUID EXAMPLES:

Tea (un-sweet or sweet)	Water	Sprite/7up	Cola
Coffee (no creamer)	Gatorade (not red)	White Grape Juice	Apple Juice
Beef/Chicken Broth	Jello (not red)	Popsicles (not red)	

***Please carefully read the sheet titled "About your Medication" ( page 5 in your packet).***

***Please follow any or all of the instructions that apply to your specific medical needs and medications.***