

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

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

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

Patients who receive sedation for their procedure must have an adult transport them home. **Ubers, taxis, or any other NON-medical vehicles are NOT ACCEPTABLE** unless you have a family member or responsible adult accompany you. It is required a responsible adult stay with you 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, ELIQUIS, 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. You may take your regular daily medications.
3. You should plan on spending up to 2 hours at our facility for this test.

ADDITIONAL INSTRUCTIONS: _____

Thank you for the opportunity to accommodate your health care needs.