

A DIVISION OF NEW SURGICAL ASSOCIATES, S.C.

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## **Colonoscopy Instructions: Nulytely Prep**

\*Please read through  $\underline{ALL}$  the enclosed information carefully.

Patient Name:			
Date/Time:	am/pm	Arrival Time:	am/pm
Procedure:			
(A hospital representative may con	ntact you: to pre-register, 1	review your history, or review	arrival time.)
Place: Bellin Hospital	Bellin I	Bellin Digestive Services	
St. Vincent Hospital		Aurora BayCare Medical Center	
St. Mary's Hospital	Other:_		
• *Insurance: Please contact you	r insurance company as so	on as possible to verify cover	rage for this service
and if any notification is require	d of you. As a courtesy w	ve will bill your insurance, any	y balance not covered
by your insurance will be your r	esponsibility.		
<b>Medication Instructions:</b>			
• Pick up the Nulytely kit (this is	a prescription) at least 1 w	veek prior, at your pharmacy:_	
• You may not take any of your n	nediations the day of the p	rocedure, unless directed by the	he hospital staff.
• You must stop taking:		on the following day	Please contac
your prescribing doctor regarding	ng stopping this medication	n.	
• If you are a diabetic: On	only take half the do	se of your diabetic medication	ns. Do not take any of
your medications on	_until after the procedure	and you have eaten.	
<b>Diet Instructions:</b>			
• Eat a healthy diet, consisting of	high protein and low fat f	oods. Avoid over eating and c	constipating foods.
Increase your water intake to 64	ounces a day.		
• No alcohol the day before and d	ay of the procedure.		
• On the morning of	begin a clear liquid d	iet from the moment you wak	e up. Drink an 8 oz.
glass of clear liquids every hour	throughout the day.		
• Nothing to eat or drink after 12	midnight the night before	the procedure, unless directed	by the hospital staff.

Clear liquid diet:		
■ Broth or bouillon	■ Tea	
Jell-O (NO RED)	Black coffee (no cream)	
■ Soda (NO RED)	• Sports Drinks or Fitness water (	NO RED)
■ Popsicles (NO RED)	<ul> <li>Clear fruit juices</li> </ul>	
• You are not limited to the above ex	amples of clear liquids. You may	have anything you can see through
EXCEPT LIQUIDS CONTAINING	G RED DYE. There can be no sol	lids in what you drink such as milk or
orange juice.		
• *If you are diabetic, monitor your	blood sugar level throughout the	day. If you feel you are having a diabetic
reaction, you may have liquids and	hard candy up to three hours prio	r to the exam.
<b>Bowel Prep Instructions: THESE I</b>	INSTRUCTIONS MUST BE FO	OLLOWED TO PREVENT
CANCELLATION OF PROCEDU	<u>RE.</u>	
• Add water to the container of Nulyt	tely in the morning on	This is a laxative. You may
substitute Crystal Light (sugar free)	lemonade or pink lemonade mix	in place of the flavor packs. To do this,
you may add a small tub or six "on	on the GO/individual" packets to	the container. Then refrigerate, if you
prefer you may leave the container	at room temperature.	
• Onat	am/pm, start drinking	of the gallon prep
solution. Drink 8 oz every 15 minu	ites. You may drink using a straw	
• If you feel nauseated, slow down ar	nd take a break for 30-60 minutes.	. Then restart at a slower rate. It will take
you longer to finish. Save at least 2	glasses for the morning.	
• Onat	am/pm, drink the remainde	er of the gallon prep solution. Then drink
two to three glasses of water.		
• After completing your prep, anythin	ng you pass rectally should be a p	ale yellow to clear liquid. If not, drink
additional water, at least 32 ounces.		
• You may use disposable wipes or i	non-medicated ointment (Vaselin	e, Desitin, Balmex, A&D) for rectal area
comfort.	·	
<b>Transportation:</b>		
	n and will need a driver vou know	personally (not a taxi service) in order
_	-	mainder of the day. A responsible adult
must oversee your care the remaind		
Other:	·	
	please contact the office <b>as soon</b> :	as possible. If canceling the day of your
	-	surgery. Without a three hour notice,
the hospital may charge you a surge	_	J.,
• Do not shave surgical site. (abdomin	•	
Please call our office with any ques	-	Nurse's Initials: