

IMPORTANT REMINDER TO ALL PROCEDURE PATIENTS

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

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 ENTIRE PROCEDURE.

The facility at which you are scheduled has the right to delay or cancel your procedure in the event you do not have an adult with you to drive you home.

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

Your procedure is scheduled with Dr. _____

Procedure _____ Date _____ Location _____

Arrival Time _____ Procedure Time _____

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

If your procedure is scheduled at:

WAKE ENDOSCOPY CENTER/RALEIGH MEDICAL GROUP/take the elevator to the second floor, see map for directions. Address: **2601 Lake Drive Ste 201 Raleigh, NC 27607 (919) 783-4888 or 1-800-491-7236**

CLAYTON ENDOSCOPY CENTER- see map for directions.
Address: **900 S Lombard Street Ste 104 Clayton, NC 27520 (919) 341-3547**

WAKE FOREST ENDOSCOPY CENTER-see map for directions
Address: **10540 Ligon Mill Rd Suite 109 Wake Forest, NC 27587 (919) 439-3393**

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

WAKE MED 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 & Dr. Reddy): (919) 858-0892
Clayton Office (Dr. Whitt): (919) 341-3638
Dr. Hutzenbuhler: (919) 787-7226
Wake Forest Office: Dr. Sachdeva (919) 562-6589

**WAKE ENDOSCOPY CENTER/CLAYTON ENDOSCOPY CENTER
NULYTELY/COLYTE PM/AM DOSE (TWO 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)
- 2 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, PRADAXA OR ANY OTHER BLOOD THINNERS 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

*** YOU MAY HAVE CLEAR LIQUIDS UNTIL MIDNIGHT THEN NOTHING UNTIL YOU TAKE THE SECOND DOSE OF THE PREP.**

EVENING PREP:

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 5:30 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 6:00 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.

DAY OF PROCEDURE: _____ **STARTING AT** _____ **AM**

1. **Repeat step 4 above** (at least **THREE** hours before your scheduled arrival time). You may take the second Reglan tablet 30 minutes before you start drinking the liquid.

Do not drink anything after you have completed the prep except for a very small amount (sip) of water with your morning medications. If you drink anything more than the prep or a small amount of water with your medication it will result in a delay of your procedure.

Please take all regularly scheduled morning 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.

Revised SFP/JH FEB 2018