

# DIGESTIVE DISEASE SPECIALISTS, INC.

Mercy Tower Office  
**Arun K. Sachdev, MD**  
4200 W. Memorial Road, Suite 612  
Oklahoma City OK 73120  
(405) 752-5559

Name: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Procedure Time: \_\_\_\_\_

## Procedure Location:

### **1 Ambulatory Endoscopy Center**

3366 NW Expressway  
Physician's Bldg D, Ste 400  
Oklahoma City, OK 73112  
**See Map on back**

### **2 Mercy Outpatient Diagnostics**

4300 West Memorial Road  
Mercy Health Center  
Oklahoma City, OK 73120  
**Check in at Admissions**

### **3 Mercy Canadian County**

520 S. Mustang Rd  
Yukon, OK 73099  
**Use South Door Entrance**  
**Next to After Hours Sign**

## TriLyte Bowel Prep Instructions

**For the doctor to have a clear view of your colon, it is essential that the colon be completely free of stool.** If you have problems with constipation you may consider 2 (TWO) days of a full liquid diet instead of just one day. The doctor may also ask that you drink a bottle of MAGNESIUM CITRATE (over the counter laxative) two nights prior at 5:00-600 pm (THIS IS CONSIDERED THE PROLONGED PREP IF ASKED TO DO SO).

If you take medication, you may have it on the morning of the procedure with a small sip of water. **STOP ASPIRIN, PLAVIX, WARFARIN, COUMADIN AND IRON 5-7 DAYS BEFORE THE PROCEDURE. YOUR PRESCRIBING DOCTOR MAY NEED TO BE CONTACTED TO OK THIS.** Please inform the nurse if you have had a **STENT** or **BLOOD CLOT** within the last six months.

THE DAY BEFORE THE PROCEDURE: \_\_\_\_\_

1. In the morning, prepare your TriLyte according to the directions on the bottle and refrigerate.
2. **Have clear liquids ALL DAY (SEE BACK OF SHEET FOR EXAMPLES).** If your appointment time is after 12:00 pm you may have a light breakfast and then begin your clear liquid diet.
3. At \_\_\_\_\_pm/am you will begin drinking the TriLyte. Drink an 8 ounce glass of the solution every 10 to 15 minutes until it is all gone. If this needs to be extended longer that is fine take your time so it does not make you sick. You may start feeling slightly bloated and may be cramping, as soon as you have a bowel movement that will begin to subside.

THE DAY OF THE PROCEDURE: \_\_\_\_\_

1. NOTHING BY MOUTH 6 HOURS BEFORE YOUR PROCEDURE.
2. HAVE YOUR PAPER WORK FILLED OUT AND BRING WITH YOU AND GIVE TO THE DOCTOR.
3. A DRIVER MUST ACCOMPANY YOU. YOUR DRIVER MUST STAY ON THE PREMISES OR LEAVE A NUMBER OR THE PROCEDURE WILL BE RESCHEDULED.

There have been many times we've had to cancel the procedure midway through and reschedule due to an incomplete prep. Therefore, **YOU MUST COMPLETE THE BOWEL PREP AS INSTRUCTED!**

**\*\*\*\*IF YOU ARE A NEW PATIENT OR IF YOU HAVEN'T BEEN SEEN BY YOUR PHYSICIAN WITHIN ONE (1) YEAR, PLEASE PRINT THE FORMS AT THE FOLLOWING LINK: [Pre-Registration Forms](#). PLEASE FILL OUT ALL FORMS AND BRING THEM WITH YOU TO YOUR PROCEDURE. THANK YOU.\*\*\*\***

# **DIGESTIVE DISEASE SPECIALISTS, INC.**

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## **LIQUID DIET SHEET**

### **FOOD ALLOWED**

#### **DRINKS**

APPLE JUICE

WHITE GRAPE JUICE

WATER OR ICE

TEA (with sugar is fine)

ANY CARBONATED DRINKS

COFFEE (no milk or cream)

ENSURE OR BOOST (any flavor)

#### **SOUP**

FAT-FREE OR LOW FAT:

CHICKEN BROTH

BEEF BROTH

CHICKEN BOUILLON

BEEF BOUILLON

#### **DESSERTS**

JELL-O

POPSICLES

#### **MISCELLANEOUS**

SALT

SUGAR

HARD CANDY

### **FOOD NOT ALLOWED**

#### **DRINKS**

ANY JUICE WITH PULP

NOTHING RED OR PURPLE

#### **SOUP**

ALL OTHERS

#### **DESSERTS**

NOTHING RED OR PURPLE

ALL OTHERS

#### **MISCELLANEOUS**

ALL OTHERS