

# Rochester Gastroenterology Associates, LLP

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## INSTRUCTIONS FOR COLONOSCOPY PREP WITH NULYTELY *SPLIT* DOSE

Name \_\_\_\_\_ Procedure \_\_\_\_\_

YOU HAVE BEEN SCHEDULED FOR THE ABOVE EXAMINATION BY DR. \_\_\_\_\_

### PLEASE REPORT TO:

#### Unity Hospital

1555 Long Pond Road  
Rochester, NY 14626  
Tel: (585) 723-7119

#### Rochester Endoscopy Center

20 Hagen Dr., Suite 330  
Rochester, NY 14625  
Tel: (585) 267-4040

#### Wilson Health Center

800 Carter Street  
Rochester, NY 14621  
Tel: (585) 922-0825

#### Rochester General Hospital

1425 Portland Avenue  
Rochester, NY 14621  
Tel: (585) 922-2990

REPORT AND REGISTRATION TIME:

DATE/DAY:

## PLEASE REVIEW ALL INSTRUCTIONS UPON RECEIPT

**\*You will need to obtain NULYTELY from your pharmacy once a prescription has been sent\***

Transportation arrangements must be made for someone to pick you up and accompany you home. **DUE TO THIS BEING A NEW YORK STATE LAW. NO EXCEPTIONS CAN BE MADE!**

You must arrange for a neighbor, friend, or family member to stay with you after your arrival home since sedation effects can last well into the evening.

If you are unable to keep your scheduled appointment, cancellation is appreciated **48 hours** in advance by calling **(585)267-4040** or **(585)227-1080** between **8:30 a.m.** and **4:30 p.m.** If you fail to notify us you may be charged. Please call these numbers if you have any further questions.

If you are taking *any* kind of blood-thinning medications, such as **COUMADIN, PLAVIX, or XARELTO** please inform our office at (585)267-4040 or (585)227-1080, **IMMEDIATELY**. ***These medications MAY need to be stopped before the procedure AS DIRECTED BY YOUR MEDICAL PROVIDER.***

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In order to assure optimal colonoscopy examination, the following guidelines are recommended:

1. **Stop** any extra dietary fiber, including Metamucil, Citrucel, Fibercon, or similar products for **1 week** before the procedure.
2. **Stop** all iron medications and vitamins containing iron for **1 week** before the procedure.
3. **Do not eat** nuts, raisins, foods containing seeds (strawberries, sesame, poppy, etc.) or any uncooked vegetables for **3 days** before the procedure.
4. **Take your regular medications on the morning of the examination, except insulin or other diabetic medications.** Please check with our office prior to taking any **INSULIN** or other diabetic medication on the morning of the examination.

#### DAY BEFORE EXAMINATION

1. You may have a *light* breakfast **BEFORE** 8 am. Begin a clear liquid diet **AFTER** 8 am. **NO solid food is allowed.** Clear liquids include water, strained fruit juice without pulp (apple, white grape, lemonade), clear broth or bouillon, coffee and tea (without cream or non-dairy creamer), Gatorade (**NO** red or pink), carbonated and non-carbonated soft drinks, Kool-Aid (**NO** red or pink), Jell-O (**NO** red or pink), and popsicles (No red or pink).
2. At **4:00 p.m.** begin drinking **NULYTELY**. Drink 8oz of solution every 20-30 minutes as tolerated, until you have finished half the container (**2 liters**). This may take 2-3 hours, diarrhea can start at any time.

#### DAY OF EXAMINATION

1. The morning of your procedure, five (5) hours before your scheduled arrival time, drink 8oz of **NULYTELY** every 20 minutes until you have finished the remaining **2 liters**. Continue on clear liquids.
2. Nothing by mouth for 4 hours before procedure, **except your regular daily medications.**
3. You should plan on spending up to 2 hours at our facility for this test.

ADDITIONAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_