



# Colonoscopy Preparation Using Miralax and Gatorade

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## SHOPPING LIST

1. Two (2) Dulcolax Laxative Tablets (Bisacodyl) – 5 mg
2. 8.3 oz. (238 grams) Miralax (Polyethylene glycol)
3. 10 oz. Magnesium Citrate
4. 64 oz. Gatorade (NO RED OR PURPLE)



## STARTING 5 DAYS BEFORE YOUR COLONOSCOPY:

- NO **SEEDY** FOODS – Nuts, Popcorn, Seeds (flax, sunflower, and quinoa), multigrain bread, fresh and dried fruit, seedy vegetables (like tomatoes, cucumbers, squash, peppers)
- NO medicines that stop diarrhea – no **iron** or **fiber** supplements
- Blood thinners like *Plavix®*, *Brilinta®*, *Effient®*, Warfarin, *Pradaxa®*, *Eliquis®*, *Xarelto®*, may have to be stopped. **Are you on a blood thinner? YES \_\_\_\_\_ NO \_\_\_\_\_**

## DAY BEFORE COLONOSCOPY - CLEAR LIQUID DIET ALL DAY:

Please **NOTHING** red, purple, or with pulp

**Drinks** – Gatorade, Powerade, Sports drinks are encouraged for their electrolytes  
Black coffee or tea, plain with **NO cream or milk**. Any flavor soda or soft drink  
Any flavor clear juice such as white grape juice or apple juice  
Boost, Ensure, Glucerna (not plus or high fiber): Up to 2, **NONE** on procedure day

**Desserts** – Gelatin, Jell-O, Slurpee, and popsicles. **NO** red or purple, **NO** sherbets, **NO** smoothies

**Soups** – Clear broth which can be canned, home-made, or bouillon

**Sweets** – Hard candy such as mints, lifesavers, and gum

Diabetic medications **will** need to be adjusted per diabetic protocol.

Please take all prescribed medication including heart and BP medications!

## TAKING THE PREP DAY BEFORE - 1<sup>ST</sup> DOSE ON:

- First thing:** Mix 8.3 oz Miralax into 64 oz of Gatorade or water and leave in the refrigerator
- At 12:00 NOON or 4:00 pm if working:** Take 2 Dulcolax Tablets.
- At 2:00 PM or as soon as you get off work:** Drink 10 oz Magnesium Citrate
- 5 hours before bedtime:** Drink 1/2 of your Miralax+Gatorade/water within an hour.

## TAKING THE PREP DAY OF - 2<sup>ND</sup> DOSE (5 hours before your procedure):

- Drink the second 1/2 of the Miralax+Gatorade/water mixture within 30 minutes while staying active as possible.



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**NOTHING BY MOUTH STARTING THREE HOURS PRIOR TO PROCEDURE**

## Date and Time of Your Procedure

\_\_\_\_\_

## Arrival Time to Procedure Location

\_\_\_\_\_

## Location of Procedure:

- |                                                                                                                                                          |                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Sentara Obici Outpatient Surgery Center</b><br>2800 Godwin Blvd, Suffolk, VA 23434<br>Second floor of main hospital building | <input type="checkbox"/> <b>Lakeview Ambulatory Surgery Center</b><br>2000 Meade Pkwy, Suffolk, VA 23434<br>East entrance |
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## Important Transportation Note

**\_\_\_\_\_** Patients CANNOT drive a vehicle for the remainder of the day after having a colonoscopy. Please be sure to bring a responsible adult with you to drive you home after the procedure. Someone must stay with you overnight after the procedure.

## Procedure Cancellation and No-Show Policy

**\_\_\_\_\_** Our office must be notified of all procedure cancellations at least two business days prior to the procedure. Appointments cancelled within 48 business hours of the procedure time or a missed appointment will be subject to a **\$100 no-show fee**. To cancel a procedure, please call our office.

**\_\_\_\_\_** You must confirm your procedure a week prior. If we do not have a confirmation, your procedure may be cancelled.

## Billing Notice

**\_\_\_\_\_** If polyps are removed or biopsies are taken during a **screening** colonoscopy, the colonoscopy becomes **diagnostic** per most health insurance companies. Your copay for a preventive exam is affected by this insurance company policy, as you would have a higher copay.

**By signing below, I acknowledge that I have read and understood the information provided on this form. I understand that I am responsible for adhering to the preparation and all policies listed above, which were reviewed with me by \_\_\_\_\_.**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_