### My Colonoscopy Prep Calendar—Bowel Prep Using GoLYTELY



# Your Pharmacy Shopping List:

- One bottle Milk of Magnesia (or generic equivalent of magnesium hydroxide).
- ☐ Prescription for the Golytely.

# Your Grocery Shopping List:

- ☐ Purchase clear liquid products—examples include:
  - sports drinks (not red, blue or purple).
     Diabetic patients are recommended to purchase a sugarfree version.
  - apple or white grape juice
  - ginger ale
  - clear broth or bouillon
  - water
  - coffee/tea without milk
  - clear carbonated beverages
- plain Jell-O (not red, blue or purple and no fruit or toppings)
- Italian ice

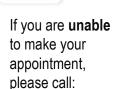


☐ STOP eating all fruits, vegetables, seeds and nuts.

- ☐ Stop taking any iron or fiber supplements.
- ☐ Confirm ride and contact phone number to your colonoscopy. You MUST have a ride home from a responsible adult as you will have received sedation for the procedure. (NO taxis, Lyft, Uber, etc).
- ☐ Please inform the person providing your ride that the appointment will take approximately 2½-3 hours.

3 bef

3 days before procedure



603.665.2470.

New Hampshire Gastroenterology requires **72 hour notice** for cancellations, as we maintain a waiting list for these appointments.

Thank you for your consideration.



☐ Take 2 tablespoons of Milk of Magnesia at dinner time.



- ☐ Consume only
  CLEAR LIQUIDS the
  entire day (no solid
  food, dairy, juice with
  pulp, alcohol or
  anything red, blue or
  purple in color).
- ☐ In the morning:

  Prepare the solution of Golytely and refrigerate.

#### 4 PM:

☐ Drink 1/2 the bottle of Golytely and refrigerate.



- ☐ Have NOTHING to eat or drink after midnight, except for finishing the Golytely and/or taking any medications as ordered.
- □ 5 hours before your check-in time: FINISH THE GOLYTELY.

#### Important:

☐ If you are on

blood pressure

medication, you

must take your

medication the

morning of your

procedure, prior to

check-in.





Please see important medical information on the reverse side

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### **IMPORTANT** information

stop 4 days prior to procedure.

Adipex-P; also as phentermine/topiramate in Qsymia)—

Please continue your daily medication regimen except for:	<ul> <li>Please bring a list of your current medication to the procedure and include dosing information.</li> </ul>
☐ <b>Diabetic Patients:</b> Do not take any diabetes medication on the day of your procedure. If you have any questions, please call your prescribing provider. If you take insulin, call your prescribing provider and ask for instructions.	☐ You will be contacted by Endoscopy <b>one week prior</b> to your procedure to review important details. You will also be contacted 48 hours prior to the procedure to be given your arrival time.
Patients on Blood Thinners: YOU MUST check in with your prescribing physician before stopping your medication. If you are currently taking an ASPIRIN daily, do not stop. Below is a list of common blood thinners and when, with physician	☐ If you have any discomfort around the perianal region, use wet wipes instead of toilet paper and apply Vaseline or A&D Ointment to the rectum.
<ul> <li>approval, to discontinue them:</li> <li>Ticlid (ticlopidine)—stop 10 days prior to procedure</li> <li>Effient (prasugrel)—stop 7 days prior to procedure</li> <li>Coumadin (warfarin), Plavix (clopidogrel) or Brilinta—stop 5 days prior</li> <li>Pradaxa (dabigatron), Eliquis (apixaban) or Xarelto (rivaroxaban)—stop 48 hours prior</li> </ul>	☐ If you are unable to make your appointment, please call: 603.665.2470. New Hampshire Gastroenterology requires 72 hour notice for cancellations, as we maintain a waiting list for these appointments. Thank you for your consideration.
☐ Patients on Erectile Dysfuntion medication: Viagara, Cialis, Adcirca, Sildenafil or Revatio—stop 24 hours prior.	
☐ Patients on Appetite Suppressant medication:phentermine (brand names Lomaira,	<b>ECMC</b> NH Gastroenterology

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### **Diabetic and Weight Loss Medications**

☐ If you are taking the following medications, you must ensure that your procedure takes place at least eight (8) days after your most recent dose:

Generic Drug	Brand Name
Dulaglutide	Trulicity
Exenatide (ER)	Bydureon BCise
Semaglutide	Ozempic, Wegovy, others
Tirzepatide	Mounjaro
Albiglutide	Tanzeum, Eperzan

☐ If you are taking the following medications, it will need to be held for seven (7) days prior to your procedure:

Generic Drug	Brand Name
Exenatide (IR)	Byetta
Liraglutide (3mg)	Saxenda
Liraglutide (1.2mg, 1.8mg)	Victoza
Lixisenatide	Adlyxin
Semaglutide	Rybelsus

□ Please ensure you are checking your blood sugar levels at a more frequent rate while you are holding these medications.

