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**Miralax/Gatorade Colonoscopy Preparation 2-Day Prep**

# Patient: DOB:

**Procedure Date & Arrival Time: Physician:**

**Place:**

MidAtlantic Endoscopy - 2112 Harrisburg Pk., Suite 100, Lancaster MidAtlantic Endoscopy II - 4140 Oregon Pk., Ephrata

Ephrata Hospital - 169 Martin Ave., Ephrata UPMC Lititz - 1500 Highlands Dr., Lititz

Lancaster General Hospital - 555 North Duke St., Lancaster

# General Instructions:

Due to the sedation you will receive, you must have a responsible adult accompany you to your procedure.

# YOUR DRIVER IS REQUIRED TO STAY AT THE FACILITY FOR THE ENTIRE TIME OF YOUR

**PROCEDURE.** Public transportation is allowed, but only under the supervision of a responsible adult who must stay with you the entire time of procedure. Bus, taxi or shuttle drivers do not fulfill the requirement of a responsible adult. You may **NOT** be dropped off for your procedure.

**YOUR MEDICATION INSTRUCTIONS: \_\_\_\_\_ initial here**

* + **Stop** taking medications with Iron 5 days prior to the procedure.
  + Continue all prescribed medications unless otherwise instructed, including Aspirin and Plavix.
  + Stop any blood thinning medications only if you were instructed to do so.
  + Take your medications 4 or more hours before your scheduled procedure with a sip of water. If you are not able to take them prior to 4 hours before your procedure, please wait until after your procedure.
  + Please cease all medicinal and recreational smoked or vaporized cannabis (weed) 12 hours prior to surgery. Ingested cannabis or CBD oil must be stopped 8 hours prior to surgery.
  + Diabetics: If you have diabetes, check with the physician who takes care of your diabetic medications to see what changes are needed.

Do not take your usual oral diabetic medications the morning of your procedure. Check your blood sugar before arrival. Call the office 717-869-4600 if your blood sugar is 70 or below. Notify the staff immediately upon arrival as well.

* + SPECIAL MEDICATION INSTRUCTIONS:

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**Purchase:** \*64 oz & a 32 oz bottle of Gatorade, Propel, Crystal Light, water, or any clear liquid (**any color but red or purple**)

\*Miralax 238-gram & a 119-gram bottle - purchase over the counter, no prescription needed.

\*Six (6) 5 mg Dulcolax laxative tablets

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

**Day 1**: Clear liquid diet the entire day. No solid foods. You may have: tea, coffee, Jell-O, juices without pulp, bouillon, Italian ice, slushies, and soda. **No red or purple colored Jell-O and No red- or purple-colored liquids, No fruit pieces in the Jell-O, No cream or milk products.**

**Mix** Miralax 119 gram with 32 oz clear liquid.

\*At 2:00 PM, take 2 Dulcolax laxative tablets.

\*Between 4:00 - 6:00 PM, drink 1-8 oz glass of Miralax mixture every ½ hour until finished. Continue clear liquids the rest of the evening.

**Day Before Your Colonoscopy**: You must be on a clear liquid diet the entire day. **No solid foods**. You may have: tea, coffee, Jell-O, juices without pulp, bouillon, Italian ice, slushies, and soda. **No red or purple colored Jell-O or red- or purple-colored liquids, No fruit pieces in the Jell-O, No cream or milk products.**

**Do not** eat seeds, nuts, oatmeal or other whole grains, beans, peas, corn, and the peels of fruits and vegetables as these remain in the colon after completion of the prep.

\*Anytime on the day of your prep, mix the entire bottle of Miralax (238 gram) in the 64 oz of clear liquid (**any color but red or purple**). Shake well until the powder is completely dissolved and refrigerate.

\*At 2:00 PM, take the 4 Dulcolax laxative tablets with water.

\*Around 4:00 PM, begin drinking the Miralax/Gatorade mixture. Drink 1-8 oz glass every ½ hour over 4 hours.

# Continue to drink clear liquids until midnight then nothing to eat or drink after midnight.

**Day of Your Colonoscopy:**

You may not have any hard candy or chewing gum the morning of your colonoscopy as this will delay your procedure. All medications should be taken (unless otherwise stated on these instructions) with sip of water at least 2 hours prior to exam.

# OUTPATIENT DISCHARGE INSTRUCTIONS:

1. You are advised to rest and relax for the remainder of the day.
2. **UNTIL THE MORNING AFTER YOUR PROCEDURE: DO NOT** Drive or operate any machinery

**DO NOT** Consume any alcoholic beverages or use illicit drugs **DO NOT** Sign any legal documents or make critical decisions **DO NOT** Take any **un-prescribed** medications

1. You may resume your normal diet.
2. A feeling of fullness or cramping from remaining air or carbon dioxide in your bowel is normal. Mild activity, such as walking, will help 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 (717) 869-4600, BETWEEN 8:00 - 4:00 (WEEKDAYS). PLEASE CONTACT US IF PROBLEMS ARISE BEFORE YOUR PROCEDURE OR IF YOU NEED TO CHANGE OR CANCEL YOUR PROCEDURE.***

***If you have an urgent question or concern after business hours, you may reach our on-call physician at (717) 869-4600.***

**PLEASE GIVE AT LEAST 72 HOURS NOTICE WHEN CANCELING. LESS THAN 72 HOURS NOTICE MAY DELAY CARE AND INCREASE MEDICAL COST. IF YOU CHOOSE TO CANCEL YOUR PROCEDURE IN LESS THAN 72 HOURS PRIOR TO YOUR EXAM YOU WILL BE CONSIDERED A “NO SHOW” AND YOU WILL BE CHARGED A $50.00 FEE.**

***ANY PATIENT THAT CANCELS GREATER THAN TWO (2) PROCEDURE APPOINTMENTS WILL NEED TO HAVE A CLINIC APPOINTMENT BEFORE BEING PLACED BACK ON THE ENDOSCOPY SCHEDULE. SPECIFIC CIRCUMSTANCES MAY BE ADDRESSED AT THE DISCRETION OF THE DOCTOR.***

**Patient Signature: Date:**

**Witness Signature: Date:**

Rev. 9.23.21