

1331 W. Ave. J, Ste. 202
Lancaster, CA 93534
Ph: 661.529.7550
Fax: 661.529.7560



Kumaravel S. Perumalsamy, MD
Prithviraj Dharmaraja, MD
Vivaik Tyagi, MD
Duminda Suraweera, MD
Elizabeth Herbst-Collins, PA-C

Colonoscopy Prep Instructions - Nulytely

**** There will be instructions on the Prescription box that you get from the pharmacy, please DO NOT use those instructions. Please use these instructions that we provide to you. ****

7 Days prior to the exam (unless otherwise instructed) stop taking the following:

Ticlid ~ Plavix ~ Aggrenox ~ Effient

5 Days prior to the exam (unless otherwise instructed) stop taking the following:

Coumadin ~ Iron Supplements ~ Metamucil/Other Fiber Supplements ~ Products That Contain Olestra ~ Popcorn, Nuts, & Seeds

2 Days prior to the exam (unless otherwise instructed) stop taking the following:

Pradaxa (Debigatran Etexilate) ~ Xarelto ~ Eliquis

**** If you forget to discontinue any of these medications, please call our office Monday-Friday from the hours of 8:00 a.m.-12:00 p.m., 1:00 p.m.-5:00 p.m or let the nurse know when you arrive for your procedure. It is not necessary to call after normal business hours ****

****If you are diabetic****

- Take ½ of your usual dose of diabetic medication or insulin in the morning on the day prior to the exam (your prep day).
- Do not take your evening dose of diabetic medication or insulin on the day prior to the exam.
- Do not take any diabetic medication or insulin on the morning of your exam.
- If you usually do accucheck readings at home, please do one in the morning prior to coming to your appointment on the day of your exam.

2 Days prior to your procedure: date: _____

- Drink at least eight 8-ounce glasses of water during the day.
- Take a dose of Miralax in the evening to ensure a good prep. It should not give you diarrhea or interfere with your daily activities. *(You can get Miralax from your local drug store or obtain a complimentary packet from our office at 1331 W. Ave. J, Ste. 202, Lancaster, CA 93534).*

The day prior to your procedure: date: _____

- **DRINK ONLY CLEAR LIQUIDS THE ENTIRE DAY.** Your preparation will work better if you drink extra fluids all day, so drink fluids starting first thing in the morning. *(Note: if you are on fluid restrictions, please let us know).*
- Drink an 8 ounce glass every hour at minimum *(it is important that you drink plenty of liquids to ensure that the laxative will work and to avoid dehydration).*

Things you may have:

Apple Juice ~ White Grape Juice ~ Clear Broth ~ Boullion ~ Jello ~ Popsicles ~ Water ~ Black Coffee ~ Tea ~ Hi-C ~ Gatorade ~ Lemonade ~ Iced Tea ~ Soda ~ Kool-Aid

Things you may not have:

Solid Foods ~ Juices With Pulp ~ Alcoholic Beverages ~ Milk ~ Milk Products ~ Caffeine (Limit 3 Per Day)
~ **Items That Are Red Or Purple**

Night before your procedure: date: _____

Start your laxative at 6:00pm – Drink one 8-ounce glass of laxative solution and continue to drink one 8-ounce glass every 10 minutes for a total 8 glasses. Refrigerate and save the remaining laxative for the next morning.

Morning of your procedure: date: _____

Take the second dose of laxative **4 hours** prior to your arrival time – plus drive time (_____am). Drink one 8-ounce glass every 10 minutes for a total 8 glasses. Even if your stools were clear after your laxative dose last evening, you **must** drink the second laxative dose.

Continue to drink clear liquids until _____. **Your stools should be clear or yellow, so that you can see through to the bottom of the toilet following a bowel movement.** If you are having stools that are brown or contain pieces, call our office at 661-529-7550.

***Take medications 2 hours after drinking your last dose of laxative.**

***You may take heart, blood pressure, seizure, anti-rejection, anti-anxiety/depression medication the morning of your procedure. Any medications you feel should not be missed, please call the office to check. When you come in, let the nurse know what medications you have taken that day.**

1. If you use inhalers, please bring them with you.
2. You must have a driver due to sedation you will receive. You will not be able to drive or work until the next day.
3. Wear loose comfortable clothes, you may feel bloated after the procedure.

Date of procedure _____ Arrival Time _____

**** The time that we give you is the ARRIVAL time, your procedure typically starts within 1 1/2 - 2 hours following your arrival ****

**** EXPECT TO BE HERE 3-4 HOURS ****

Procedure Location: 1753 W. Ave. J, Ste. A, Lancaster, CA 93534

Follow up office visit: _____

If you have any questions or concerns, please call our office at 661-529-7550.
Office hours are Monday-Friday from 8:00 a.m.-12:00 p.m., 1:00 p.m.-5:00 p.m. with phones answered 24 hours per day for emergencies.
Please notify your insurance carrier of your upcoming outpatient procedure so you are aware of your benefits.



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