

**GASTROENTEROLOGY CONSULTANTS  
OF GREATER CINCINNATI**

**TRILYTELY COLONOSCOPY PREP**

**DAY OF PROCEDURE**

Please arrive in the **REGISTRATION** area at \_\_\_\_\_

**TIME** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

**PRIOR TO PROCEDURE:**

**\*YOU WILL NEED TO PURCHASE:**

1 Gallon Container of TriLyte Colon Prep Solution (Prescription required)

Diaper Rash Cream-optional, over the counter (No prescription required)

**MEDICATIONS:** In general, all medications should be continued in routine dosage **EXCEPT** medications that will affect blood clotting. If you are on any sort of blood clotting medication, your physician should approve you stopping the medicine. The following are the drugs that will require some individualized instructions:

- Please stop **COUMADIN (Warfarin)** **4** days prior to your procedure. Contact the physician that prescribes this medication for you for their approval before you stop.
- Please stop **PLAVIX (Clopidogrel)** **7** days prior to your procedure. Contact the physician that prescribes this medication for you for their approval before you stop.
- Do not take any **ASPIRIN** or anti-inflammatory medications such as **ibuprofen (Advil, Motrin), naproxen (Aleve), celecoxib (Celebrex), valdecoxib (Bextra)** or other arthritis medications for **3** days prior to your procedure. This is not mandatory –ask your physician if you have questions. Tylenol (acetaminophen) is permitted.
- If you are **DIABETIC**, do not take your oral diabetes medications the day of your procedure. Bring them with you so that you can take them after your procedure.
- If you are **DIABETIC** and you take **INSULIN**, take half of your evening dose the day before your procedure. **DO NOT TAKE ANY INSULIN THE MORNING OF YOUR PROCEDURE.**
- Please stop **IRON supplements (Ferrous Sulfate)** **7** days before your procedure.
- Please ask for special instructions if you take **Heparin, Pletal (cilostazol), Ticlid (ticlopidine), Aggrenox (aspirin/dipyridamole)** any other medication that affects blood clotting.

**GASTROENTEROLOGY CONSULTANTS  
OF GREATER CINCINNATI**

**1 DAY BEFORE PROCEDURE**

**STEP 1:** Begin a clear liquid diet in the morning.

**CLEAR LIQUID DIET**

**Any Clear fruit juice, WITHOUT PULP, soft drinks, clear broth, (beef or chicken bouillon is fine), coffee, tea, Kool-aid, Gatorade, Jello, Gelatin, and regular Popsicles, any type of hard candy, but no soft centers or chocolate. No Milk or dairy products. NOTHING WITH RED, BLUE OR PURPLE COLORING.**

**STEP 2:** Mix Trilyte as directed and chill in the refrigerator. You may start drinking the Trilyte between 4:00 p.m. and 6:00 p.m. Drink 8 oz every 10 to 20 minutes over a period of 4-6 hours until finished. **If you get chills or feel bloated, slow down and drink some warm clear liquids.** If time allows, drink half of the mixture, wait a few hours, then complete the mixture. **It is extremely important to finish the prep to ensure your colon is clean and thus preventing us to have to repeat the test.**

**STEP 3:** Take nothing by mouth after midnight except small sips of water with your morning medications. Exceptions are listed on page 1.

**FINAL INSTRUCTIONS**

- This exam is most successful if these instructions are followed exactly as stated.
- If you use a CPAP machine at night for sleep apnea, please bring this with you.
- Bring a list of your current medications (including dosages) with you.
- Verify any questions about co-pays with your insurance.

*\*\*\*If you have to cancel your exam, please contact us at least 72 hours (3 business days) in advance as a courtesy to other patients and your physician. There is a \$75 charge if you do not give notice.*

**8/18/2006**

<p><b>YOU WILL BE AT THE HOSPITAL FOR APPROXIMATELY 2-4 HOURS. YOU MUST HAVE SOMEONE AVAILABLE TO DRIVE YOU HOME. Call (513) 794-5600 OHIO or (812) 537-5558 INDIANA if you have any questions.</b></p>
---