

**EXTENDED TRILYTE (OR NULYTELY OR GOLYTELY) -  
COLONOSCOPY PREP INSTRUCTIONS**

You are scheduled for a colonoscopy:      Estimated arrival time: \_\_\_\_\_

Date: \_\_\_\_\_      (Time of arrival will be confirmed the day before the procedure)

- You must have a friend or family member (18 years or older) to provide transportation to and from the procedure. If you plan to take a bus, taxi, or medical transport, an adult must accompany you.
- Dress comfortably. Do not wear jewelry or bring any valuables with you. You will need a picture ID and your insurance card.
- After your arrival, anticipate being at the procedure center for 2-3 hours.

**OBTAIN SUPPLIES**

**TriLyte** (equivalent to NuLYTELY or GoLYTELY) bowel preparation (available by prescription only)

One 238-gram bottle of **MiraLAX (polyethylene glycol)** powder (no prescription needed)

One package of **Dulcolax (Bisacodyl)** 5 mg laxative tablets (no prescription needed)

One package of **Simethicone** 125 mg tablets (no prescription needed)

**ONE WEEK BEFORE THE PROCEDURE**

- Stop taking any iron and fiber supplements.
- DO NOT eat salads, nuts, large seeds, corn, or popcorn. Avoiding these foods will ensure your colon is cleaned out for your procedure.
- Increase fluid intake to stay well-hydrated.

**MEDICATIONS:**

- Take your regular medications except:
- If you are on **diabetes or weight loss medications**, please refer to the last 2 pages.
- You should discuss the management of **blood thinner medications** with your prescribing doctor (warfarin [*Coumadin*], apixaban [*Eliquis*], rivaroxaban [*Xarelto*], clopidogrel [*Plavix*], ticagrelor [*Brilinta*], prasugrel [*Effient*], dabigatran [*Pradaxa*], etc.).
- Continue taking daily aspirin if prescribed by your doctor.

- Hold the following BLOOD PRESSURE medications the **morning of the procedure**:
  - Lisinopril (*Prinivil, Zestril*), Benazepril (*Lotensin*), Captopril (*Capoten*), Enalapril (*Vasotec*)
  - Losartan (*Cozaar*), Valsartan (*Diovan*), Irbesartan (*Avapro*), Olmesartan (*Benicar*)
  - OR any other angiotensin-converting enzyme (ACE) inhibitors/angiotensin II receptor blockers (ARB) blood pressure medications not listed above.

## ONE WEEK BEFORE THE PROCEDURE

- Take 17 grams of **MiraLAX** mixed in 8 ounces of water twice a day for 1 week.

## TWO DAYS BEFORE THE PROCEDURE

### *Diet:*

- You need to follow a **clear liquid diet** ALL DAY. No solid food. Stay well-hydrated.
- Examples of clear liquid diet (no RED or PURPLE color):
  - Clear or clear flavored drinks ONLY and without pulp (e.g., apple juice, white cranberry juice, white grape juice, iced tea, Vitamin water, Snapple, Gatorade, etc.). No orange juice.
  - Black coffee or tea (with sugar or sweetener is okay). No milk, cream, or powdered creamer.
  - Clear soup or broth only. No solids.
  - Italian ice, popsicles, or plain Jell-O without fruits or toppings. No sherbets or fruit bars.
  - Avoid carbonated drinks if possible. If soft drinks are consumed, ensure regular or diet sodas (e.g., ginger ale, cola, Sprite, 7-Up, etc.).

## DAY BEFORE THE PROCEDURE

### *Preparation:*

NOTE: Please follow these instructions and not the directions for the TriLyte package.

- Stop taking MiraLAX.
- In the **morning**, mix the **TriLyte** in 1 gallon of **water**. Set aside 16 ounces of the solution in a separate container. Store both containers in the refrigerator.
- At **noon**, take **four Dulcolax (Bisacodyl)** 5 mg tablets with 8 ounces of water.
- At **5 p.m.**, start drinking the **TriLyte** solution from the gallon container. Drink 8 ounces of the TriLyte solution every 15-20 minutes until the container is empty. If you start feeling nauseated or bloated, pause for 1 hour before resuming to drink.
- At **6 p.m.**, take **one** tablet of **Simethicone** 125 mg.

*Diet:*

- Continue to follow a **clear liquid diet** ALL DAY. No solid food. Stay well-hydrated.

*Medications:*

- Take your regular medications other than the ones specified (see the last two pages).

## DAY OF THE PROCEDURE

*Preparation:*

- **5 hours** before your scheduled arrival time, drink the remaining 16 ounces of **TriLyte** solution.
- **4 hours** before your scheduled arrival time, take one tablet of **Simethicone** 125 mg.
- As a result of the preparation, your stool will be clear, yellow, and liquid.

*Diet:*

- You should **not have ANYTHING by mouth (other than your prep solution)** after midnight. No candy or chewing gum. Strictly avoid consuming anything by mouth for 4 hours before your procedure.

*Medication:*

- Take your regular medications with a **sip** of water other than the ones specified (see the last two pages).

During **weekday hours** (8 a.m. – 4:30 p.m.), if you have problems with the preparation and/or have questions, call **(860) 679-3238** and ask to speak with the GI nurse.

In the **evening or on weekends**, if you experience difficulties with the preparation, contact the on-call GI fellow at **(860) 679-2626**.

On the **day of the procedure**, if you need help with directions, call **(860) 679-1252**.

**Frequently Asked Questions (FAQ):** <https://health.uconn.edu/gastroenterology/patient-care/patient-resources/colonoscopy-frequently-asked-questions/>

General Guidance	
Medications	When to Hold
<b>Metformin</b> ( <i>Glucophage, Glumetza, Fortamet</i> )	Continue the day before procedure. Hold on the <b>day of</b> procedure.
<b>Sulfonylureas</b> (Glyburide, Glipizide, Glimepiride)	
<b>Thiazolidinediones</b> (Pioglitazone / <i>Actos</i> , Rosiglitazone / <i>Avandia</i> )	
<b>Glinides</b> (Repaglinide / <i>Prandin</i> , Nateglinide / <i>Starlix</i> )	
<b>DPP-4 Inhibitors</b> (Sitagliptin / <i>Januvia</i> , Saxagliptin / <i>Onglyza</i> , Linagliptin / <i>Tradjenta</i> , Alogliptin / <i>Nesina</i> )	
<b>Alpha-glucosidase Inhibitors</b> (Acarbose / <i>Precose</i> , Miglitol / <i>Glyset</i> )	
<b>Phentermine</b>	Hold for <b>7 days</b> prior to procedure.

SGLT-2 Inhibitors	
Medications	When to Hold
<b>SGLT-2 Inhibitors:</b> <i>Jardiance</i> (Empagliflozin), <i>Farxiga</i> (Dapagliflozin), <i>Invokana</i> (Canagliflozin)	Hold for <b>3 days</b> prior to procedure.
<b>Combination medications with SGLT-2 Inhibitors:</b> <i>Glyxambi</i> (Empagliflozin-Linagliptin), <i>Qtern</i> (Dapagliflozin-Saxagliptin), <i>Synjardy</i> (Empagliflozin-Metformin), <i>Invokamet</i> (Canagliflozin-Metformin), <i>Xigduo</i> (Dapagliflozin-Metformin)	
<b>SGLT-2 Inhibitors:</b> <i>Steglatro</i> (Ertugliflozin)	
<b>Combination medications with SGLT-2 inhibitors:</b> <i>Steglujan</i> (Ertugliflozin-Sitagliptin)	Hold for <b>4 days</b> prior to procedure.

GLP-1 Agonists	
Medications	When to Hold
<b>Exenatide IR</b> ( <i>Byetta</i> )	Taken daily to twice daily. Continue the day before procedure. <b>Hold</b> the medication on the <b>day of</b> procedure.
<b>Liraglutide</b> ( <i>Victoza, Saxenda</i> )	
<b>Lixisenatide</b> ( <i>Adlyxin</i> )	
<b>Pramlintide</b> ( <i>Symlin</i> )	
<b>Semaglutide Oral Daily</b> ( <i>Rybelsus</i> )	
<b>Insulin Glargine-Lixisenatide</b> ( <i>Soliqua</i> )	
<b>Insulin Degludec-Liraglutide</b> ( <i>Xyltopy</i> )	
<b>Dulaglutide</b> ( <i>Trulicity</i> )	Taken weekly, hold the weekly dose for at least 7 days before the procedure so that you have not taken it for at least <b>7 days</b> .
<b>Exenatide ER</b> ( <i>Bydureon</i> )	
<b>Semaglutide</b> ( <i>Ozempic, Wegovy</i> )	
<b>Tirazepatide</b> ( <i>Mounjaro, Zepbound</i> )	

For patients taking **insulin**, please see the guidance below:

GUIDANCE FOR PATIENTS TAKING INSULIN		
Insulin Type	DAY BEFORE Procedure	MORNING OF Procedure
<b>SHORT/RAPID-Acting Insulin</b> (a.k.a. Bolus) E.g. Novolog, Fiasp ( <i>Aspart</i> ), Humalog ( <i>Lispro</i> ), Apidra, Humulin R ( <i>Regular</i> )	Take <b>usual doses</b> .	<b>HOLD</b> - <i>Do not take any insulin.</i>
<b>INTERMEDIATE-Acting Insulin</b> ( <i>taken twice daily</i> ) E.g. Novolin-N, Humulin-N (NPH)	Take <b>usual doses</b> .	Take <b>50%</b> of the usual morning dose.
<b>LONG-Acting Insulin [aka Basal]</b> E.g. Lantus or Basaglar ( <i>Glargine</i> ), Levemir ( <i>Determir</i> ), Tresiba ( <i>Degludec</i> ), Tuojeo ( <i>Glargine</i> )		
<ul style="list-style-type: none"> <li>• Taken <b>once daily</b> in the <b>MORNING</b></li> </ul>	Take <b>usual morning dose</b> .	<ul style="list-style-type: none"> <li>• <b>Type 1 DM</b> - Take <b>full</b> morning dose.</li> <li>• <b>Type 2 DM</b> - Take <b>50% of morning dose</b>.</li> </ul>
<ul style="list-style-type: none"> <li>• Taken <b>once daily</b> in the <b>EVENING</b></li> </ul>	<b>Type 1 DM</b> - Take <b>full evening dose</b> . <b>Type 2 DM</b> - Take <b>50% of evening dose</b> .	<b>Do not take any insulin.</b>
<ul style="list-style-type: none"> <li>• Taken <b>TWICE DAILY</b></li> </ul>	Take <b>usual doses</b> .	<ul style="list-style-type: none"> <li>• <b>Type 1 DM</b> - Take <b>full</b> morning dose.</li> <li>• <b>Type 2 DM</b> - Take <b>50% of morning dose</b>.</li> </ul>
<ul style="list-style-type: none"> <li>• If on [<b>Basal only</b>] OR [<b>Basal + oral meds</b>] <b>AND</b></li> <li>• <b>Basal dose greater than 50 units</b></li> </ul>	<ul style="list-style-type: none"> <li>• If takes in the <b>morning</b> → Take <b>usual dose</b>.</li> <li>• If takes in the <b>evening</b> → <b>Decrease dose by 50%</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Type 1 DM</b> - Take <b>full</b> morning dose.</li> <li>• <b>Type 2 DM</b> - Take <b>50% of morning dose. AND</b></li> <li>• <b>Hold any oral diabetes meds.</b></li> </ul>
<b>Pre-Mixed Insulins</b> (e.g. 70/30; 75/25; 50/50) ( <b>taken twice daily</b> )	Take <b>usual doses</b> ( <i>last evening dose should be taken before 6 PM and NOT missed</i> ).	<ul style="list-style-type: none"> <li>• <b>Type 1 DM</b> - Obtain a plan from a primary prescriber.</li> <li>• <b>Type 2 DM</b> - HOLD pre-mixed insulins.</li> </ul>
<b>Insulin Pump*</b> ( <i>Must have a clear plan from a primary endocrinologist and bring adequate supplies</i> )	Maintain usual meal plan and <b>basal rate</b> .	<ul style="list-style-type: none"> <li>• <b>HbA1c &gt;7:</b> <b>Maintain</b> basal rate on day of procedure.</li> <li>• <b>HbA1c &lt;7:</b> <b>Decrease</b> basal rate to <b>50%</b> on day of procedure.</li> </ul>

*\*For insulin pump patients, the above guidelines should be individualized and they should receive instructions from their endocrinologist.*