

Nothing by mouth including gum, chewing tobacco, or hard candy 3 hours prior to procedure or risk delay or cancellation

MIRALAX PREPARATION FOR COLONOSCOPY

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Yo	our Procedure is with Doctor	Date		
•	2550 Windy Hill Rd. Suite 302, Marietta (770		Arrival Time:	
•	880 Crestmark Dr. Suite 102, Lithia Springs (118 Mill St. Suite 100, Woodstock (678-819-		Scheduler:	
Th	e following are instructions for your procedure. - You must be on a clear liquid diet ONLY th - On the day of your procedure, you may cont - Take NOTHING by mouth (including gum,	e entire day before your patinue to have clear liquids	procedure. No solid foods! s up until 3 hours prior to yo	
<u>Se</u>	ven (7) days prior to your procedure: Please stop taking iron supplements or any mu	ılti-vitamins containing i	on. Disregard if not taking.	
•	Please make arrangements for an adult to stay at the facility for the duration of your procedure and drive you home. **NO Driver = NO Procedure!			
•	If you have major health problems or an internal defibrillator you should discuss your health history with the anesthetist at the center. Please contact them as soon as possible by calling your assigned center at the phone numbers above.			
Eli	ease review your medications for any blood iquis, Pradaxa, Pretal, Brilinta and others). Pleastructed to take Lovenox shots, do not take of If you have not received instructions on IMMEDIATELY at 678-741-5000.	ase stop these medication n the morning of the pro	s as previously instructed. ocedure, unless otherwise	If you have been instructed.
<u>Th</u>	Review/complete all procedural consent form Please purchase 5mg Dulcolax tablets [not stored, orange or purple color). *If you are diabeted Also purchase flushable wet wipes, i.e. Character Gas-X or Phazyme, to use after the procedure To improve your cleanout, begin avoiding high	pool softener], one 238 grantic, substitute Gatorade min, to use during prep to for bloating or gas pain.	am bottle of Miralax, and o with Crystal Light or Power or reduce skin irritation, as v	ne 64 oz bottle of Gatorade (avoid radeZero. well as anti-gas medication, i.e.
<u>Or</u>	ne (1) day prior to your procedure: CLEAR liquid diet for the entire day (see bac	ck side of this page) No (solid foods until after proc	edure
•	Do not follow instructions that came with the product. Instead, mix the 238 gram bottle of Miralax and the 64 oz bottle of Gatorade and chill. Follow instructions below on how and when to drink your prep solution. At 4:00 PM take 4 Dulcolax tablets			
•	If you are on long acting insulin, take onl gastroenterologist.	y half dose the evening	before your procedure, u	inless otherwise directed by your
[the	your procedure time is scheduled <u>BEFO</u>] At 6:00 pm on the day BEFORE your procedure entire solution has been consumed [64 ounces. procedure. No clear liquids 3 hours prior to p	re begin drinking the 64 or You may continue to dr	ounce solution. Drink an 8 o ink clear liquids after your s	
[your procedure time is scheduled 10AM or L] Starting at 6:00 pm on the day BEFORE your nutes until you consume 32oz. Save the remain	procedure drink ONLY h	alf [32 oz] of the prep solut	
	At 5:00 am on the day of your procedure, beginutes until the entire solution consumed. You m			

liquids 3 hours prior to procedure or risk delay and/or cancellation.

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On the day of your procedure:

- When finished with the prep, your bowel movements should be watery and see-through and free of solids (flecks are OK).
 The color may appear clear to yellow, green or tan.
- If there are prescribed medications that you **NEED** to take the morning of your procedure please do so with a small sip of water **AT LEAST 3 hours prior** to your procedure. Do not take **anything** by mouth starting 3 hours prior to your procedure.
- <u>Do not take any insulin or oral diabetic medication</u> on the morning of your procedure, unless otherwise directed by your gastroenterologist.
- If you use an inhaler bring it with you to your procedure.
- If you wear contacts, please be prepared to remove them or wear glasses.
- Please do not wear any jewelry, including body piercings, or lotion to the center.

A patient representative/responsible party is necessary because of the use of sedation. The doctor will not perform the procedure without knowing that a responsible party is in the waiting area.

The responsible party must:

- Be at least 18 years of age
- Remain at the facility the entire time
- Receive discharge instructions and pertinent medical information
- Possibly need to assist the patient with dressing
- Drive the patient home

CLEAR LIQUID DIET INSTRUCTIONS

This diet provides foods which will leave minimal residue in the intestinal tract.

<u>GROUP</u>	<u>LIQUIDS ALLOWED</u>	
Fruit Juice	Apple juice. White grape juice.	
Beverages	Black coffee, tea, carbonated beverages such as Sprite® or Coca-Cola®, Gatorade®, PowerAde®, Kool-Aid®, strained lemonade. Please AVOID red and purple colors.	
Protein	Clear broth or bouillon soups	
Desserts/Sweets	Popsicles®, fruit flavored ices, flavored gelatin, Jell-O and clear hard candy. Make sure to AVOID all red and purple coloring.	
Seasoning	Lemon juice or honey for tea. Sugar for coffee. *NO creamer.	

A FEW TIPS

- o To help make your prep more palatable, consider drinking it through a straw.
- o Plan on a 3-4 hour stay.
- O Drink plenty of clear fluids **up until 3 hours** prior to your procedure to help with dehydration.
- o Do **NOT** plan on going to work, driving, or doing strenuous activities for the rest of the day after the procedure.