



## HALF LYTELY PREP INSTRUCTIONS

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**\*\* DO NOT TAKE ASPIRIN, ANTI-INFLAMMATORY MEDICATION, BLOOD THINNER, OR IRON SUPPLEMENTS ONE (1) WEEK PRIOR TO YOUR PROCEDURE!**

### DAY BEFORE PROCEDURE:

1. Mix solution, as directed early in the day and refrigerate
2. Stay on clear liquid Diet all day (see back for details →) NO RED JELLO.
3. Take 4 Ducolox tablets by mouth at 12:00 P.M.
4. Begin drinking solution at 6:00 P.M. Drink 8 oz. every 10-15 minutes until all gone. You may experience some nausea, cramps, or vomiting. If these symptoms are severe, wait 30 minutes, and then resume the prep. If symptoms persist, take 1 Phenergan (Promethazine) 25 mg. tablet, then resume the prep. You may take another Phenergan (Promethazine) tablet if nausea continues. If you experience a “chill” from the cold solution, “tumble” a blanket in the clothes dryer and wrap yourself in that warm blanket to prevent the chilling effect.
5. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT, UNTIL AFTER THE PROCEDURE.**

### DAY OF PROCEDURE:

- You may take important medicines, like heart medicines, blood pressure medicine, etc. with a small sip of water.
- FOR DIABETICS ONLY: Reduce your insulin dose by \_ the day before, and do not take insulin the morning of the procedure until after you eat. For any questions, call you family Doctor.
- You will be sedated. You **MUST** have someone drive you home. You should also have someone with you for 4-6 hours after you are home. Family members or driver will need to stay at the clinic until you are discharged home. The physician will need to speak with them after your procedure.
- Please wear comfortable clothes and shoes the day of your procedure.
- Please read your information pamphlet carefully. If you have any questions, discuss them with your physician or the nurse when you come in for your procedure.

PROCEDURE: \_\_\_\_\_

PLACE \_\_\_\_\_

DATE \_\_\_\_\_

DR. \_\_\_\_\_

PROCEDURE TIME \_\_\_\_\_

Check in at \_\_\_\_\_ AM/PM

\_\_ At outpatient Registration on the \_\_\_ floor.

\_\_ At Bay Area Endoscopy Center.

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**CLEAR LIQUID DIET( Must be Clear)**

**Broth (Fat Free)**

**Bouillon**

**Carbonated Beverages (Sprite, 7-up, Ginger Ale)**

**Coffee, Regular or Decaffeinated**

**Clear Fruit Juices (Pulp-Free-NO RED COLORS)**

**Jell-O or other Gelatins (NO RED COLORS)**

**Popsicles (NO RED COLORS)**

**Tea, Regular or Decaffeinated**

**Gatorade or other Sport Drinks (NO RED COLORS)**

**Avoid CREAM SOUPS OR ANY LIQUID WITH PULP.**

**Avoid ANY KIND OF ICE CREAM OR SHERBERT.**

**PLEASE FOLLOWS THIS STRICT CLEAR LIQUID DIET. ANY ALTERATIONS MAY INTERFERE WITH OUR SCHEDULED PROCEDURE OR PLAN OF TREATMENT.**