



**in the East Bay  
Department of Gastroenterology**

## **INSTRUCTIONS FOR COLONOSCOPY COLYTE BOWEL PREPARATION**

You have been scheduled for a colonoscopy. Our nursing staff will ensure that your procedure is both safe and comfortable. If you cancel your appointment at the last moment, we cannot fill the appointment with another member. This increases the cost of health care and may contribute to an increase in member dues.

**If you need to cancel your appointment, please try to do so 2 weeks in advance**, so we can offer the appointment to another member. Thank you for your consideration.

**To reschedule your appointment, please call:**  
**(510) 752-1282 in Oakland**  
**(510) 307-3027 in Richmond.**

**Your Procedure date and time is:** \_\_\_\_\_

**You are scheduled with Dr.** \_\_\_\_\_  
**(Gastroenterologist)**

**PLEASE register 15 minutes before your appointment is scheduled**

**Richmond appointment** – Register in Special Procedures Department located at 901 Nevin Avenue, Medical Office Building 1<sup>st</sup> floor.

**Oakland appointment** – Register in the Main Hospital Building, 280 West MacArthur Blvd, Ground Floor, Gastroenterology Department.

Please verify the location of your procedure on your appointment card. **Please bring the list of medications (see attached)**. Expect to be here for approximately 1 ½ hours. Please leave all your valuables at home. **Bring your Kaiser card, photo I.D. and your co-payment, which may be higher than your usual co-pay.** For co-pay information, you may contact member services (800) 464-4000.

**Due to safety your safety and regulatory requirements you will need someone to drive you home from your procedure. You may NOT drive or ride the bus.** We also advise that you have someone home with you for the first few hours after the exam.

**\*\*FOR BEST RESULTS, be sure to follow these instructions instead of those provided by the pharmacy.**

## **ONE WEEK PRIOR TO YOUR PROCEDURE**

1. Obtain your prescription for Colyte.
2. Purchase TWO 5 mg pills of oral bisacodyl (dulcolax) at any pharmacy.

## **ONE DAY PRIOR TO YOUR PROCEDURE**

**Starting with breakfast, drink only clear liquids.** You must be able to see through it for it to be considered clear. Do NOT eat solid food for the whole day. Do NOT drink alcohol. You may have lemon flavored Jello.

Mix the Colyte preparation as instructed. You may drink the solution at room temperature or cold. If you prefer, you may add Crystal Light (or other similar flavored powders) yellow lemonade flavor only.

**Between 6:00 and 8:00 PM, drink three-quarters of the Colyte solution (¾ gallon).** Rapid drinking is preferred and to achieve this you should drink an 8 ounce glass every 15 minutes. In approximately 1 to 2 hours you will begin to have bowel movements. This should continue until the stool appears liquid yellow and is relatively clear.

**At 8:00 PM, take the two dulcolax pills.**

## **ON THE DAY OF YOUR PROCEDURE**

**You may take your regular prescription medications 4 hours prior to your procedure with a small sip of water.**

### **For patients with a MORNING appointment (8:00 AM to 12:00 noon)**

**Wake-up early (4:00 to 5:00 AM) and drink the last quarter of the Colyte solution (1/4 gallon).** *This must be completed at least 3 hours before your appointment time.* For most patients this will mean completing this by no later than 6:00 AM on the day of your procedure.

You may have clear liquids until midnight

### **For patients with an AFTERNOON appointment (1:00 to 5:00 PM)**

**Complete the last quarter of the Colyte solution (1/4 gallon).** *This must be completed at least 3 hours before your appointment time.* For most patients this will mean completing this by no later than 10:00 AM on the day of your procedure.

You may have clear liquids up until 10:00 AM

# IMPORTANT MEDICATIONS TO REVIEW

## MEDICATIONS THAT CAN PROMOTE BLEEDING

1. **Coumadin-** Please discuss with your primary care provider whether it is appropriate to hold this medication.
2. **Plavix** – Please discuss with your primary care provider whether it is appropriate to hold this medication.
3. **Aggrenox** – Please discuss with your primary care provider whether it is appropriate to hold this medication.
4. **Aspirin 81 mg-** You can continue to take this medication.
5. **Aspirin 325 mg -** Hold for FIVE days prior to the appointment (unless your primary care doctor recommends that you continue taking the medication).
6. **Non-steroidal medications (NSAIDs)** like ibuprofen, Advil, Aleve, Motrin, Naproxen, Nabumetone, Excedrin, Celebrex, Indomethacin, etc.  
Please stop taking FIVE days prior to your appointment.
7. **Iron pills** – Please stop taking FIVE days prior to your appointment.

## DIABETES MEDICATIONS

1. **No oral pills** on the day of your appointment.
2. **Long-acting insulin (NPH, 70/30)** Take ½ of your usual dose the day of your procedure. If you use **Lantus** at night, take ½ of the usual dose the night before.
3. **Regular insulin** (short acting-insulin before meals), please do NOT take any the day of your appointment.