

## Colonoscopy, Golytely Preparation

**IMPORTANT:** Please read this **NOW** to be prepared for your procedure. If you have any questions, or need to cancel or postpone your appointment, please call us at **617-562-5432**

### Where to report for your procedure:

Boston Medical Center, GI Endoscopy 736 Cambridge Street, Brighton, MA 02135

### Advanced Preparation for Your Procedure:

- ✓ **If you may be pregnant** – Please consult your OB/GYN doctor prior to scheduling your appointment to discuss optimal timing for your procedure, and the best sedation/anesthesia approach.
- ✓ **If you take Blood-thinning Medicine** such as Coumadin®(warfarin), Lovenox® (enoxaparin), Plavix® (clopidogrel), Ticlid® (ticlopidine), Agrylin® (anagrelide), Pradaxa® (dabigatran), Xarelto® (rivaroxaban), Eliquis® (apixaban), Prasugel (Effient), Heparin, Brilinta (Ticagrelor) – Please contact your prescribing physician **2 weeks** before procedure to adjust medications.
- ✓ **Please continue taking Aspirin 81mg even on the day of your procedure.**
- ✓ **Diabetes** – Please contact your prescribing physician **2 weeks** before procedure to adjust medications.
- ✓ **Sedation** – Most patients receive sedatives for procedures. Please let us know in advance about any of the following items, which could have an impact on any sedation you may receive:
  - Allergic reaction or other problems related to sedatives or pain medicine/narcotics
  - If your weight is over 300 pounds
  - You are currently taking narcotic pain medicine
  - You have severe liver disease
- ✓ As you recover from the sedatives, do not go back to work or school, make important decisions, or provide care for children. You may resume all activities the next day unless otherwise instructed.
- ✓ **ARRANGE A RIDE HOME**– A responsible adult must come up to the procedure area when you are ready for discharge. **You may not drive yourself home after sedation.**

#### What you will need:

- **One (1) Bottle of Golytely** (prescribed by your physician, pick up at your pharmacy)
- **OPTIONAL:**
- Four (4) bottles (16 oz. each) of clear liquid or sports drink (except red, pink, blue or purple)
- Vegetable, chicken, or beef broth
- Baby wipes

#### Prep Tips:

- **Please use this bowel prep instructions**
- **Avoid drinks that are red, pink, blue or purple color**
- Do not take oral medications **within 2 hours** of starting bowel prep
- If you feel nauseated while doing the prep, peppermint tea or sucking on a lemon may help.
- It also may help to put the prep solution **on ice**.
- When you begin to have diarrhea, baby wipes may be used to prevent irritation. Avoid using Vaseline jelly or Desitin.

**See reverse side for more details** →

**Five to Seven (5-7) days before your colonoscopy:**

## Preparation Check List

- Stop anti-diarrheal medications: Pepto Bismol, Imodium
- Stop fiber supplements: Metamucil, Citrucel, Benefiber
- Stop iron supplements, vitamin E and CoQ10 supplements
- **Three (3) days before your colonoscopy:**
- Begin a **Low-Residue diet**. (See foods allowed below)
- Fill out “**Pre-Procedure Questionnaire**” and “**Current (Home) Medication List**” that were sent to you.
- Obtain one (1) bottle of Golytely from your pharmacy. Inform our office if you cannot get medication at your pharmacy.

### Low-Residue Diet:

Food Group	Foods Allowed	Foods to Avoid
<b>Milk &amp; Dairy</b>	Milk, soy or nut milks (as long as they aren't gritty) ice cream, yogurt, cheese	No dairy product with pieces of nuts, seeds, or fruit in it
<b>Beverages</b>	Coffee, tea, soda, juices with no pulp, Kool-Aid (without red dye), Boost, Ensure or other nutritional supplements without added fiber	No drinks with pulp, seeds, added fiber or prune juice
<b>Breads, cereals &amp; Starches</b>	Any refined breads including English muffins, pita, biscuits, muffins, crackers, pancakes, waffles, Cheerios, Cornflakes, Rice Krispies, white rice, refined pastas	No whole grains, oatmeal, granola, anything with seeds or nuts, corn bread, graham crackers, brown or wild rice, potato skins, quinoa
<b>Fruits</b>	Canned or cooked fruit without skins or seeds, apple sauce, ripe bananas, jellied cranberry sauce	No raw fruits (except ripe bananas), canned pineapple, oranges, mixed fruit, dried fruit, whole cranberry sauce, avocado
<b>Vegetables</b>	Tender, well-cooked canned or frozen vegetable with no seeds or skins, such as peeled carrots or beets, strained vegetable juice or tomato sauce	No raw vegetables or any cooked that are tough or fibrous such as broccoli, asparagus, spinach, etc.
<b>Meat &amp; Meat substitutes</b>	Cooked tender fish, poultry, beef, pork, eggs, tofu, smooth nut butters	No gristle, cold cuts or sausages, any meat substitute made with whole grains, seeds or pieces of nuts, beans, peas or lentils
<b>Miscellaneous</b>	Salt, sugar, ground or flaked spices, chocolate, any liquid or smooth condiment such as ketchup, white pasta sauce, soy sauce, mayo or jelly (but not jam or preserves)	No pepper, seed spices or other seeds, nuts, popcorn, pickles, olives, red pasta sauce.

### One (1) day before your procedure:

- No solid foods. Begin clear liquid diet as soon as you wake up. See clear liquids allowed on the right → →
- Prepare Golytely according to instructions on the package. Split dose in half. May refrigerate. Drink more clear liquids.
- **5pm** Drink first half of Golytely – 8oz glass every 10 min. Finish within 3 hours. Keep second half of Golytely for later.
- Continue drinking clear liquids all day.

**Clear liquids allowed:** water; light-colored sodas; tea or coffee (black only- no cream or milk); clear juices, Gatorade or other sports drinks, chicken, beef, and vegetable broths; Jell-O and popsicles  
**\*\*\*NO red, pink, blue or purple color\*\*\***

### The day of your colonoscopy:

- 6 hours before your procedure time, drink second half of Golytely solution. Finish bottle within 1.5 hours.
- **2 hours before your colonoscopy:** Stop drinking all fluids. You may take usual morning medications with a small sip of water **up to 2 hours** before your procedure time, unless otherwise instructed. **Do Not** chew gum or hard candy
- **Please bring filled out Questionnaire and Medication list to your procedure.**

# Pre-Procedure Patient Questionnaire and Instructions

PATIENT IDENTIFICATION \_\_\_\_\_

**Please complete and bring with you to your appointment**

Patient Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Person escorting you home: \_\_\_\_\_ Ride's Telephone # \_\_\_\_\_

Cell: \_\_\_\_\_

**Your escort will arrive in the GI unit no later than 4:30pm**       Your escorts will wait here

Please check the procedure you are having today:       Colonoscopy    Flexible Sigmoidoscopy    Upper Endoscopy(EGD)  
 Enteroscopy    BRAVO    ERCP    Other \_\_\_\_\_

Reason for your procedure: \_\_\_\_\_

What is your primary language? \_\_\_\_\_ Do you need an Interpreter?    Yes    No

Allergies/Reactions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Your Personal History</b>	<b>Yes</b>	<b>No</b>	<b>Please explain If yes:</b>
Heart Disease/Heart attack/high chol	<input type="radio"/>	<input type="radio"/>	_____
Heart Murmur/Valve replacement	<input type="radio"/>	<input type="radio"/>	_____
Angina/Chest pain	<input type="radio"/>	<input type="radio"/>	_____
! High Blood Pressure	<input type="radio"/>	<input type="radio"/>	_____
Breathing/ Lung problems	<input type="radio"/>	<input type="radio"/>	_____
Sleep apnea	<input type="radio"/>	<input type="radio"/>	Apnea machine settings: _____
Seizures/Stroke/Epilepsy	<input type="radio"/>	<input type="radio"/>	_____
Liver/Kidney Disease	<input type="radio"/>	<input type="radio"/>	_____
History of Cancer	<input type="radio"/>	<input type="radio"/>	_____
Diabetes	<input type="radio"/>	<input type="radio"/>	Last blood sugar: _____
thyroid problems	<input type="radio"/>	<input type="radio"/>	_____
Arthritis/Limitation of movement	<input type="radio"/>	<input type="radio"/>	_____
Implanted Pacemaker/Defibrillator	<input type="radio"/>	<input type="radio"/>	When? _____
Anemia	<input type="radio"/>	<input type="radio"/>	_____
Glaucoma	<input type="radio"/>	<input type="radio"/>	_____
Diarrhea/Constipation/Bloody stools	<input type="radio"/>	<input type="radio"/>	_____
Trouble swallowing/Food sticking	<input type="radio"/>	<input type="radio"/>	_____
Do you smoke? If yes, amount	<input type="radio"/>	<input type="radio"/>	If yes, 1-800-QUITNOW is available. _____
Recreational/illicit drug use	<input type="radio"/>	<input type="radio"/>	_____
Alcohol use	<input type="radio"/>	<input type="radio"/>	Amount: _____
Anxiety/Depression	<input type="radio"/>	<input type="radio"/>	_____
Peptic Ulcer disease/Reflux	<input type="radio"/>	<input type="radio"/>	_____
Other:			_____

**Have you or a family member had an adverse reaction to anesthesia or sedation?**    Yes    No

If yes, please explain: \_\_\_\_\_

**Have you or a family member had:**

Colon cancer? <input type="radio"/> Yes <input type="radio"/> No	Esophageal cancer? <input type="radio"/> Yes <input type="radio"/> No	Are you pregnant or breast feeding? <input type="radio"/> Yes <input type="radio"/> No
Stomach cancer? <input type="radio"/> Yes <input type="radio"/> No	Uterine cancer? <input type="radio"/> Yes <input type="radio"/> No	
Breast cancer? <input type="radio"/> Yes <input type="radio"/> No	Polyps <input type="radio"/> Yes <input type="radio"/> No	

If yes, please explain: \_\_\_\_\_

Your past surgical history (include if have any metal pins/plates/screws/piercings):

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Have you ever been hospitalized for any other reason?  No  Yes, please explain:

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PLEASE REVIEW THE INSTRUCTIONS YOU RECEIVED FROM YOUR DOCTOR'S OFFICE INCLUDING THE PREP INSTRUCTIONS.

**PLEASE COME TO THE GI UNIT ONE HOUR BEFORE YOUR APPOINTMENT.**

NO IBUPROFEN, VITAMIN E, ANTI-INFLAMMATORY MEDICATIONS OR PRODUCTS CONTAINING THESE FOR 2 DAYS PRIOR TO YOUR PROCEDURE WITHOUT YOUR PHYSICIAN'S APPROVAL. YOU DO NOT NEED TO STOP ASPIRIN UNLESS INSTRUCTED BY YOUR DOCTOR. IF YOU ARE TAKING COUMADIN, PLAVIX, TICLID OR INSULIN, PLEASE CHECK WITH YOUR PHYSICIAN WHEN TO STOP TAKING THESE MEDICATIONS PRIOR TO YOUR PROCEDURE. DO YOU TAKE ANY OF THE ABOVE? IF YES, WHEN WAS LAST DOSE: \_\_\_\_\_  No

YOUR PROCEDURE WILL NOT BE DONE UNLESS YOU HAVE A RIDE HOME WITH A RESPONSIBLE ADULT: THAT PERSON MUST COME TO THE GI UNIT TO ESCORT YOU OUT. A TAXI WITH A RESPONSIBLE ADULT (*NOT THE TAXI DRIVER*) IS ALLOWED.

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

**RN Validation: I have seen and assessed this patient and reviewed this pre-assessment form with the patient.**

RN Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



## Diabetic and Weight Management Medication Adjustments Before Your Procedure

**\*\*\* Procedure will be CANCELLED if medications below have not been discussed/adjusted by your prescribing physician before your procedure.** Below, is a list of medication adjustments to serve as a reference to discuss with your prescribing provider.

If you are taking any medications listed below for **TYPE 2 DIABETES**, please discuss medication adjustments with your prescribing physician **at least two weeks before your procedure.**

If you are taking any medications listed below for **WEIGHT MANAGEMENT**, please follow instructions below. You may contact your prescribing physician if you are concerned about holding the medication.

**If you are on medications 1-9 listed in Table 1 and are scheduled for EGD/EUS/ERCP procedures, please consume ONLY LIQUIDS 24 hours before your procedure and stop drinking at midnight.**

**If you are having a colonoscopy, please consume ONLY CLEAR LIQUIDS 24 hours before procedure and stop drinking 3 hours before the procedure.**

TABLE 1			
	Generic Name:	Brand Name:	Last Dose to Take:
1.	Dulaglutide	Trulicity	8 days before procedure
2.	Exenatide (ER)	Bydureon Bcise	8 days before procedure
3.	Semaglutide (injectable)	Ozempic, Wegovy	8 days before procedure
4.	Tirzepatide	Zepbound, Mounjaro	8 days before procedure
5.	Semaglutide (oral)	Rybelsus	The day before procedure
6.	Exenatide (IR)	Byetta	The day before procedure
7.	Liraglutide 3mg	Saxenda	The day before procedure
8.	Liraglutide 1.2mg/ 1.8mg	Victoza	The day before procedure
9.	Lixisenatide	Adlyxin	The day before procedure
10.	Canagliflozin	Invokana	4 days before procedure
11.	Dapagliflozin	Farxiga	4 days before procedure
12.	Dapagliflozin/Metformin	Xigduo	4 days before procedure
13.	Empagliflozin	Jardiance	4 days before procedure
14.	Bexagliflozin	Brenzavvy	4 days before procedure
15.	Ertugliflozin	Steglatro	5 days before procedure
16.	Phentermine	Lomaira, Adipex-P	7 days before procedure

TABLE 2			
	Generic Name:	Brand Name:	Last Dose to Take:
	Ertugliflozin	Steglatro	5 days before procedure
	Glyburide	Micronase, Glynase Diabeta, Glynase Pres Tab, Glycron	The day before procedure
	Glimepiride	Amaryl	The day before procedure
	Repaglinide	Prandin	The day before procedure
	Nateglinide	Starlix	The day before procedure
	Rosiglitazone	Avandia	The day before procedure
	Pioglitazone	Actos	The day before procedure
	Sitagliptin	Januvia	The day before procedure
	Acarbose	Precose	The day before procedure
	Miglitol	Glyset	The day before procedure
	Chlorpropamide	Diabinese	The day before procedure
	Exenatide	Byetta	2 days before procedure
	Liraglutide	Victoza, Saxenda	2 days before procedure
	Lixisenatide	Adlyxin	2 days before procedure