



# Colonoscopy Preparation Using Miralax and Gatorade

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

**READ EVERY LINE CAREFULLY!**



## SHOPPING LIST

1. Two (2) Dulcolax Laxative Tablets (Bisacodyl) – 5 mg
2. (2) 8.3 oz Miralax bottles (Polyethylene glycol)
3. (3) 32 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-PLEASE NOTHING RED, PURPLE OR WITH PULP

### CLEAR LIQUID DIET ALL DAY

- 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 1 ½ bottles of Miralax with (3) 32 oz. Gatorade or water, into a pitcher and leave in the refrigerator.
- At 12:00 NOON or 4:00 pm if working:** Take 2 Dulcolax Laxative Oral Tablets.
- At 2:00 PM or as soon as you get off work:** Drink 1/3 of the Miralax+Gatorade/water mix.
- 5 hours before bedtime:** Drink 1/3 of your Miralax+Gatorade/water within 1 hour.

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

- Drink the final 1/3 of the Miralax+Gatorade/water mixture within 1 hour while staying active as possible. **NOTHING BY MOUTH 3 HRS PRIOR TO PROCEDURE**



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## Date and Time of Your Procedure

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## Arrival Time to Procedure Location

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### 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>BelleHarbour Medical Building</b><br>3910 Bridge Rd Suite 101, Suffolk, VA 23435<br>First floor, side entrance facing Bridge Rd |
|--|---|

### Important Transportation Note

Patients CANNOT drive 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 at the endoscopy waiting area and 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 not 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: \_\_\_\_\_