

### Gastro-Intestinal Center

10001 Lile Dr  
Little Rock, AR 72205  
(501) 663-1074  
Fax: (501) 663-0906

### Endoscopy Center of Little Rock

4200 N. Rodney Parham Rd.  
Suite 203  
Little Rock, AR 72212  
(501) 228-4445  
Fax: (501) 228-0110

### GastroArkansas Endoscopy of Conway

455 Hogan Ln.  
Conway, AR 72034  
(501) 764-1960  
Fax: (501) 664-6081

## Report to the outpatient department at

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

We ask for 3 day notice to cancel your procedure. Missed appointments or cancellations without 3 day notice will incur a \$100 fee. Please bring your drivers license and insurance card to your appointment.

### ONE WEEK BEFORE YOUR PROCEDURE

Do not take IRON, vitamins or herbal supplements. Continue to take your usual medications UNLESS stated by our physician. Do not take fish oil 2 days prior to procedure. **Avoid food with seeds (flax seed, popcorn, corn, nuts, berries, etc.)**

If you are taking glucagon like peptides receptor agonists such as Ozempic, Mounjaro, Semaglutide, and others in this category, please hold this medication for 7 days prior to procedure.

### DAY BEFORE YOUR PROCEDURE

#### DO NOT EAT ANY SOLID FOODS THE DAY BEFORE YOUR TEST

Stay on clear liquids the entire day prior to procedure. It is important that you stay hydrated by using a variety of clear liquids from the list below.

- Bouillon (99% fat free) and Broth
- Apple Juice
- Plain coffee (no cream)
- Popsicles (no red or purple)
- Jello (no red or purple)
- Ginger Ale, Water, Sprite, 7-UP
- Soft drinks (Coke, Diet Coke, Dr. Pepper, etc.)
- Plain tea (no flavoring)
- Hard candy (such as sour balls)

**NO MILK OR MILK PRODUCTS - Including Coffee Mate**

**NO PULP**

**NO RED OR PURPLE PRODUCTS**

**DIABETICS:** Reduce your insulin from \_\_\_\_\_ units of \_\_\_\_\_ in the AM to \_\_\_\_\_ units. In the PM, reduce your insulin from \_\_\_\_\_ units of \_\_\_\_\_ to \_\_\_\_\_ units. If you take oral diabetic medications – do NOT take them the morning of your procedure. Please check your blood sugar before you leave home and let the nurse know the results before the procedure. Please monitor your blood sugar while prepping for the procedure.

**ESSENTIAL MEDICATIONS:** On the morning of the procedure, DO take your heart, blood pressure, seizure, anxiety, and depression medications with a small sip of water before 5am.

**BLOOD THINNERS:** If you take antiplatelet agents or anticoagulants (blood thinners) such as Plavix/ Clopidogrel, Effient/ Prasugrel, Brilinta/ Ticagrelor, Pradaxa/ Dabigatran, Xarelto/ Rivaroxaban, Eliquis/ Apixaban, Coumadin/Warfarin, etc., your physician will give you instructions on holding these medications prior to procedure. You do not need to stop aspirin.

\*\* Hold your \_\_\_\_\_ for \_\_\_\_\_ days prior to your procedure.

# GOLYTELY



(501) 664-6980 | [GastroArkansas.com](http://GastroArkansas.com)

## DAY BEFORE YOUR PROCEDURE

You will start your clear liquid diet as instructed on the reverse side.

- AT 8 A.M. Mix the - GoLYTELY solution with lukewarm water to the top line on the bottle. Cap bottle and shake to dissolve the powder. Place the GoLYTELY solution in the refrigerator.
- AT 12 NOON Take the 2-Bisacodyl (dulcolax) tablets with water. Do not chew or crush. (These can be purchased over the counter)
- AT 6 P.M. Begin drinking 3 liters of GoLYTELY solution (3/4 of the bottle). Drink 8 ounces every 10 minutes until finished. If you vomit, wait 30 minutes. Then, begin drinking again, taking 6 ounces every 15 minutes.

Refrigerate the remaining 1 liter (1/4 bottle) of GoLYTELY.

## MORNING OF YOUR PROCEDURE AT \_\_\_\_\_AM (6 hours prior to procedure)

Drink the remaining 1 liter (the rest of the bottle) of GoLYTELY. Drink 8 ounces every 10 minutes until finished. This should be completed within an hour and there should be nothing in your mouth after this prep.

- **Nothing by mouth after midnight other than your prep, this includes gum, candy, mints, and all tobacco products.**
- **You must follow the instructions carefully to ensure your system will be clean, clear, and ready for examination. If instructions are not followed, the physician may be unable to perform your procedure.**
- **Someone must accompany you to your procedure to drive you home. You will be sedated and unable to drive for the remainder of the day.**
- **Failure to follow these instructions will result in a delay of your procedure time.**

If you have questions, please call our office at (501) 664-6980.

You will be billed separately from the Out-Patient Facility.

As a courtesy, we ask for 3 day notice to cancel your procedure. Missed appointments or cancellations without 3 day notice will incur a \$100 fee.