**GoLytely/NuLytely/Colyte COLONOSCOPY PREP INSTRUCTIONS**

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB \_\_\_\_\_\_\_\_\_\_\_\_ RX sent to your pharmacy

**Date of Colonoscopy:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ **MUST** Arrive at: \_\_\_\_\_\_\_\_\_\_\_

⃝ Methodist Charlton Medical Center: 3500 W Wheatland Rd- Outpatient center 214-947-5450

⃝ Methodist Midlothian Medical Center: 1201 East US-287 – Outpatient center 469-846-6100

⃝ Methodist Mansfield ASC Center: 252 Matlock Road Ste 430 POB 2 at the hospital- 817-242-3600

⃝ Methodist Mansfield Medical Center: 2700 East Broad Street – Outpatient center 682-242-2000

⃝ Endoscopy Center at Redbird Square: 3107 W Camp Wisdom Rd Ste 189- 214-331-2922

**\*COVID pretesting is required 3 days prior to this procedure date for all Methodist locations.**

**Charlton patients call 214-947-6189 to schedule your covid pretest.**

**Mansfield patients call 682-242-2000 to schedule your covid pretest.**

**Midlothian patients a nurse will call you to schedule. {If needed their # is 469-846-6100}**

**THE DAY BEFORE YOUR PROCEDURE**:

1. Follow the clear liquid diet from the time you get up until midnight.

**Step One:** Mix the laxative preparation as directed on the label and place in the refrigerator for a few hours to chill before drinking. You may add a flavor pack, if included, but do not add any additional flavoring to the liquid.

**Step Two:** At 6pm begin drinking the laxative preparation (GoLytely, NuLytely or Colyte). Drink one 8 ounce glass every ten minutes until the entire bottle is consumed. You should finish drinking the laxative by 8pm.

**Step Three**: Continue your clear liquid diet until midnight.

1. Do not eat or drink anything after midnight. This includes chewing gum. **If you eat, your procedure will be cancelled.**
2. You will be sedated for this procedure so you must have someone drive you.

***NO uber/taxi/bus allowed***. If you do not have approved transportation your test will be cancelled.

1. If you have any questions please call the office 214-948-8856.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_