

# Rochester Gastroenterology Associates, LLP

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## **INSTRUCTIONS FOR COLONOSCOPY PREP WITH NULYTELY *SPLIT DOSE***

Name \_\_\_\_\_ Procedure \_\_\_\_\_

**YOU HAVE BEEN SCHEDULED FOR THE ABOVE EXAMINATION BY DR \_\_\_\_\_**

### **PLEASE REPORT TO:**

**Unity Hospital Endoscopy Center**  
1555 Long Pond Road  
Rochester, NY 14626  
Tel: (585) 723-7119

**Rochester Gastro. Assoc.**  
20 Hagen Dr., Suite 330  
Rochester, NY 14625  
Tel: (585) 267-4040

REPORT AND REGISTRATION TIME:

DATE/DAY:

### **PLEASE REVIEW ALL INSTRUCTIONS UPON RECEIPT**

**\*You will need to obtain NULYTELY from your pharmacy once a prescription has been sent\***

Patients who receive sedation for their procedure must have an adult transport them home. **Ubers, taxis, or any other NON-medical vehicles are NOT ACCEPTABLE** unless you have a family member or responsible adult accompany you. It is required a responsible adult stay with you since sedation effects can last well into the evening.

If you are unable to keep your scheduled appointment, cancellation is appreciated **48 hours** in advance by calling **(585)267-4040** or **(585)227-1080** between **8:30 a.m.** and **4:30 p.m.** If you fail to notify us you may be charged. Please call these numbers if you have any further questions.

If you are taking *any* kind of blood-thinning medications, such as **COUMADIN, PLAVIX, ELIQUIS, or XARELTO** please inform our office at (585)267-4040 or (585)227-1080, **IMMEDIATELY**. ***These medications MAY need to be stopped before the procedure AS DIRECTED BY YOUR MEDICAL PROVIDER.***

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**In order to assure optimal colonoscopy examination, the following guidelines are recommended:**

1. **Stop** any extra dietary fiber, including Metamucil, Citrucel, Fibercon, or similar products for **1 week** before the procedure.
2. **Stop** all iron medications and vitamins containing iron for **1 week** before the procedure.
3. **Do not eat** nuts, raisins, foods containing seeds (strawberries, sesame, poppy, etc.) or any uncooked vegetables for **3 days** before the procedure.
4. **Take your regular medications on the morning of the examination, except insulin or other diabetic medications.** Please check with our office prior to taking any **INSULIN** or other diabetic medication on the morning of the examination.

**DAY BEFORE EXAMINATION**

1. You may have a *light* breakfast **BEFORE** 8 am. Begin a clear liquid diet **AFTER** 8 am. **NO solid food is allowed.** Clear liquids include water, strained fruit juice without pulp (apple, white grape, lemonade), clear broth or bouillon, coffee and tea (without cream or non-dairy creamer), Gatorade (**NO** red or pink), carbonated and non-carbonated soft drinks, Kool-Aid (**NO** red or pink), Jell-O (**NO** red or pink), and popsicles (No red or pink).
2. At **4:00 p.m.** begin drinking **NULYTELY**. Drink 8oz of solution every 20-30 minutes as tolerated, until you have finished half the container (**2 liters**). This may take 2-3 hours; diarrhea can start at any time.

**DAY OF EXAMINATION**

1. The morning of your procedure, five (**5**) hours before your scheduled arrival time, drink 8oz of **NULYTELY** every 20 minutes until you have finished the remaining **2 liters**. Continue on clear liquids.
2. You may take your regular daily medications.
3. You should plan on spending up to 2 hours at our facility for this test.

ADDITIONAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_

*Thank you for the opportunity to accommodate your health care needs.*