

## Colonoscopy Bowel Prep Instructions

**SINGLE Dose: Moviprep, Suprep, Golytely,  
Nulytely, Trilyte or Colyte**

Online Instructions:

**[www.eehealth.org/services/gastrointestinal/patient-instructions/](http://www.eehealth.org/services/gastrointestinal/patient-instructions/)**

## Endeavor Health Gastroenterology

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- **Your appointment is on:** (day of the week) \_\_\_\_\_ (date) \_\_\_\_\_ (arrival time) \_\_\_\_\_ a.m/p.m
- You are scheduled to have your test done at:
  - ☐ **Elmhurst Memorial Hospital:** 155 E. Brush Hill Road. Park in Green Lot, East Entrance. 2<sup>nd</sup> floor Endoscopy registration desk.
  - ☐ **North Elmhurst Location:** 755 N. York St. Park in main entrance and register at front desk.
    - **If you do not receive your arrival time the day before your procedure by 5PM, please call 331-221-1167.**
  - ☐ **Elmhurst Outpatient Surgery Center/Center for Health:** 1200 South York Rd. Park in Purple Lot. Go to 1<sup>st</sup> floor registration desk.
    - **If you do not receive your arrival time the day before your procedure by 3PM, please call the Center for Health directly at 630.758.8888.**
    - **If your procedure is scheduled at Elmhurst Outpatient Surgery Center, your transportation will need to remain at the facility for the entire duration of the procedure. If your ride is unable to stay on-site, there is a risk that your appointment may be canceled.**

**NOTE:** It is the patient's responsibility to check with the insurance company to see if pre-certification is required, as well as for any questions regarding benefits, out-of-pocket costs. Please see attached Procedural code informational sheet.

**Procedure Code(s):** \_\_\_\_\_ **Diagnosis Code(s):** \_\_\_\_\_

**\*\*READ ALL OF THESE INSTRUCTIONS SEVERAL DAYS BEFORE YOUR SCHEDULED TEST DATE\*\***

### **STARTING FIVE DAYS BEFORE THE COLONOSCOPY:**

1. Pick up your prescription prep from your pharmacy. Call your pharmacy directly for pick up time and cost.
2. Pick up a small pack of simethicone tablets (anti-gas chewable or soft gels such as Gas-X, Mylanta Gas, Maalox Anti-Gas, or similar products). This is over the counter/no prescription required.
3. Recommended diet: meats, fish, breads, pasta, cereal, rice, mashed potatoes, bananas, applesauce, eggs, and canned peaches/pears.
4. **DO NOT EAT: fruits and vegetables, corn, nuts, seeds and popcorn.**

### **ONE DAY BEFORE THE COLONOSCOPY:**

1. **YOU MAY HAVE BREAKFAST BEFORE 10 AM** (apple sauce, eggs, OR a piece of toast - no nuts or seeds).
2. **FOR LUNCH & DINNER, ONLY DRINK CLEAR LIQUIDS** (See below).
3. **BOWEL PREP:**
  - **START DRINKING PREP AT: 5:00 PM. Complete by 10 PM.**
4. **At 9:00PM:** Take 2 simethicone anti-gas chewable or soft gels with 8 ounces of clear liquid. The simethicone medication reduces bubble formation in your colon and improves exam quality.

If you feel nauseated or bloated when drinking, take a short break and walk around to help the liquid pass through your intestines.

### **DAY OF COLONOSCOPY:**

#### **1. NO SOLID FOODS!**

2. May have **CLEAR LIQUIDS** up to 3 hours before procedure time. **If you fail to keep your stomach empty for three hours, your procedure may be CANCELLED.**

### **TRANSPORTATION**

Plan to have someone drive you home after the procedure. You **CANNOT** use public transportation (Uber, Lyft, Taxi). The procedure(s) involves sedation, and you will not be allowed to leave unaccompanied. **NO EXCEPTIONS.** Your procedure **CANNOT** be performed if you do not have a driver/adult to escort you home.

### **WHAT TO WEAR**

Wear casual clothes. Please leave jewelry and valuables at home. You may wear your dentures and eyeglasses; however, these will be removed prior to the procedure. Please let the staff know that you are wearing dentures before the procedure.

### **WHAT TO BRING**

A picture ID, proof of insurance, list of your medications and allergies, and your referral form (if your insurance requires it).

### QUESTIONS/RESCHEDULING

If you have any questions, please do not hesitate to call us at **331-221-9003 (office)**. To cancel or reschedule, please contact the office **AT LEAST 7 Business days** prior to your scheduled procedure. Please see attached sheet with cancellation policy.

### MEDICATIONS **OK TO TAKE** BEFORE THE PROCEDURE:

- You may take your medications as directed, unless advised otherwise (see below).
- Statins & Seizure medications
- Beta Blockers

### MEDICATIONS TO **STOP** BEFORE PROCEDURE:

- ACE inhibitors, Angiotensin II receptor blockers (ARBs) & Combination Drugs that contain ARBs: Discontinue the **night before** OR the **day of** procedure.
- Iron (ferrous sulfate/ ferrous gluconate), Herbal Supplements & Multivitamins: Discontinue 2 weeks prior to procedure.
- Ozempic, Wegovy, Mounjaro, Trulicity, Rybelsus, Victoza, Saxenda: Discontinue 1 week prior to procedure.
- Jardiance, Invokana, Farxiga, Steglatro, Brenzavvy: Discontinue 4 days prior to the procedure.
- **ANOREXIANTS** (weight loss medication - i.e., **Phentermine/Vyvanse**): Discontinue 7 days prior to the procedure.
- **ADHD Medications**: Discontinue the day of procedure.
- **Diuretics**: Discontinue the day of procedure.
- **DO NOT TAKE**: Any form of **erectile dysfunction** medication for 3 days prior to the procedure **unless** taken for **Pulmonary Hypertension or Prostatic Hyperplasia**.
- **DO NOT TAKE**: Any form of alcohol and recreational drugs for 24 hours prior to the procedure.

### BLOOD THINNERS (ANTICOAGULANTS)

- Please confirm with your cardiologist that you can hold your blood thinner per our recommendations provided. Please also contact your cardiologist for clearance to proceed with the endoscopic procedure.
  - This should be done **at least 4 weeks in advance**, as some medications will need to be held **5 days** prior to your procedure.
- If you forget to stop your blood thinner or not cleared by cardiology, **your procedure will be canceled.**

### DIABETIC MEDICATION (ORAL/INSULIN)

- **HOLD** all oral diabetic medications the **day before** and **day of** procedure.
- **IF YOU TAKE INSULIN:**
  - Please contact your endocrinologist &/or prescribing provider for insulin adjustment orders prior to your endoscopic procedure.

**\*Failure to contact your providers and make the necessary adjustments to your medications prior to your scheduled procedure date may result in the cancellation of your procedure\*.**

- Additional Instructions:

### CLEAR LIQUID DIET

NOT ACCEPTABLE	ACCEPTABLE/ALLOWED
<ul style="list-style-type: none"><li>• SOLID FOOD</li><li>• ANYTHING THAT IS RED, BLUE, PURPLE</li><li>• DAIRY/MILK PRODUCTS/HONEY</li><li>• ALCOHOL</li><li>• TOMATO JUICE OR ANY FRUIT JUICE WITH PULP</li></ul>	<ul style="list-style-type: none"><li>• LEMON-LIME SODA (SPRITE, GINGER-ALE, 7UP, CLUB SODA)</li><li>• BROTH (VEGETABLE, CHICKEN, BEEF → <b><u>LIQUID ONLY, NO SOLID FOOD!</u></b>)</li><li>• WATER</li><li>• BLACK COFFEE/TEA (NO CREAMERS, DAIRY/MILK, HONEY)</li><li>• APPLE JUICE, WHITE GRAPE JUICE, LEMONADE</li><li>• POPSCILES, ITALIAN ICE (NOT RED, BLUE, PURPLE)</li><li>• JELL-O (NOT RED, BLUE, PURPLE OR MILK-BASED)</li><li>• GATORADE, PROPEL, POWER-ADE (NOT RED, BLUE, PURPLE)</li></ul>

**\*\*Diabetic Patients:** Check your blood glucose level before all meals and at bedtime on the preparation day and on the day of the procedure. If at any time you have symptoms of low blood glucose or very high blood glucose, please contact your PCP or endocrinologist for further recommendations immediately.