



Guthrie Ithaca Gastroenterology
2435 North Triphammer Road
Ithaca, NY 14850
(607)-272-5011

Colonoscopy GoLytely/Colyte Split Dose Prep Guide

Medications and diagnoses/Patients on blood thinners

- If you use a blood thinner, (ex. Coumadin, Warfarin, Jantoven, etc.) you will need special instructions about stopping this drug before the procedure. The timing of this is very important!
- If you are taking SGLT2 inhibitors, (**Brenzavvy, Invokana, Farxiga, Jardiance**, etc.) they **must be held 4 days prior** to your procedure.
- **Basal Insulin therapy ONLY** (NPH, glargine, detemir, degludec)-Take 80% of usual dose (applies to both morning and evening doses).
- **Prandial Insulin therapy ONLY** (regular, lispro, aspart, glulisine, apidra)- Discontinue all prandial insulin after fasting begins.
- **If on Basal AND Prandial Insulin therapy**- Take 50% of the usual morning dose and 80% of the usual evening dose at the prescribed time(s).
- **Mixed Insulin** (Novolog 70/30, Humulin 50/50 and 70/30, Novolin 70/30, ReliON/Novolin 70/30, Humalog Mix 75/25):
 - For Type 2 Diabetics, take 80% of usual evening dose and 50% of the usual morning dose. *If AM blood glucose <120, omit the morning dose*
 - For Type 1 Diabetics, take usual evening dose and 80% of the usual morning dose.
- If you are taking medications such as **Ozempic, Wegovy, Trulicity, Mounjaro, Saxenda, Rybelsus, Phentermine**: **must be held for 1 week prior** to your procedure.

Getting Prepared (1-2 weeks before the procedure)

Supplies to purchase

You will need to fill the prescription for GoLytely/Colyte provided to you at your local pharmacy prior to your procedure.

ALL ENDOSCOPY PATIENTS MUST HAVE A DESIGNATED DRIVER

- Due to sedation medication, it is unlawful to drive until the following day after a procedure and is considered driving under the influence of drugs (DUI), a punishable offense.
- It is required that all endoscopy patients have a designated driver (who must remain on the premises) available to drive the patient home after their procedure. You may not take public transportation unless accompanied by someone 18 years of age or older.

Get Started (3 days before the procedure)

3 days before the procedure, stop taking:

- Iron/multivitamins: Stop iron (such as ferrous sulfate) or vitamins containing iron.
Fiber supplements: Stop fiber supplements such as Metamucil, Citrucel.
- Please refrain from eating raw/uncooked fruits and vegetables, nuts, small seeds and popcorn.
- Please note that Aspirin or NSAID'S such as Advil, Ibuprofen, Aleve do NOT need to be stopped prior to your procedure.

PROCEDURE DAY REMINDERS (review 5 days prior and day of)

Medication on the day of your procedure

- Do NOT take blood thinners, see page 1 (UNLESS INSTRUCTED TO CONTINUE BY PHYSICIAN).
- You may take other medications (including pain medication, anti-anxiety medications and blood pressure medications) with a small sip of water. Take your inhaler as prescribed if needed in the morning.

What to Bring

- A list of your current medications, your insurance card and Photo ID
- Hearing aids, inhaler, and/or ileostomy or colostomy supplies (as applicable)
- Wear comfortable, loose-fitting clothing
- Please leave all valuables at home. Cellphones and tablets are not allowed after you

enter the patient care area and must be turned off until after discharge. This is for the privacy of all our patients.

Transportation and Discharge

- You must have a driver 18 years of age or older with a valid driver's license for this procedure.
- You may not take public transportation unless accompanied by someone 18 years of age or older.
- We will not continue with your procedure until we confirm with your driver by talking to them.
- You should plan on being at our facility for a minimum of 2-3 hours for your appointment. Please plan accordingly, as delays may occur.

GOLYTELY/COLYTE PREP GUIDE

The day before your procedure:

You may only have clear liquids ALL DAY.

- **Do not drink any liquids that are red or purple.**
 - Clear Liquid Suggestions:
 - Gatorade, coffee or tea without creamer, carbonated and non-carbonated soft drinks, Kool-Aid or other fruit-flavored drinks, apple juice, white cranberry juice or white grape juice, Jell-O, popsicles, and chicken, beef or vegetable broth
- Increase your fluid intake to at least 6-8 glasses of clear liquids today. This will help lessen stomach cramping.

Starting at 3:00 PM: Follow the mixing directions on Colyte package. Drink 6-8 oz. of the Colyte rapidly, at 15-minute intervals until you have drunk 2/3 of the bottle of Colyte.

Keep the remaining mixture in the refrigerator to be completed tomorrow morning 3 hours prior to leaving your home for your procedure.

You may continue to drink clear liquids until midnight.

Bloating and nausea are common after the first few glasses of Colyte, this is temporary and will improve once bowel movements start. Rarely, people may have nausea or vomiting with the prep. If this occurs, give yourself a 30 to 90-minute break, rinse your mouth or brush your teeth, then continue drinking the prep solution.

Stomach cramping and diarrhea are normal from taking the prep.

Avoid products containing alcohol. If you have a prescription for hemorrhoid cream, you may use it. Please do not use suppositories.

On the day of your procedure:

- **3 hours before leaving for your exam:** Begin drinking the remaining Colyte mixture. You must finish drinking 2 hours before your appointment time.
- For example: If your appointment is at 7:15 AM, you must finish the remaining Colyte mixture by 5:15 AM.
- **Stop all liquids 2 hours before your procedure.**
- You may take your medications with a small sip of water.
- You may brush your teeth.

Insurance Information

Billing, coverage, and good faith estimate inquiries: Please call 570-887-6520.
for Colonoscopy Patients

Under the Affordable Care Act, several preventive services such as colonoscopies are covered at no cost to the patient. Guidelines are now available about which colonoscopies are defined as a preventive service (screening).

Guthrie has created this document to sort through some of the confusion. Here is what you need to know about colonoscopies that are considered preventative:

Colonoscopy Categories

Preventive Colonoscopy Screening (CPT 45378, G0121)

Patient is asymptomatic (no gastrointestinal symptoms either past or present); is 50 years of age or over; has no personal or family history of gastrointestinal disease, colon polyps and/or cancer. The patient has not undergone a colonoscopy within the last 10 years

Diagnostic/therapeutic colonoscopy (CPT 45378)

Patient has gastrointestinal symptoms such as change in bowel habits, diarrhea, constipation, rectal bleeding or gastrointestinal disease.

Surveillance/ High Risk Screening Colonoscopy (CPT 45378, G0105)

Patient is asymptomatic (no gastrointestinal symptoms either past or present); has a personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category may undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years).

If a screening colonoscopy results in the biopsy or removal of a lesion or growth during the procedure, the procedure is then considered diagnostic, and you may have to pay a coinsurance or copayment.