



CENTER for  
DIGESTIVE  
MEDICINE

Phone (305) 273-6266

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### **INSTRUCTIONS FOR COLONOSCOPY**

#### **GOLYTELY/COLYTE/TRILYTE**

#### **FIVE (5) DAYS PRIOR TO THE PROCEDURE:**

- If you take medication for Pain & Arthritis, for example: Advil, Motrin, Naproxen, or any other medication containing Aspirin, Omega 3, Fish oil, or Anticoagulants such as: Coumadin, Pradaxa or Plavix, **STOP TAKING** them five (5) days prior to your procedure.

#### **DAY BEFORE PROCEDURE:**

1. **STOP consuming ANY SOLID FOODS at 6:00 AM the day BEFORE your procedure.** All 3 meals the day before your procedure should be clear liquids.
  - Clear liquids that are permitted after 6:00 AM the day before your procedure include the following:
    - o Water, Black Coffee (no milk/creamer), Tea (no milk/creamer)
    - o Apple Juice/White Grape Juice, Lemonade (not pink lemonade)
    - o Non-red colored Gatorade
    - o Coke, Pepsi, Sprite, 7UP (all caffeine free)
    - o Broth based soups (not cream based); without crackers or noodles)
  - Clear liquids DO NOT INCLUDE:**
    - o Milk, Coffee/Tea with cream
    - o Orange juice/Pineapple juice
    - o Yogurt
2. **Begin taking the GOLYTELY, COLYTE OR TRILYTE with flavor packs at 6:00 PM.** One glass every 10-15 minutes for about 2-3 hours or until finished.
3. Do **NOT** take medication for Diabetes the night before or morning of the procedure.

#### **DAY OF PROCEDURE:**

- DO NOT** EAT OR DRINK ANYTHING THE DAY OF PROCEDURE, this includes CHEWING GUM.
- If you are on Antihypertensive / Blood Pressure medication, you **SHOULD** continue to take them as usual with a sip of water on the day of the procedure, 4 hours prior to your procedure.

#### **APPOINTMENT LOCATION:**

**CENTER FOR DIGESTIVE MEDICINE: 7887 N. KENDALL DR, SUITE 101 MIAMI FL 33156**

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

- Make sure to arrange transportation for after your procedure. You should NOT Drive any vehicle for 24 hours following the procedure due to the sedation you received.**
- You must also have a responsible adult remain with you for 24 hours after the procedure.**
- If you have a true medical emergency, call 911 or go to the nearest emergency room.**
- COPAYS AND/OR DEDUCTIBLES ARE TO BE PAID IN FULL 72 HOURS PRIOR TO YOUR PROCEDURE**

#### *Physician Financial Interest and Ownership:*

*The center is owned by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.*



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- Be aware that **TWO SEPARATE** charges may be collected prior to your procedure: Physician AND/OR Anesthesia
- If you need to cancel your appointment please call at least 72 hours prior to the date of your procedure or you will be charged a \$100.00 fee.
- It is important that you show up for your procedure as the possibility of a cancer might be missed if you do not show up.

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PATIENT SIGNATURE

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DATE

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