



Dr. Donald Walters, Dr. Peter Molloy and Dr. Krysia Zancosky

TRILYTELY/DULCOLAX (Bisacodyl) TABLET COLONOSCOPY BOWEL PREP

NAME: _____ PROCEDURE DATE: _____

LOCATION:

-  Benbrook Medical Center, Building #1, 102 Technology Drive, Butler PA
-  Butler Memorial Hospital, One Hospital Way, Butler PA

Medication Restrictions:

If you are taking any of the blood thinners listed below, you **MUST** call and inform the doctor prescribing these medications that you are referred for a colonoscopy. Contact the prescribing provider **at least one week** prior to the procedure to ask if it is safe to stop your blood thinner. Also clarify when you should stop and restart the medication. If your physician instructs you **NOT** to stop the medication, please **NOTIFY** our office immediately.

Coumadin	Warfarin
Pradaxa	Xarelto
Eliquis	Effient
Brilinta	Plavix

If you are taking an **iron supplementation** or **iron-containing medication** including a multi-vitamin, you **MUST** stop taking these medications **seven (7) days** prior to your procedure.

You **MAY** take any **cardiac** or **blood pressure medication** as usual, at least **two (2) hours** prior to your procedure with just a sip of water.

If you are prescribed any of the **GLP-1 receptor agonist** for treatment of **type 2 diabetes** and **weight loss** listed below please hold all weekly injections **one week prior** to procedure. All daily injections and oral medications need to be held the day of the procedure until **after** your procedure. Contact your prescribing provider to confirm that holding these medications are okay.

Trullicity	Bydureon
Victoza	Saxenda
Mounjaro	Ozempic
Wegovy	Adlyxin
Rybelsus	Byetta

If you are **diabetic**, please **DO NOT** use **insulin** or take any **other diabetic medication** on the day of the procedure until **after** your procedure, unless otherwise instructed by your primary care physician.

*****TURN PAGE OVER FOR ADDITIONAL INSTRUCTIONS*****

All other medication only need to be held the day of your procedure. These include, but are not limited to prescription medications, supplements, Aspirin, Ibuprofen, Motrin, Advil, Naprosyn, Naproxen, Aleve, Fish Oil, Omegas and Glucosamine. You may take these the evening prior and/or as soon as you return home.

Trilytely prescription has been sent electronically to your preferred pharmacy for you to pick up immediately. Failure to pick it up now may result in the pharmacy re-shelving your medication. Follow these instructions on the back of this page and NOT the manufacturer's instructions included within the package.

TWO DAYS BEFORE PROCEDURE:

9:00pm Take two (2) Dulcolax tablets with water. Do not crush or chew the tablets. Please make sure you consume at least two (2) eight-ounce glasses of water following this.

DAY BEFORE PROCEDURE – CLEAR LIQUIDS ONLY ALL DAY

You may have only clear liquids including: coffee or tea without milk, clear fruit juices (apple, white grape, and white cranberry), jello (without fruit), broth or bouillon, italian ice, popsicles, Gatorade, Hi-C, Kool-Aid and any sodas (diet or regular). NO liquids that are red or purple in color. No alcoholic beverages allowed. Please drink a minimum of one (1) gallon of fluids throughout the day. There is no limit to how much you can drink. You are encouraged to drink as much as possible.

Morning: Mix full gallon of prep solution according to package instructions and refrigerate.

12:00pm (noon) Take two (2) Dulcolax tablets with water. Do not crush or chew the tablets. Please make sure you consume at least two (2) eight-ounce glasses of water following this.

6:00pm Start drinking the prep solution. Drink (4) 8oz glasses of prep solution (one every 15-20 minutes). Drink each glass as quickly as possible. This will take approximately one (1) hour to complete. You are encouraged to consume at least another 16 ounces of water, but more if you can.

Refrigerate the remainder of the solution until you complete the second portion of the prep the day of your procedure. You will only be drinking half of the gallon of prep in total, unless otherwise directed by the office.

Continue on CLEAR LIQUIDS until midnight.

Please Note: The full, bloated feeling that you may experience should subside as bowel movements begin.

DAY OF PROCEDURE: This will complete the second half of drinking the prep solution.

Four (4) hours prior to leaving your home, start drinking the prep solution by consuming an eight-ounce (8oz) glass every 15 – 20 minutes until you have consumed four (4) glasses. **Nothing else by mouth until after your procedure.** Your stool should be liquid, clear and free of solid material. If it is not clear, please call the office any time after 8 am.

Since you will be receiving sedating medications or narcotics, you are required by law to be accompanied by someone to drive you home when you are ready for discharge. You may not drive or return to work until the morning after your procedure.

ADDITIONAL INFORMATION:

You will be contacted by telephone the business day before your procedure to confirm your arrival time. If you need to cancel, please call our office at 833.391.0654 or the number listed below for the facility at which you are scheduled. **IF YOU DO NOT RECEIVE A CALL BY 3:00PM REGARDING YOUR ARRIVAL TIME, PLEASE CONTACT THE FACILITY IN WHICH YOU ARE HAVING YOUR PROCEDURE. PLEASE REFER TO THE NUMBERS BELOW FOR CONTACT INFORMATION.**

Benbrook Surgical Center 724.431.0740

Butler Memorial Hospital 724-284-4595