Reno Endoscopy Center
880 Ryland Street
Reno, Nevada 89502
(775) 329-1009
(775) 329-4600

South Meadows Endoscopy Center
10619 Professional Circle
Reno, Nevada 89512
(775) 852-1886
(775) 852-4848

Carson Endoscopy Center
707 N. Minnesota Street
Carson City, Nevada 89703
(775) 884-8818

For Scheduling Changes, please call:

Reno (775) 329-4600 South Meadows (775) 852-4848 Carson (775) 884-4567

Patient Name: _____ Appointment Date: _____

Check-in Time: _____

- ❑ Reno Endoscopy Center
- ❑ South Meadows Endoscopy Center
- ❑ Carson Endoscopy Center
- ❑ Other_____

COLONOSCOPY PREPARATION
Colyte, Golytely or Nulytely Solutions

Please read the following instructions carefully at least one week prior to your exam. The most important part of a successful Colonoscopy is the preparation. Adequate cleansing of your colon prior to the examination is crucial for good results. If you need further information about your procedure, please call our procedure facility prior to your exam so we may take care of any concerns well ahead of time.

Medication and Diet Instructions
5 days before procedure

- Stop eating any food that contains the fat free substitute OLESTRA; which is usually found in fat free potato chips or fat free margarine.

- Do not take any supplements containing fish oil

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- Purchase your bowel preparation from the drug store. The preparation comes in powder form and you will need to mix it with water**. Please do not mix the solution until the day you are instructed to drink it.**

2 days before the procedure

- Do not eat any beans, corn, tomatoes, cucumbers, nuts or foods containing seeds such as poppy, sesame, or sunflower. The fiber from these foods can clog the colonoscope.

- If you tend to be constipated, take an ounce of Milk of Magnesia on this day so that you will not be as constipated when you take the preparation solution tomorrow.

Special Considerations

Please contact our office immediately if you have any of the following medical conditions and have not discussed them with us:

- **You take Coumadin (warfarin) or Plavix**
- **History of excessive bleeding during previous surgery or dental extraction**
- **You have an artificial heart valve or any other condition requiring antibiotics**
- **You have diabetes**
- **You have a history of kidney (dialysis) disease**

Diet Instructions

The day before your procedure:

- Mix the preparation with lukewarm water and place the gallon jug in the refrigerator.
- Begin a clear liquid diet starting at breakfast and drink only clear liquids all day**.**
- **Solid foods, milk and milk products are not allowed.**
- **Avoid any product (including Jell-O) that is colored red, purple or green, as these will interfere with your test.**

Clear Liquids Include:

- Water
- Clear fruit juices, pulp free, (apple, white grape juice, white cranberry juice)
- Gatorade
- Clear broth or bouillon
- Jell-O, no red, purple, or green. (without added fruit or toppings)
- Lifesavers
- Popsicles, no red, purple, or green
- Tea
- Soft drinks

Take all of your normal prescription medications unless advised otherwise.

Avoid Alcohol.

It is very important to drink plenty of water and other clear liquids throughout the day in order to avoid dehydration and to flush the bowel.

PREPARING AND TAKING THE PREP

You must complete the entire prep to ensure the most effective cleansing.
The solution may be mixed up to 24 hours ahead of time and refrigerated prior to drinking. The reconstituted solution must be used within 24 hours.

The day before your procedure:

Between 5 and 8 pm, the day before your procedure.

- **Drink one half of the prepared solution:**
  Drink one 8 ounce glass every 15 minutes; drink a total of 8 glasses over two hours; until one half of the solution is gone.
  It is best to drink each glass rapidly rather than sip it. Drinking the solution through a straw may make it easier to drink. It will take approximately 2 hours to complete the solution. Feelings of bloating, nausea or chilling are common after the first few glasses. This is only temporary and should disappear once bowel movements begin. If you develop vomiting, slow down the rate at which you drink the solution. Please attempt to drink all of the laxative solution even if it takes you longer. If vomiting persists, stop the preparation and call our office or the physician on call for further instructions. Individual responses to laxatives vary. **This preparation will cause multiple bowel movements, so stay close to a bathroom**.
  Continue to drink plenty of water and other clear liquids.
  Store remainder half gallon in the refrigerator.

The morning of your procedure:

Remember no solid food, clear liquids only!

6 hours **before your procedure time** (not your check in time), **at _____, repeat the prep steps above for the second half of the gallon prep:**

- **Drink the remaining one half (½) gallon of the preparation, as instructed above, drinking one 8 ounce glass every 15 minutes for a total of 8 glasses over two hours.**
- Complete this second prep and the additional fluids **within two hours from start time.**
- Follow the general tips outlined above for drinking the prep
- Drink two glasses of water at completion of prep.

4 hours **before your procedure time DO NOT DRINK ANY MORE FLUIDS**

Nothing more to drink until after your procedure.

ADDITIONAL INFORMATION FOR THE DAY OF THE PROCEDURE

- Eat no solid foods.
- You may have small quantities of clear liquids up to **4 hours prior to your procedure.**
- Take your usual morning medications, especially those for blood pressure. If you are diabetic wait until after the procedure to take your usual dose of insulin or oral medication, after you have eaten a meal.

GENERAL INFORMATION

- Leave all jewelry and valuables at home.
- Your dentures will be removed during the exam for safety reasons.
- **Do not forget to arrange for transportation home after the procedure. Since you have been sedated you will be unable to drive for the remainder of the day.** You will not be able to operate any machinery or go to work until the following day.
- **If leaving by taxi, you will not be allowed to leave by yourself. You must be accompanied by a friend or relative.**
- **Co-Pay, Co-Insurance and Deductible amounts are due at the time of service. Please be prepared to pay for these fees on the day of your procedure.**
- If you are coming from **out of town** or staying at a place other than your main residence, please call our office and leave a number where you can be reached.

Reno Endoscopy Center	(775) 329-1009
South Meadows Endoscopy Center	(775) 852-1886
Carson Endoscopy Center	(775) 884-8818
All Out of Town Patients	(800) 442-0041