



## Miralax/ Gatorade Colonoscopy Preparation: 2/ day prep

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician: \_\_\_\_\_

Procedure Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

### Location:

- MAIN LINE ENDOSCOPY EAST: 2 BALA PLAZA, SUITE IL 30, BALA CYNWYD
- MAIN LINE ENDOSCOPY SOUTH: RIDDLE HOSPITAL, HCC II 2407, MEDIA
- MAIN LINE ENDOSCOPY WEST: 325 CENTRAL AVE., LOWER LEVEL, MALVERN
- LANKENAU GI LAB: 100 E. LANCASTER AVE. APC MAIN ENTRANCE, WYNNEWOOD
- RIDDLE HOSPITAL MPU: OUTPATIENT PAVILLION, 2<sup>ND</sup> FLOOR, MEDIA
- PAOLI HOSPITAL SPU: 255 W. LANCASTER AVE, ENDOSCOPY SUITE, PAOLI

### General Instructions:

Due to the sedation you will receive, you must have a responsible adult accompany you to your procedure. **If you are scheduled for an AFTERNOON procedure, your driver MUST accompany you to the facility and STAY at the facility the entire length of your visit.** Public transportation is allowed, **but only under the supervision of a responsible adult who must stay with you the entire length of your visit.** Bus, taxi, Uber, Lyft, or shuttle drivers do not fulfill the requirement of a responsible adult.

1. If you are currently taking Aspirin and/ or Plavix, **DO NOT STOP** taking these medications unless directed to do so by our office.

- Other Medication Instructions:

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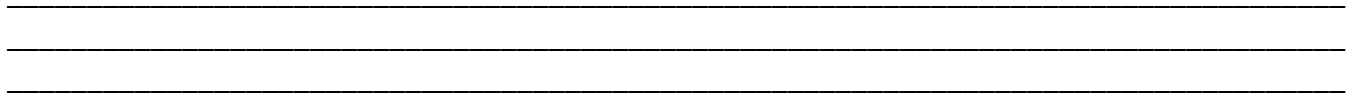
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2. Oral iron should be **discontinued 5 days** prior to the exam. Fish oil supplements should be **discontinued 3 days** to the exam.



3. All other medications should be continued and taken the morning of the exam (with your bowel prep or immediately after completing your bowel prep with only a sip of water) unless otherwise stated in these instructions.
4. If you are prescribed a rescue inhaler, please bring it with you the day of the procedure.
5. You will need to **HOLD** any oral diabetic medications the morning of the procedure and check your blood sugar before arriving at the center. If your blood sugar is 70 or below, please call 610-644-6755 and notify the staff. Please notify the center staff immediately upon your arrival as well.

- Diabetic Medication Patient Instructions:



6. Check with your endocrinologist or primary care physician regarding the management of your other diabetic medications, especially insulin.
7. If you have an insulin pump, contact the provider that manages your pump to address any changes that will be required for the prep and the procedure.
8. Do not smoke the day of the procedure.

**DO NOT EAT SEEDS, NUTS, OATMEAL OR OTHER WHOLE GRAINS, BEANS, PEAS, CORN OR THE PEELS OF FRUITS AND VEGETABLES AS THESE REMAIN IN THE COLON AFTER COMPLETION OF THE PREP.**

**PURCHASE THE FOLLOWING PREP ITEMS**

ITEMS	AMOUNTS
<b>CHOOSE:</b> Gatorade, Propel, Crystal Light, water or any other clear liquid. <b>(No red or purple)</b>	(1) 64 oz bottle
	(1) 32 oz bottle
Miralax: Purchase 2 bottles over the counter. No prescription necessary.	(1) 238 GM bottle
	(1) 119 GM bottle
Ducolax Laxative Tablets	(6) 5mg tablets
Simethicone (Gas X) Tablets	(2) 125mg tablets



**IT IS IMPORTANT TO DRINK PLENTY OF LIQUIDS ALL DAY TO PREVENT DEHYDRATION**

**PREP DAY 1: (TWO DAYS BEFORE YOUR PROCEDURE) NO SOLID FOODS.**

Clear liquid diet the entire day. Clear liquids include tea, coffee, jello, juices without pulp, bouillon, Italian Ice, slushies and soda.

**YOU MAY NOT HAVE RED OR PURPLE COLORED JELLO, RED OR PURPLE COLORED LIQUIDS, NO FRUIT PIECES IN JELLO, NO CREAM OR MILK PRODUCTS.**

- Mix Miralax, 119 GM bottle, with 32 oz of clear liquid. Shake well until powder is completely dissolved. Refrigerate.
- At 2PM, take two (2) Dulcolax Laxative Tablets with water.
- Between 4PM – 6PM, drink one 8 oz glass of the Miralax mixture every 30 minutes until the mixture is finished.
- Continue clear liquids for the remainder of the evening.

**PREP DAY 2: (ONE DAY BEFORE YOUR PROCEDURE) NO SOLID FOODS.**

Clear liquid diet the entire day. Clear liquids include tea, coffee, jello, juices without pulp, bouillon, Italian Ice, slushies and soda.

**YOU MAY NOT HAVE RED OR PURPLE COLORED JELLO, RED OR PURPLE COLORED LIQUIDS. NO FRUIT PIECES IN JELLO. NO CREAM OR MILK PRODUCTS.**

- Mix the Miralax, 238 GM bottle, and the 64 oz of clear liquid. Shake well until the powder is completely dissolved. Refrigerate.
- At 2PM, the day before the procedure, take four (4) Dulcolax Laxative Tablets with water.



- **At 4PM, the day before the procedure, drink the FIRST DOSE of the liquid prep (32 oz.)** Drink one 8 oz glass of the Miralax mixture every 30 minutes for 2 hours. This is a total of 4 glasses of the liquid prep mixture.
- Continue to drink clear liquids until midnight to prevent dehydration.

## **COLONOSCOPY DAY: NO SOLID FOODS.**

### **\*\*\*\* SIX HOURS PRIOR TO YOUR PROCEDURE \*\*\*\***

- **Drink the SECOND DOSE of the liquid prep (32oz).** Drink one glass of the Miralax prep every 30 minutes for 2 hours. This is a total of 4 glasses of the liquid prep mixture. Also try to drink an additional 4 – 8, 8 oz glasses of clear liquids to prevent dehydration.
- After completing the Miralax mixture, take two (2) Simethicone (GAS X) tablets.
- Take morning medications if instructed to do so.

### **\*\*\*\* FOUR HOURS PRIOR TO YOUR PROCEDURE \*\*\*\***

- All prep and clear liquids **MUST** be finished 4 hours prior to your procedure.
- You **MAY NOT** have any hard candy or chewing gum.
- NOTHING BY MOUTH.

## **DISCHARGE INSTRUCTIONS**

- You are advised to rest and relax for the remainder of the day.
- Do not drive, operate heavy machinery, consume alcoholic beverages, use illicit drugs, sign any legal documents, make critical decisions, or take any unprescribed medications until the morning after your procedure.
- Resume your normal diet.
- A feeling of fullness or cramping from remaining air or carbon dioxide in your bowel is considered normal. Mild activity, such as walking, will help to expel the air. Lying on your left side or directly on your stomach will also help expel the remaining air or carbon dioxide.

If you have any routine questions, please contact the office at 610-644-6755 between 7:30 - 4:30PM weekdays.



Please contact us if problems arise before your procedure or if you need to change or cancel your appointment.

If you have an urgent question or concern after business hours, please contact our on-call physicians at 610-644-6755.

It is MANDATORY to give 48 hours notice prior to canceling an appointment. Less than 48 hours notice may delay care and increase medical costs. If you choose to cancel your procedure less than 48 hours prior to your exam, you will be considered a "NO SHOW" and you will be charged a \$50 fee. This fee is not covered by insurance.

ANY PATIENT THAT CANCELS GREATER THAN TWO (2) PROCEDURE APPOINTMENTS WILL NEED TO HAVE AN OFFICE VISIT BEFORE BEING PLACED ON THE ENDOSCOPY SCHEDULE. SPECIFIC CIRCUMSTANCES MAY BE ADDRESSED AT THE DISCRETION OF THE PHYSICIAN.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_