

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

## INSTRUCTIONS FOR COLONOSCOPY PREP WITH *MIRALAX*

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\*\*\* VERY IMPORTANT \*\*\*

Someone must come with you, stay with you and drive you home after the procedures!!!

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### Several Days Before Prep Day

Please read all instructions several days before your colonoscopy examination. Your dosage schedule may be adjusted by your physician.

1. You will need to purchase 255 gm bottle of Miralax (Prescription) do not exceed the recommended dosage given in the instructions, serious side-effects may occur.
2. One 64 oz bottle of Gatorade (**NOT RED OR PURPLE**).
3. Also, you will need **4 Dulcolax** tablets, over the counter at any pharmacy.

NOTE: Individual responses to laxatives do vary. This prep may cause multiple bowel movements. It often works within 30 minutes; may take as long as 3 hours. Please remain within easy reach of toilet facilities.

### Day Before Examination: Prep Day

1. Drink only "clear liquids" for breakfast, lunch and dinner. Solid food, milk or milk products and beverages colored red or purple are **NOT ALLOWED**.

"CLEAR LIQUIDS" Include:

- \* Strained fruit juice without pulp (apple, white-grape, lemonade)
- \* Water
- \* Clear broth or bouillon
- \* Coffee or tea (without milk or non-dairy creamer)
- \* Vanilla Ensure
- \* Gatorade (not red or purple)
- \* Carbonated and non-carbonated soft drinks (not red or purple)
- \* Kool-Aid or other fruit flavored drinks (not red or purple)
- \* Plain Jello (without added fruits or toppings, not red or purple)
- \* Ice Popsicles (not red or purple)

2. **1:00 P.M.**

1. Take 2 Dulcolax tablets with 8 oz of clear liquid.

3. **2:00 P.M.**

1. Mix 1 bottle (255 gm) of Miralax in the 64 oz bottle of Gatorade.
2. Drink an 8 oz glass every 15-20 minutes until gone. (Approximately 1½hr-2hr)

4. **5:00 P.M.**

1. Take 2 Dulcolax tablets with 8 oz clear liquid.

5. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT.**

Morning of Examination

- Park at the Ambulatory Surgical Center/Eye Institute. Check in at the Surgery waiting room on the 1<sup>st</sup> floor. (Next to the optical shop.)
- Park at West Florida Hospital main entrance (Davis Hwy side). Check in at the information desk on the first floor.

AT: \_\_\_\_\_ ON: \_\_\_\_\_

**PLEASE READ ALL SPECIAL INSTRUCTIONS  
CAREFULLY BEFORE YOU START YOUR PREP!!**

**IF YOU HAVE ANY QUESTIONS PLEASE CALL**

**@  
474-8428 OR 1-800-874-4542 EXT. 8428**

## **SPECIAL INSTRUCTIONS**

**!! PLEASE READ CAREFULLY !!**

1. If you are **DIABETIC**, please let us know so we can adjust your dosage of medication. Patients should have ½ (one half) of their usual dose of insulin or pills on the day before their examination and take the full dose of insulin after the examination. Please bring your own insulin or pills with you on the day of your procedure so you can take it and go eat.
2. If you are taking on or more **ASPIRIN** or **VITAMIN E** every day. Please stop these for 3 days before or after your examination. You may use Tylenol if needed for discomfort.
3. If you are taking any **ARTHRITIS MEDICATION** such as **CELEBREX**, **VIOXX**, or **BEXTRA** please stop taking 3 days before procedure.
4. If you are taking **COUMADIN**, **TICLID**, **PERSANTINE** or **PLAVIX** (or any other blood thinners). Please contact our office for instructions on stopping these medications. These should be stopped 5 days before the examination, with doctors approval.
5. If you are taking **EUTONYL**, **NARDIL**, or **PARNATE** (psychiatric meds) please let us know. There may be a risk of possible drug reaction with Demerol.
6. Please notify our office immediately if you have a **HEART MURMUR**.
7. If you have an **ARTIFICIAL HEART VALVE**, or were told to take Antibiotics before surgeries, or dental work please let us know.
8. If you have **KIDNEY DISEASE**, you will need another prep. Please notify us immediately.
9. If you are taking **ANY** medications, please do not take before examination. Bring them along with you and take them afterwards.
10. Please let us know if you are allergic to **LATEX** (gloves).
11. **If this is a procedure done for screening purposes only, it is your responsibility to verify your coverage with your insurance company for screening services! The screening colonoscopy CPT code is 45378.**

**IF YOU HAVE ANY QUESTIONS PLEASE CALL:**

**@**

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