

COLONOSCOPY ORDER & GOLYTELY PACKET

Procedure Date: _____

Arrival Time: _____ am/pm

Procedure Time: _____ am/pm

You will be charged \$250 if you no show, cancel/reschedule within 48 hours. 770-227-2222

Procedure Location:

Emory Johns Creek Outpatient

Northside Forsyth Outpatient

Johns Creek Endoscopy Suite

Dr. Ranvir Singh Dr. Stephen Rashbaum

BOWEL PREP:

1. We have forwarded a prescription for **Golytely** to your requested pharmacy.
2. You will need to be on a strict **CLEAR LIQUID DIET ONLY**, the entire day **prior** to your scheduled procedure. (An example of a CLEAR DIET is enclosed)
3. At **6:00** pm on the day **prior** to your scheduled procedure, you will initiate mixing and drinking your first round of the **Golytely** Prep.

Take the flavor packet of Powder and place it into the clear 1 gallon container supplied by the pharmacy. Mix the powders with 1 gallon of water. Initiate drinking 1 8oz glass of the mixture every 15 minutes until you have completed half of the gallon of solution.

4. 6 hours **prior** to your scheduled procedure at _____ am, you will repeat step 3 as above until the gallon is empty.
5. You can continue only Clear Liquids until you initiate Step 4. **YOU MAY HAVE NOTHING TO SMOKE or CHEW** after midnight.

DRIVING INSTRUCTIONS:

Please arrange for a responsible adult to drive you to and from the facility. They must plan on staying at the facility during the procedure. Your procedure may be cancelled should you arrive without a driver.

It is best if you can have a responsible adult with you for at least 8-hours following your procedure.

You will not be permitted to drive for 24-hours after the procedure due to anesthesia. You should also refrain from making any important and financial decisions during this time.

INSURANCE NOTE:

Please bring your driver's license and insurance card to every appointment; even your procedure.

Remember it is your responsibility to contact your insurance company to verify your insurance coverage for this procedure.

MEDICATIONS:

-Take your **Heart & Blood Pressure** medications as instructed unless your doctor instructs you otherwise.

-If you have **Diabetes**, please follow the instructions below:

*Do not take your diabetes **pills** the morning of the procedure. Feel free to bring them with you to take following the procedure.

*If you take **Regular Insulin**, do not take it the morning of your scheduled procedure. Please bring it with you to take following your procedure.

*If you take NPH, or Lantus-type Insulin, take ½ of your regular dose the morning of your scheduled procedure.

-Do NOT take any of the following Medications:

*Coumadin-**Stop 3 Days Prior**

*Plavix, Aspirin, Ibuprofen, Iron and Multivitamins-**Stop 7 Days Prior**

Please remove all jewelry prior to your procedure.