



INSTRUCTION FOR COLONOSCOPY

Pre-Surgery Testing Phone Call Appointment Date: _____ Time: _____

The Hospital will ask you your medical information and get you pre-registered (will need list of medications during phone call) If this appointment is not convenient for you please call 276-228-0384 to reschedule, our office does not have access to this schedule.

_____ Stop Coumadin, Aspirin, Plavix, Xarelto or NSAIDs (*5 Days before your procedure*) (you **CAN** take Fish Oil).

Fill your Golytely with water to the line, shake well, and put in the refrigerator the morning before the procedure.

_____ **Clear Liquids only** (see last page of handout) from the time you wake up until Midnight (*1 day before your procedure*)

_____ Bowel Prep (Dulcolax 5mg) takes all 4 tablets at one time at **4:00PM** (*1 day before your procedure*)

_____ Start Golytely at **6:00 PM** (*1 day before your procedure*)

- Begin drinking one 8 oz. glass of the Golytely prep every 20 minutes until at least ½ of jug is gone. If stool is not clear (cannot see toilet bowl through it) then continue drinking until clear or jug is empty

****If you develop increased abdominal pain, bloating or nausea or vomiting, wait 30-60 minutes then resume Golytely**

Helpful Hints:

- Sip on ginger ale or sprite between glasses of Golytely to clear film from mouth
- Drink Thru a straw to bypass taste buds
- Flavor Golytely (By the Glass) with Crystal Light Lemonade or Lemon Lime
- Make sure Golytely is COLD



Nothing to Eat or Drink after Midnight

The Hospital will call you the day before your procedure between the hours of 12-3pm to let you know when to be at WCCH on the day of your surgery. If you do not receive this call please call 276-228-0200. At this time they will tell you where to report the morning of your procedure.

Your procedure is scheduled on _____.

- Bring all current medications or list of current medication
- Bring a copy of your living will or Durable power of Attorney
- Bring a list of Allergies
- Bring insurance card/ information
- Bring immunization record for patients under 18 years old

If you would like to pre-register online please go to WWW.WCCHCARES.COM

****SOMEONE MUST DRIVE YOU HOME AFTER THE PROCEDURE
DUE TO THE EFFECTS OF SEDATION****

IF YOU HAVE ANY QUESTIONS OR CONCERNS, YOU MAY CONTACT
OUR OFFICE AT **276-228-1050**



CLEAR LIQUID DIET

****NO RED, GREEN, OR PURPLE LIQUIDS SHOULD BE CONSUMED****
CLEAR LIQUID DIET: ONE DAY PRIOR TO THE PROCEDURE

- WATER
- STRAINED FRUIT JUICES : APPLE, WHITE GRAPE, LEMONADE
- CLEAR FLAVORED GELATIN (ORANGE OR LEMON), POPSICLES (ORANGE OR YELLOW)
- SUGAR, HONEY, SYRUPS, CLEAR HARD CANDY, SALT
- CLEAR SOUP BROTH (CHICKEN OR BEEF BOUILLON) OR CHICKEN NOODLE SOUP (NO NOODLES)
- CARBONATED BEVERAGES, FRUIT FLAVORED DRINKS SUCH AS SPRITE, LEMONADE, GINGER ALE, GATORADE (NO RED, GREEN, OR PURPLE), KOOL-AID (NO RED, GREEN, OR PURPLE)
- TEA OR COFFEE WITH OUT CREAM OR MILK

DON'TS: ONE DAY PRIOR TO THE PROCEDURE

- DO NOT EAT OR DRINK ANY MILK OR MILK PRODUCTS
- NO MEATS OF ANY KIND
- NO VEGETABLES
- NO RED, GREEN, OR PURPLE PRODUCTS OF ANY KIND.