

THE ENDOSCOPY CENTER
7402 York Road, Suite 101
Towson, Maryland 21204
410-494-1846

THE ENDOSCOPY CENTER AT BEL AIR, LLC
620 W. MacPhail Road, Suite 104
Bel Air, Maryland 21014

COLONOSCOPY instructions with 2 DAY COLYTE BOWEL PREP

You are scheduled to undergo a colonoscopy on _____,
_____ at _____ a.m./p.m.

The procedure will be performed at the Endoscopy Center in ____Towson ____ Bel Air. Please arrive promptly or your procedure may be postponed or cancelled.

In preparation for your procedure, we ask that you observe the following instructions:

THE WEEK BEFORE

Avoid taking aspirin or aspirin containing medications

THREE DAYS BEFORE

Avoid any foods with corn or grapes until after the colonoscopy

TWO DAYS BEFORE

Begin a diet of liquids only. (Soups, pudding, yogurt, jello, or juices)

THE DAY BEFORE

You may eat a normal breakfast

DO NOT EAT ANY SOLIDS AFTER BREAKFAST

You should have a light lunch or soup or other liquids

At approximately 4:00 p.m., you should begin to drink the **Colyte** Mixture. It is best to drink one 6-8 ounce glass every 10 minutes until finished. It will take you 3-4 hours to completely drink the Colyte.

Once you have finished the Colyte, you must not eat until after the colonoscopy is over. If you feel hungry, you may have clear liquids (7-up or Sprite soda, Tea without cream, clear broth, apple juice, etc) to drink until midnight.

After finishing the Colyte, take **two (2) FLEET enemas**, 30 minutes apart.

Continue to take your normal medications.

DO NOT EAT OR DRINK AFTER MIDNIGHT.

THE DAY OF THE PROCEDURE

DO NOT EAT OR DRINK until the procedure is over, or your procedure may be cancelled.

You may take your heart medications with a small sip of water. **Do not take diuretics (fluid pills), insulin or other diabetic agents.**

You **must have someone with you or scheduled to pick you up** after the procedure is over. If not, your procedure will be cancelled. This is for your safety!

If you encounter any problems with these instructions or have any questions regarding the procedure, please do not hesitate to call. We are always happy to answer any questions.

**REMEMBER: DO NOT EAT OR DRINK AFTER MIDNIGHT.
ARRIVE PROMPTLY.
SOMEONE MUST DRIVE YOU HOME.**

Your return appointment is on _____, _____ at
_____ a.m./ p.m., at the _____ office.