

COLYTE/TRILYTE/PEG-3350 PREP INSTRUCTIONS

You are scheduled on _____ with Dr. _____

Be at the marked location by _____ AM / PM **Plan to be at the facility for approximately 3 hours.**

*You will be sedated and **MUST** bring someone over the age of 18 years old to **stay** with you and drive you home safely. No one will be allowed to Uber/Lyft/Taxi/bus, unless accompanied by a responsible adult. Please note that you cannot drive for 24 hours after anesthesia.*

MEDICATIONS:



- If you are taking ANY blood thinners, i.e. Coumadin (Warfarin), Plavix, Pradaxa, Pletal, Eliquis, Effient, Xarelto, Brilinta, call our office for instructions on the possibility of stopping the medicine.
- You **MUST** take your Blood Pressure, Heart, Seizure, Parkinson's, Asthma or Myasthenia Gravis medications (if normally taken in the morning) **4 hours before your procedure, with a small sip of water.**
 - All other medications can be taken after the procedure.
- If you take any dosage of Aspirin – **DO NOT STOP TAKING IT!** Continue as normal.
- Unless specified below, continue your medications like normal.
- **For INSULIN dependent patients** – please call the doctor that controls your diabetes for instructions.

ONE WEEK PRIOR:

- **Stop** taking Ozempic/Wegovy/Mounjaro/Semaglutide

FIVE DAYS PRIOR:

- **Stop** any Iron pills, Pepto-Bismol, Fish Oil, Vitamin E and/or Herbal Medicine.
- **Stop** any diet/appetite suppressants, such as phentermine.
- **Stop** taking any ADHD/ADD medications i.e., Adderall/Vyvanse, if your body allows you to stop this medication.



ONE DAY PRIOR:

- **Avoid** using un-prescribed recreational/street drug(s) including marijuana.
- **DO NOT** take any **ORAL** Diabetic medication.

IF YOU ARE SICK, have ANY cold symptoms, taking antibiotics, pending Heart/Pulmonary testing, or have any major changes in your medical history – Please Call Our Office Immediately for Instruction.

1 DAY PRIOR to your procedure, **consume** only a **CLEAR LIQUID DIET**. A clear liquid diet consists only of liquids that you are able to read a newspaper through. **NO SOLID FOODS!** No alcohol, milk/milk products, or non-dairy creamers. **NO RED OR PURPLE!**

CLEAR LIQUID DIET INCLUDES (limiting yourself to only water will make you nauseous/vomit when starting prep):

- Water, mineral water
- Clear fruit juices without pulp (apple, white grape, white cranberry, lemonade, etc.)
- Clear carbonated and non-carbonated soft drinks
- Sports drinks (Gatorade, Powerade), Pedialyte and/or Ensure Clear
- Broth (chicken, beef, vegetable, or bone broth)
- Popsicles, Sorbets, or gelatin (such as Jell-O)
- Coffee or tea (without milk or cream; sugar is okay)



FINANCIAL POLICY: Any Co-pay and/or Deductibles will be collected at the time of service.

Please call our billing department for further assistance at 407.896.1726 ext. 405, prior to the procedure date.

COLYTE/TRILYTE/PEG-3350 PREP INSTRUCTIONS



YOUR PREPARATION – Colyte/Trilyte/Gavilyte/PEG-3350

Fill your prescription for PEG-3350/COLYTE/GOLYTELY, at least (5) days prior to your test. (Keep in room temperature).

- You will receive one, 4-liter container with powdered bowel preparation.

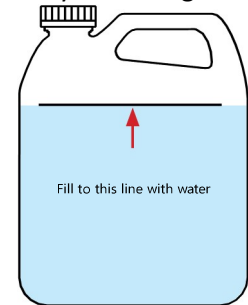
Do not follow the instructions that are provided by the pharmacy.

PREPARING YOUR BOWEL PREPARATION

- Fill the bottle with water to the indicated line on the side of the bottle. Shake vigorously and refrigerate until ready to drink.

DRINKING YOUR BOWEL PREPARATION

- At 5:00PM** the day before your procedure, Shake vigorously again and start drinking 8oz of the solution every 15-20 minutes until finished. DO NOT CHUG. You may flavor each cup with Crystal Light.



STAY HYDRATED with at least 12 tall glasses (about 8-10 ounces each) of clear liquids throughout the evening, in addition to what you drink with your bowel prep medication, to prevent dehydration.



4 HOURS BEFORE your procedure, you should **STOP DRINKING ALL CLEAR LIQUIDS**. This means that you should not have anything by mouth 4 hours before your colonoscopy and onward. This includes no breath spray, candy, gum, mints. You may brush your teeth.

****FAILING TO FOLLOW INSTRUCTIONS WILL RESULT IN CANCELLING OF YOUR PROCEDURE (fee applies) ** WE REQUIRE A 72 HOUR NOTICE FOR ANY CANCELLATIONS/reschedules TO AVOID A \$150 CHARGE**

☐

CENTER FOR DIGESTIVE ENDOSCOPY
1817 N MILLS AVE
ORLANDO, FL 32803

☐

ADVENT HEALTH ORLANDO
601 E ROLLINS ST
ORLANDO, FL 32803

☐

SUMMERPORT SURGERY CENTER
5151 WINTER GARDEN VINELAND RD
STE 108
WINDEREMERE, FL 34786

☐

ADVENT HEALTH, HEALTH VILLAGE
2415 N ORANGE AVE
STE 201
ORLANDO, FL 32804

☐

ADVENT HEALTH WINTER GARDEN ASC
2000 FOWLER GROVE BLVD
WINTER GARDEN, FL 34787

☐

ORLANDO HEALTH
52 W UNDERWOOD ST
ORLANDO, FL 32806

☐

SOUTH LAKE ENDOSCOPY
2040 OAKLEY SEAVER DR
CLERMONT, FL 34711

PATIENT SIGNATURE: _____ DATE: _____