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HalfLyte

Dr Aaron

DATE OF COLONOSCOPY: _____

DATE OF BLOODWORK: _____

FACILITY: _____

SOMEONE MUST DRIVE YOU HOME FROM THE FACILITY THE DAY OF YOUR PROCEDURE !!!

****WE DO NOT HAVE PROCEDURE TIMES UNTIL THE DAY PRIOR TO YOUR SCHEDULED TEST****

If your procedure is at OCEAN MEDICAL CENTER, our office will call you the day prior with your procedure time. If you are scheduled for a Monday, we will call you on the Friday before. If you do not hear from us the day prior by 3:00pm, please call **732.458.8300 Ext 220** and ask for Lori and she will give you your procedure time. They are located at 425 Jack Martin Blvd, Brick, NJ 08724, 732.840.2200.*

*When reporting to OCEAN MEDICAL CENTER, please use the free parking garage for patients and visitors, UNLESS you would like to use the free Valet Parking which is located on Jack Martin Blvd. Main Entrance (opened from 7am to 5pm Mon – Fri) to report to the Same Day Surgery Unit, go to Parking Lot C (by the parking garage) go through the double glass doors and give the receptionist your name and they will direct you where you need to be.

If your procedure is at SHORE OUTPATIENT SURGERY CENTER, that facility will call you the day before to inform you of your procedure time. **If you have not heard from them by 1:00pm, please call them at 732.942.9835.** Their address is 360 Route 70, Lakewood, NJ 08701. They are in the same parking lot with STS Tire, across from Charlie Brown Restaurant.

If your procedure is at SEASHORE SURGICAL INSTITUTE, that facility will call you the day before to inform you of your procedure time. If you have not heard from them, please call **732.836.9800.** They are located at 495 Jack Martin Blvd, Brick, NJ 08724.

If your procedure is at JERSEY SHORE AMBULATORY CARE CENTER, that facility will call you the day before to inform you of your procedure time. If you have not heard from them, please call **732.776.4600.** They are located at 1945 Route 33, Neptune NJ 07754. When reporting to JSACC, report to the second floor and give receptionist your name, they will direct you to where you need to be.

If your procedure is at ADVANCED ENDOSCOPY AND SURGICAL CENTER, that facility will call you the day before to inform you of your procedure time. If you have not heard from them, please call **732.935.0031.** If your procedure is on a Monday, they will call you on Friday. They are located at 142 Route 35, Suite 101, Eatontown, NJ 07724.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR PROCEDURE, PLEASE CALL 732.458.8300 X 220 AND ASK FOR LORI.

HalfLyteLy Preparation

One week before your procedure: Fill your prescription for HalfLyteLy bowel prep kit with flavor packs at your pharmacy. Follow the steps below on the day before your exam.

- Three (3) days prior to the exam: avoid all roughage and fiber foods, such as whole grains, raw vegetables, or foods with seeds or skins.
- **Suggestions for three (3) days prior:** Eggs, plain pancakes w/syrup, white bread, plain bagel chicken, fish, white rice, pasta with butter, mashed potato, inside of baked potato.

The Day before your scheduled colonoscopy, you will be on a Clear Liquid Diet all day starting with breakfast. No solid foods, no milk, and no milk products.

START THE FOLLOWING INSTRUCTIONS THE DAY PRIOR TO YOUR PROCEDURE _____

8am start a clear liquid diet, No Solid foods.

* See next page for examples *

Continue with the following instructions below, as to how to prepare and drink your HalfLyteLy prep kit

Step 1

8:00 AM

Fill HALFLYTELY bottle with luke warm drinking water. Shake and Refrigerate.

Solution will be clear and colorless.
Use within 48 hours.



Step 2

3:00 PM

Take all BISACODYL tablets with water. Do not crush or chew

Do not take BISACODYL tablets within 1 hour of taking an antacid



Step 3

5:00 PM

Take 2 (two) Dulcolax tablets

NOTE: This will be purchased separately from the HalfLyteLy Prep kit



Step 4

6:00 PM

Drink 1 (8oz) glass every 10 minutes (about 8 glasses)
Drink quickly rather than a little at a time



*** Be sure to drink all the solution ***

***DO NOT FOLLOW THE INSTRUCTIONS ON THE HALF LYTELY BOX**

Clear Liquid Diet for Colonoscopy Prep

You may have an unlimited amount of these clear liquids on the day prior to your procedure. YOU CANNOT HAVE ANY LIQUIDS OR FOOD AFTER MIDNIGHT PRIOR TO YOUR PROCEDURE.

- Clear fruit juices (apple, white grape, white cranberry etc)
- Water (flavored water is ok)
- Plain Jell-O (NOT RED or PURPLE)
- Ice Pops (NOT RED or Purple)
- Hard candy
- All types of teas (hot or cold)
- Clear sodas (7-up, ginger-ale, sprite, etc)
- Gatorades (NO RED NO PURPLE)
- Broth/Bouillon

(Nothing Red or Purple) → NO Milk; NO Milk products; NO solid food

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT



NO LIQUIDS for at least 3 hours prior to the procedure.

- **Liquids are not to be consumed within 3 hours prior to your arrival time for your procedure; failure to heed this warning could result in cancellation of the procedure by either the anesthesiologist or the gastroenterologist**

**IMPORTANT INFORMATION, PLEASE REVIEW AT LEAST ONE (1) WEEK PRIOR
TO YOUR SCHEDULED PROCEDURE**

**FAILURE TO DO THE FOLLOWING COULD RESULT IN CANCELLATION AND/OR RESCHEDULING
OF YOUR PROCEDURE.**

You should have informed the office if you are a Diabetic/if you are on Dialysis/have a defibrillator/pacemaker/heart valve replacement/ history of heart valve infection/Mitro valve prolapse/or any recent changes in your medical history.

Please stop taking aspirin, Iron supplements, Multi-Vitamins with Iron, arthritis medications, vitamin E and Ginko Biloba seven (7) days prior to your scheduled colonoscopy. If you have not done this, please call our office for reassurance. **Tylenol may be taken if needed.**

Please **stop** taking any **blood thinners**, (Coumadin/Plavix/Presantine) _____ days prior to your procedure. (Please **CHECK WITH THE PHYSICIAN THAT PRESCRIBES** these to you; to obtain the **medical clearance** to temporarily discontinue these meds prior to your procedure. If you have not done this, please call our office for reassurance.

PLEASE STOP TAKING ALL DIURETIC MEDICATIONS, (Lasix, Furosemide, Spironolactone, Aldactone, Etc.) the day prior to your colonoscopy. **If your Blood Pressure Medication Contains a Diuretic, it is ok to take that.**

DO NOT STOP TAKING YOUR HEART OR BLOOD PRESSURE MEDICATIONS PRIOR TO YOUR PROCEDURE. YOU ARE INSTRUCTED TO TAKE THEM THE MORNING OF YOUR PROCEDURE WITH A SIP OF WATER.

- ❖ Please **CALL YOUR INSURANCE COMPANY** so you are aware of any costs that you may be responsible for. All procedures are done on OUTPATIENT basis. It is ultimately the Patients responsibility to be familiar with your own individual personal insurance policy information/benefits.

WARNING **NO LIQUIDS**** at least 3 hours prior to your procedure.**

Liquids are NOT to be consumed within 3 hours prior to your arrival time for your procedure; failure to heed this warning could result in cancellation of your procedure by the anesthesiologist and/or the gastroenterologist.

Please be aware...DO NOT WEAR ANY JEWELRY TO YOUR PROCEDURE. The facility is not responsible if these items are misplaced/lost.

- *Please remember that someone MUST drive you home after your procedure.**

Bring a list of current medications with you on the day of your procedure.

If you have any questions or concerns, please do not hesitate to contact our office at **732.458.8300 x 220** and ask for Lori.