COLONOSCOPY MIRALAX PREP

Date__________________________________________

PLEASE READ THESE INSTRUCTIONS COMPLETELY UPON RECEIPT

(Minimum 48 Hours Cancellation Policy)

If you have any questions regarding these instructions or the procedure please feel free to call our staff at (760)295-2924 Monday through Friday.

On: __________ Check In at: __________ Appointment Time: __________

Failure to follow these instructions could result in cancellation of your procedure:

Purchase at any drug store: One 510-530 gm bottle of Miralax® (over the counter), oral Dulcolax® tablets, and 128 ounce bottle of Gatorade®(NOT RED OR PURPLE)

I. Starting one week before your appointment:
   a. **Do not take:** Iron or Aspirin (unless discussed with your Surgeon/Cardiologist) for 7 days. No non- steroidal anti-inflammatory medications (NSAIDS) such as Advil, Motrin, Ibuprofen, Naprosyn, and Aleve for 48 hours prior to procedure.
   b. **Okay to take:** Tylenol, Vicodin, Percocet
   c. **Diabetic patients:** Please discuss adjustment of your medications that might be needed during prep with your Primary Care Physician.
   d. **Blood-thinning medications** (such as Coumadin/Warfarin, Eliquis, Plavix, Aggrenox, or Heparin). It is essential that you consult with your surgeon for these adjustments and/or discontinuation.
   e. If you have a history of antibiotic requirements for medical procedures, discuss antibiotic needs with your surgeon.
   f. Please notify scheduling department if you have **sleep apnea with use of CPAP device** or severe obesity (BMI > 30), which is contraindicated for conscious sedation.
   g. Purchase the Miralax laxative, oral Dulcolax tabs (or generic equivalent), and Gatorade(not red or purple) at any pharmacy.

II. Day before the procedure: No breakfast, lunch or dinner.
   a. Drink freely only non-alcoholic **CLEAR LIQUIDS** (such as: tea, broth, Jell-o, coffee without cream, apple juice or liquids that you can see through (no liquids red/purple in color)).
   b. Do not take any of your medications within 2 hours, before or after taking the Miralax solution.
   c. Mix the entire Miralax® bottle with 128 ounces of Gatorade® or juice and refrigerate in the morning (if you want it cold).
   d. Take the 2 oral Dulcolax tabs (or generic equivalent) one hour prior to first dose of Miralax.
Early morning procedures (scheduled 11 am or earlier) | Later procedures (scheduled after 11 am)
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Start drinking the Miralax solution mixed with Gatorade beginning around 5:00 or 6:00pm. This requires drinking about 16 glasses of 8 ounces (one glassful) Miralax mixture every 30 minutes. You should attempt to drink this amount over a 5-7 hour period. You should start having liquid stools after about 1-2 hours. **You may have clear liquids up to 3 hours before exam. Then nothing by mouth for 3 hours prior to procedure.** | Drink only 8 glasses of the solution beginning at 5:00 or 6:00pm over a 2-3 hour period. The next morning at 6:00am drink the last 8 glasses. **You must be finished drinking the solution by 8:00am.** After drinking the 16 glasses your bowel movements should be clear. **You may have clear liquids up to 3 hours before exam. Then nothing by mouth for 3 hours prior to procedure.**

III. **Day of the exam:**
   a. If you are currently taking **blood pressure medicine**, you must take this medication in the morning of the exam with a small sip of water at least 4 hours before your scheduled time, but not within 30 minutes of any Miralax (You may need to wake up earlier to finish the prep).
   b. All other medications should be taken as above (with a small sip of water only) on the day of the procedure, unless otherwise instructed.
   c. **Please arrive one hour before your scheduled time.**
   d. Remember to bring a current list of your medications with you.
   e. Upon arrival at the facility your procedure has been scheduled at, please check in at the Front desk/Admitting desk. You will be asked for your insurance card, photo ID, and any applicable co-payment.
   f. **You will not be able to drive yourself home.** It is mandatory that you have a confirmed ride home at the time of check-in and discharge. No taxis unless accompanied by a separate adult other than the driver.

IV. **Post-Procedure:**
   a. You will be transferred to the recovery area for 30 minutes to 1 hour.
   b. At this time, you will be taken by wheelchair to your car with the person who has accompanied you.
   c. You will be notified of your test results within 2 weeks. If you do not receive a call from Dr. Gandhi within 2 weeks, please call the office at 760-295-2924.