

Patient Name:

DOB:

Procedure Date:

Arrival time: Determined by Seaside  
Endoscopy Ctr. **302-644-3852**

## Colonoscopy Preparation Instructions

*You **must** be accompanied by a friend or relative to drive and assist you at home. We **WILL NOT** discharge you to a cab, bus, Uber or other transportation service without having a responsible party with you. You may not drive until the day after your procedure.*

### Preparing for your Exam: What to Bring

- A list of all medications with completed Health History Form
- Any vitamins and supplements you take
- Your insurance card and photo ID

### Blood Thinners/Anticoagulation

If you are on an **anticoagulant/blood thinner** please follow the instructions of your physician/cardiologist. **If you have not heard from our office 1 week prior to your procedure, please contact us at 302-645-6698**

### Medication and Other Instructions

- Do not take Iron supplements for 1 week prior to the procedure date (multi-vitamins are OK)
- Do not take water pills/diuretics on the day of the procedure (HCTZ (hydrochlorothiazide), Lasix (furosemide), Dyazide, Diovan HCT (spironolactone))
- Heart, Blood Pressure, Thyroid, Seizure and/or Anxiety medications **CAN** be taken on the day of the procedure with a **sip** of water **4** hours prior to arrival time  
**Asthmatic patients:** Bring your inhaler to the procedure
- **Diabetic/weight loss patients: GLP- 1 medications are to be withheld 7 days prior to procedure**
- **DO NOT** use cannabis 12 hours prior to the procedure
- **Remove** ALL facial piercings prior to arrival for the procedure

### Prep Kit / Prep Supplies

For your convenience, your Colonoscopy Prep Kit will include a ½ gallon jug, Gas-X, Dulcolax, and flavor packages for flavoring. Everything you will need to complete your prep.



Patient Name:

DOB:

Procedure Date:

Arrival time: **To be determined by**  
**Seaside Endoscopy Ctr. 302-644-3852**

## Prep Instructions

### The Day Before Your Procedure:

- **Do NOT eat any solid foods.** You may **ONLY** have **clear liquids** (see list below)
- Take all your normal prescription medications, **unless advised otherwise**  
 Mix 8.3 ounces of MiraLAX into 64 ounces (1/2 gallon) jug of liquid. **If** using the powder Gatorade mix, use 2 packets. **Refrigerate if you desire it chilled.**

#### At 2:00 PM

- Drink 8 ounces of liquid prep in jug every 15 minutes for the next **2** hours - you will have had all 64 ounces of the MiraLAX prep. This is the entire ½ gallon jug supplied.
- Take **4 Dulcolax** 5mg (bisacodyl) Laxative tablets with water or prep.

#### At 4:00 PM

- Mix 8.3 ounces of MiraLAX into 32 ounces of chosen water or Gatorade liquid. **If** using Gatorade powder, use 1 packet. **Refrigerate for the last dose if desired chilled.**

#### 5 hours prior to arrival time: (count back 5 hours from arrival time given by surgery center)

- Drink liquid prep for a total of 32 ounces of the MiraLAX prep solution. This equals ½ of the half gallon jug. **Complete all liquid within 1 hour.**
- Take two (2) simethicone (GAS-X) tablets after completing the MiraLAX preparation. The tablets are chewable.

**ALL prep and clear liquids MUST be completed 4 hours prior to arrival time.**  
**No additional liquids, hard candy, or chewing gum after completion.**

#### Approved Clear Liquids

- Water and clear soda
- Tea or coffee (no milk or cream)
- Clear broth (beef, chicken or vegetable)
- Clear light-colored juices or sport drinks
- Popsicles without fruit or cream
- Jell-O / gelatin without fruit

#### Avoid these liquids

- Red or purple liquids
- Milk or cream
- Alcoholic beverages
- Orange, grapefruit and tomato juice
- Soup other than clear broth

Contact the office in advance if there are any changes to your insurance. We may need to obtain prior authorization or approval from your insurance with any changes.

**If you are unable to keep this appointment, call our office ASAP at 302-645-6698 or 302-644-3852**

**Your procedure will be done at 34444 King Street Row, Lewes, DE**

Directions can be found [at \*\*seasideendo.com\*\*](https://seasideendo.com)

**All start times will be determined by Seaside Endoscopy Center at 302-644-3852. Seaside will contact you 24-48 hours prior to your scheduled date.**