

Kenneth Hepps,M.D., Neil Fagen,M.D., Michael Madievsky,M.D.
Gastroenterology

**18546 Roscoe Blvd.,#300
Northridge, CA 91324
Phone (818) 341-4796**

**18370 Burbank Blvd,#211
Tarzana, Ca 91356
FAX (818) 341-4997**

COLONOSCOPY INSTRUCTIONS FOR HALFLYTELY BOWEL PREP KIT

1. Purchase the Halflytely Bowel Prep kit at any pharmacy. Your doctor will provide you with a prescription.
2. Avoid seeds for three days prior to the test. (Rye bread, popcorn, nuts, etc.)
3. **The day before the exam:**
 - a) **Be on a clear liquid diet all day.** This includes chicken broth, soda, jell-o, coffee, tea, water, clear juice.(Avoid milk orange juice with pulp, dairy products, anything RED or PURPLE).
 - b) **At 12noon-**Take all four (4) pills, included in the Halflytely kit, all at once. Do not crush or chew the pills. At this time, fill the Halflytely jug with water to the “fill-line”, add a flavor pack, shake well and refrigerate.
Note: You may experience some cramping-this is normal. You should experience A bowel movement within 1-5 hours. .
 - c) **At 6pm-**Start drinking the liquid portion of the prep. Be sure to drink 8oz. every 15 minutes. **Note:** ingestion rate is very important to the proper cleansing of the colon. Be sure to finish the entire prep within 2 hours.
 - d) **Call the on call Doctor by 8pm if you still have solid elements remaining.**
 - e) **Other than the prep and medications-Nothing to drink the day of exam. Take all prep and medications at least 3 hours before exam time.**
4. Avoid aspirin products for 7 days prior to your exam. Notify your doctor if you are on blood thinners (coumadin, plavix or others).
5. **You must have a driver to take you home** if you are going to receive sedation- This applies to most colonoscopies. You cannot take a taxi or bus home, unless you have another adult friend or relative with you. (A responsible person must make sure you get home safely).
6. **Take all blood pressure medications, heart medications, and inhalers for respiratory problems the morning of your test. If you take insulin, check with your doctor for instructions.**
7. **Make sure you check in with Outpatient Registration one hour before your scheduled procedure.**

Procedure Time and date_____ **Check-in**_____