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**COLONOSCOPY PREP SHEET – HALFLYTELY PREP
SUPPLIES NEEDED FOR COLON PREP**

2-liter bottle HalfLyteLy.

THIS ITEM IS PRESCRIBED TO YOU BY THE DOCTOR.

1. **NO ASPIRIN** or products containing **ASPIRIN** for at least **seven (7) days before** the test. (SOME medications which contain **aspirin** or **aspirin equivalent** include: **Anacin, Bayer Arthritis Pain formula, Bufferin, Ecotrin, Midol, Aleve, Advil, Nuprin, Motrin**) **PLEASE NOTIFY US IF YOU ARE ON BLOOD THINNERS SUCH AS COUMADIN/PLAVIX.**
2. **Blood pressure, thyroid or heart medication SHOULD BE TAKEN** the morning of the procedure with just a **sip** of water at least 2 to 4 hours before the procedure. If you are taking diabetes medication such as **Diabeta, Micronase** or **Glucotrol, DO NOT TAKE** these at all the day of the procedure until after the procedure is over. If you are taking **insulin**, please notify us. It is recommended that you take half of your normal dose the day before the test and no insulin on the morning of the test. **Notify us if you have artificial joints, pacemaker, defibrillator, heart valve replacement or mitral valve prolapse. DO NOT TAKE any iron pills for seven (7) days before the procedure.**
3. The **day before** the colonoscopy, **you may eat breakfast**, then clear liquids only, until after the colonoscopy. This includes juices without pulp, Gatorade, broth, Jell-O, soda, tea, or coffee. **NOTHING RED AND NO MILK PRODUCTS.** Drink plenty of fluids to avoid becoming dehydrated.
4. At approximately the early to midafternoon the day before the procedure take 4 Bisacodyl tablets with water (which came with the HalfLyteLy).
5. Mix solution. Add lukewarm drinking water to top of line bottle. Cap bottle and shake to dissolve the powder. The solution will be clear and colorless. Use within 48 hours. **DO NOT** add anything else to the solution.
6. Wait for a bowel movement. After a bowel movement occurs (usually in 1 to 6 hours), begin to drink the solution. If no bowel movement occurs after 6 hours, begin to drink the solution. Drink 1 (8 oz) glass every 10 minutes (about 8 glasses). Drink each glass quickly rather than drinking small amounts continuously. **BE SURE TO DRINK ALL OF THE SOLUTION.**
7. **On the day of the colonoscopy you can not have anything to eat or drink** except for medications as stated in #2 above.
8. **PLEASE BRING AN UPDATED LIST OF YOUR MEDICATIONS WITH YOU AND A LIST OF ANY ALLERGIES.**
9. **YOU WILL NOT BE PERMITTED TO DRIVE YOUR CAR AT ALL THAT DAY. Have someone available to take you home from the office. You will not be permitted to take any public transportation without a chaperone. The person driving you must be of the age of 18 and we prefer they stay in our waiting room.**
10. You will be at the Endoscopy center for approximately 1-2 hours for your procedure.

PATIENT NAME: _____ **YOUR TEST IS SCHEDULED FOR** _____
AT _____ **(A.M./P.M.) here at The Endoscopy Center, 602 W Sherman Ave, Vineland**

GASTROENTEROLOGY

GASTROINTESTINAL ENDOSCOPY

DISEASES OF THE LIVER