

PREP FOR COLONOSCOPY MIRALAX

DAY BEFORE PROCEDURE:

1. **Purchase at Pharmacy:** 4 Dicolax tablets, 1 Fleet's enema, 255 gram bottle Miralax (prescription) and 64 oz. Gatorade (Use Green, yellow, or clear) plus another 32 oz. Gatorade bottle.
2. **NO SOLID FOODS ALL DAY.**
3. **CLEAR LIQUID DIET ALL DAY.** Examples: Black coffee, tea, apple juice, white grape juice, soft drinks, Gatorade, Tang, bouillon (chicken, beef or vegetable), plain Jell-O, Popsicles, and hard candy. **NO RED DRINKS, RED JELL-O, OR RED JUICES. NO MILK OR MILK PRODUCTS.**
4. At 12:00 noon Take 2 Dicolax tablets.
5. At 2:00 p.m. Mix Miralax in 64 oz of Gatorade (Large pitcher may help with mixing) Drink 8 oz, every 10 – 15 minutes until solution is completed.
6. At 8:00pm. Take last 2 Dicolax tablets and drink 32 oz of water or Gatorade.

DAY OF PROCEDURE:

1. **Do not eat or drink anything, not even water, except with your meds.** You may brush your teeth. *** If this procedure is scheduled for 12 noon or later, BEFORE 8:00 a.m., you may have a clear liquid breakfast, then NOTHING TO EAT OR DRINK, NOT EVEN WATER, until after your procedure.
2. Take one (1) Plain Fleet Enema (green and white box). Be finished on to one and a half (1 – 1 ½ Hours before your are due for your procedure.
3. SPECIAL INSTRUCTIONS FOR ROUTINE MEDICATIONS:

Heart Medicines	Take with a sip of water only
Blood Pressure Medicine	Take with a sip of water only
Insulin	_____
Blood thinner	Stop 5 days before procedure
Aspirin or aspirin like products	Stop 5 days before procedure
Advil, Motrin, Ibuprofen, Naprysn, Goodies, BC's et.	Stop 5 days before procedure
Iron Preparations	Stop 3 days before procedure
Vitamin E	Stop 5 days before procedure
Oral Diabetic Medicines	Hold morning of procedure
Other	_____
4. IF YOU ARE DIABETIC: CHECK YOUR BLOOD SUGAR PRIOR TO COMING TO THE OFFICE FOR YOUR PROCEDURE.
5. **REPORT to: 2675 N. Decatur Road, Suite 506, Decatur, GA 30033**

or

Dekalb Medical Center (go through ER entrance)

Arrival Time _____ Scheduled time _____ Day _____ Date _____

6. **NO RIDE – NO PROCEDURE. SOMEONE MUST ACCOMPANY YOU, AND DRIVE YOU HOME. The afternoon procedures – Your ride must stay on the premises**
7. Bring a list of all of your medications Prescription and over the counter)
8. Plan to be at the office or hospital 1 ½ to 2 hours.
9. If you have any further questions or need to reschedule, please call the office at **(404) 299-1679** as soon as possible. Ask to speak to _____

You will be required to pay any outstanding balances or co-pays prior to the procedure being performed.