

IMPORTANT REMINDER TO ALL PROCEDURE PATIENTS

If you are having an Upper Endoscopy, Colonoscopy, and/or ERCP:

Please arrive for your procedure at the scheduled arrival time. If you are unable to keep your appointment, please call our office as soon as possible to reschedule. We reserve the right to charge for missed appointments or appointments cancelled less than 72 hours in advance.

You will be sedated and will require an adult (18 years or older) to drive you home. Your driver will be required to stay at the facility during your procedure.

The facility at which are scheduled has the right to delay or cancel your procedure in the event that you do not have an adult with you when you arrive for you appointment.

Do not plan to drive, go to work, sign any legal documents or participate in any activities that require concentration during the remainder of the day.

If your procedure is scheduled at:

RALEIGH MEDICAL GROUP/WAKE ENDOSCOPY CENTER take the elevator to the second floor, see enclosed map for directions. Do not use GPS.

REX HEALTHCARE- please use the Main Entrance and go the Patient Registration

DUKE HEALTH RALEIGH HOSPITAL-please use the entrance which reads “Admitting Entrance”

WAKEMED CARY-check in at admission/business office

JOHNSTON AREA MEDICAL CENTER-please use the Main Entrance and go to Patient Registration

If you have any questions, please call:

Raleigh Office: (919) 783-4888 or 1-800-491-7236

Cary Office (Dr. Gumber, and Dr. Reddy): (919) 858-0892

Clayton Office (Dr. Whitt): (919) 783-4888

Dr Hutzenbuhler’s Office: (919)787-7226

**WAKE ENDOSCOPY CENTER
NULYTELY/COLYTE EVENING BEFORE DOSE (ONE DAY)
PREPARATION FOR COLONOSCOPY**

You will need to drink a laxative solution called NULYTELY to clean your colon. You must complete the entire prep to ensure the most effective cleansing.

PRIOR TO YOUR PROCEDURE YOU WILL NEED TO PURCHASE:

- 1 Gallon of Nulytely. (prescription enclosed)
- 1 Reglan tablet (Metoclopramide) optional (prescription enclosed)
- 2 Dulcolax (Bisacodyl) tablets (over the counter, no prescription required)

***BE SURE TO LET THE NURSE KNOW IF YOU ARE ON COUMADIN, WARFARIN, or PRADAXA AS SOON AS POSSIBLE**

**5 days prior to your procedure, stop oral iron supplements. Please avoid sesame seeds and nuts

***Diabetic medication adjustments: Day before procedure, take your normal AM insulin and/or oral medications. Take ½ of pm insulin dose, NO oral diabetic medication. Day of procedure: do not take any diabetic medications until after the procedure.

DAY BEFORE PROCEDURE: _____

Drink clear liquids only for all snacks and meals. **NO SOLID FOODS** or milk products. **Clear liquid diet:** coffee, tea, soft drinks, Jell-O, clear broth, popsicles, clear fruit juices, Gatorade, water, Snapple, powdered juices. Avoid red or purple liquids

***Important note: staying well hydrated during this prep is extremely important. Force fluids all day prior to and after beginning the bowel prep. **Nothing to drink AFTER midnight.**

1. Add water to “fill line” of Nulytely/Colyte container. Mix until powder is dissolved and refrigerate.
2. **At 2 PM:** take both Dulcolax tablets.
3. **At 4:30 pm:** take Reglan (optional) the prep may cause nausea and sometimes vomiting. Reglan taken in advance of the prep should reduce nausea and vomiting.
4. **At 5:00 pm:** drink 8 ounces of Nulytely/Colyte. Drink 8 ounces every 15 minutes. When you have finished drinking half of the container you may stop. Place remaining liquid in refrigerator for later.

*If you experience nausea and or bloating, slow down drinking the prep, space interval to 20-25 minutes.

***Do not plan to go out anywhere after you have started drinking the prep. The prep will cause diarrhea to cleanse your bowel for the procedure.**

*You may wish to use diaper rash cream or Vaseline to protect your rectum as the prep makes you have many bowel movements.

5. **At 8:00 pm:** Repeat step 4 above with the remaining liquid until gone. You may continue to drink clear liquids until MIDNIGHT. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT**

DAY OF EXAMINATION _____

Please take all regularly scheduled medications with a small amount of water.

If you use inhalers, please bring them with you

If you use a CPAP or VPAP machine, you are required to bring it with you

**YOU WILL BE SEDATED FOR THIS PROCEDURE AND WILL REQUIRE AN ADULT TO DRIVE YOU HOME.
YOUR DRIVER WILL BE REQUIRED TO STAY AT THE FACILITY DURING YOUR PROCEDURE.**

Your procedure is scheduled with Dr. _____

Date of Procedure _____ Location _____

Arrival Time _____ Procedure Time _____

If you have any questions, please call _____ at (919) 783-4888.