

Midwest GI Health PH: 816-836-2200

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## **COLONOSCOPY PREP USING MIRALAX AND GATORADE**

Afternoon Appointments

| PATIENT:                             |                          |   |   |  |
|--------------------------------------|--------------------------|---|---|--|
| DOCTOR:                              |                          |   | LOCATION:                                       |  |
| PROCEDURE DAY:                       |                          |   | DATE:   |  |
| ARRIVAL TIME:                        |                          |   | PROCEDURE TIME:                                 |  |
|                                      |                          |   |   | YOUR LOCAL PHARMACY:   |
|                                      | ralax 238 grams (8.3 o   |   |   |  |
|                                      | ttles of Gatorade/Pow    |   | RED, ORANGE or PUR                              | RPLE)  |
| Eight (8) Dulcolax la                | exative tablets or its g | generic version                             |   |  |
| THE DAY PRIOR TO                     | VOUR PROCEDURE           | DAY:  |   | DATE:  |
|                                      |                          |   |   | apple and white grape juice,   |
|                                      | ports drinks, lemon or I |   |   |  |
| MiraLAX                              | STED 1. Gatora           | ade (or Powerade/Pron in the refrigerator i | opel). Shake the solution                       | iralax powder in <b>56-64 oz.</b> of<br>on until Miralax is dissolved. Place<br>beverage into two <b>28-32 oz.</b> |
| Dulcolax                             |                          |   |   |  |
| Centle, predictable overnight relief |                          |   |   | 3 oz. of water. Swallow the tablets  |
| 4                                    |                          |   | 7   |  |
|                                      | STEP 3:                  | continue drinking one                       | 8 oz. glass every 15-3 t 28-32 oz. portion of M | Miralax/Gatorade solution and 100 minutes until you have Miralax/Gatorade. This should take                        |
|                                      | Six ho                   | urs before your sche                        | duled procedure time_                           | , repeat <b>Steps 2 and 3</b> . Stay   |

STEP 4:





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AT LEAST A WEEK BEFORE YOUR PROCEDURE: Check with your prescribing doctor to make sure it is safe to hold prescription blood thinners, such as Coumadin, Plavix, Pradaxa, Xarelto, Warfarin, Eliquis, or iron supplements. Please get permission to stop these 4 days prior to your procedure.

## **COLON CLEANSING TIPS:**

**Drink Miralax chilled** 

Drink sips of the Miralax through a straw

Walking will help move the solution through your body

If you feel bloated or your stomach feels "full", drink solution slow

Continue drinking lots of clear liquids

Anal skin irritation or flare of hemorrhoid inflammation may occur. If this happens, treat it with over-the-counter remedies, such as hydrocortisone cream, baby wipes, Vaseline, or tucks. Avoid products containing alcohol.

**NPO STATUS:** During your procedure you will be administered either general anesthesia or heavy sedation. For your safety, it is essential you follow these guidelines:

- · No GUM, CANDY, MINTS, CIGARETTE SMOKING or TOBACCO USE 4 hours prior to your arrival time.
- YOU MAY HAVE CLEAR LIQUIDS UP UNTIL 4 HOURS PRIOR TO YOUR SCHEDULED ARRIVAL TIME.

## THE DAY OF YOUR PROCEDURE:

- If you take insulin or oral diabetic medication, you are advised to HOLD and DO NOT TAKE on the day of your procedure. Bring it with you.
- Take any routine heart, blood pressure or seizure medications with a SMALL sip of water. At least two hours before
  your procedure.

## YOU MUST HAVE WITH YOU:

- A responsible adult to drive you home. This individual must be present with you, check-in and stay at the facility during the procedure or your procedure will be **CANCELLED**.
- · A list of all medications you are now taking, including over-the-counter products and herbal supplements.
- · A list of any allergies you have.
- If you have a Pacemaker/AICD please bring in your Pacemaker/AICD card.

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