



Digestive Disease Consultants
ORLANDO

Colyte, NuLyteLy, GoLyteLy or PEG 3350 Bowel Prep Kit
Colonoscopy Instructions

Your procedure is scheduled on _____. Please arrive at _____ **AM / PM.**

******HOLD any blood thinners (_____), _____ days prior to the procedure.**
****Do not stop your blood thinner without consent from prescribing physician****

You are using the **Colyte, NuLyteLy, GoLyteLy or PEG 3350 Bowel Prep Kit**

DAY BEFORE THE PROCEDURE:

1. Start **ONLY** clear liquid diet the entire day (breakfast, lunch and dinner) Ex. broth or bouillon. Jell-O (No Red, Pink, Blue, Purple), coffee black or with sugar (No dairy or non dairy creamers), tea, lemonade, fruit juices without pulp, white grape juice/apple, clear soda (Sprite, 7-up, ginger ale), Gatorade, PowerAde, popsicles (No Red, Pink, Blue, Purple)
2. Daily medications can be continued unless otherwise specified.
3. At **2 PM** drink 3 liters of the solution-8 ounces **every 15 minutes.**
4. At **10 PM** drink the last liter of the solution- 8 ounces **every 15 minutes.**
5. Do not add anything to the solution such as ice, crystal lite, sweeteners, etc.
6. Drink each glass quickly rather than drinking small amounts continuously.
7. Be sure to drink **ALL** of the solution.
8. Continue drinking clear liquids, at least another liter, during the course of the evening.

DAY OF PROCEDURE:

1. You may brush your teeth.
2. You need a driver and your driver must stay at the facility. Public transportation and taxis are **NOT** allowed.
3. **Diabetic meds:** Please contact the prescribing doctors for any medication adjustment.
4. Take **blood pressure meds, anti-anxiety meds, anti-psychotic meds, heart meds, anti-seizure and convulsant meds** with a sip of water unless otherwise specified.
5. Please bring with you:
 - Photo ID and Insurance card(s)
 - Completed Medication List – Medications **MUST** be written out. NO pre-printed, copied or lists from previous visits will be accepted.
 - Patient's Bill of Rights Form
 - Reading glasses, if applicable

Nothing by mouth 4 hours prior to your procedure. Nothing to drink, smoke or chew or your procedure may be cancelled.

Please contact the office at 407-830-8661 with any questions. Or email us at info@ddcOrlando.com