

IMPORTANT FOR YOUR OWN SAFETY

INSTRUCTIONS MUST BE FOLLOWED OR YOUR PROCEDURE WILL BE RESCHEDULED!

ITEMS YOU WILL NEED TO PURCHASE:

- **MiraLAX 510 gram bottle** (or generic equivalent) available over-the-counter at any pharmacy.
- **Two bottles of Magnesium Citrate 10 oz bottle** Available over-the-counter at any pharmacy.
- **Clear liquids** including broth and/or Gatorade (see list on back page).

5 DAYS PRIOR TO YOUR PROCEDURE

STOP THE FOLLOWING:

- **Oil Capsules & Iron Supplements (Ferrous Sulfate)**
- **AFTER GETTING APPROVAL FROM PRESCRIBING PHYSICIAN** discontinue all blood thinning medication (Aggrenox, Arixtra, Brilinta, Coumadin, Effient, Plavix, Pradaxa, Warfarin, etc.)

MEDICATIONS YOU ARE REQUIRED TO TAKE

- Diabetes medication (oral or injection) - take one half the usual dose the day prior to procedure **Omit Diabetes medication day of procedure.**
- Heart, Blood Pressure, Seizure, Asthma medications must be taken 4 hours prior to your scheduled procedure time with a sip (less than 1 oz) of **clear liquid.**

PROCEDURE PREP

2 DAYS PRIOR TO YOUR PROCEDURE

FULL and CLEAR LIQUIDS Only (Breakfast, Lunch and Dinner) (See list on back) - NO FOOD

- At 6:00pm drink 10 oz. bottle of Magnesium Citrate (chill and drink with a straw) **1 DAY**

PRIOR TO YOUR PROCEDURE

CLEAR LIQUIDS ONLY (BREAKFAST, LUNCH AND DINNER) - NO FOOD

Start MiraLAX Between 1:00pm and 5:00pm

MiraLAX - Mix one cap full of MiraLAX (powder) in 8 oz of **clear liquid** (see list on back). Please make sure to use cold Gatorade or warm broth at least every other dose. Repeat every 30-45 minutes until you have taken 18 doses of MiraLAX.

Dulcolax - Take 2 Dulcolax (bisacodyl) tablets (in attached envelope) with the 9th dose of MiraLAX and take the other 2 Dulcolax tablets (in attached envelope) with the 18th dose of MiraLAX.

***After completing 18 doses of MiraLAX if your stool is not clear (slightly colored is okay but no fecal matter should be present), take 4 more doses of MiraLAX.**

***Drink one 10 oz bottle of Magnesium Citrate 5 hour prior to procedure.**

Continue drinking approved clear liquids (see list) until 4 hours prior to procedure.

- **NOTHING BY MOUTH 4 HOURS PRIOR TO PROCEDURE**
- **SOMEONE ELSE MUST BE AVAILABLE TO DRIVE YOU HOME**
- **PLEASE NOTIFY OUR OFFICE IF THERE HAS BEEN A CHANGE IN YOUR HEALTH OR MEDICATIONS SINCE SCHEDULING PROCEDURE**

Nothing by mouth after _____ day of exam.

OVER

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APPROVED FULL LIQUIDS

- Strained cream soups
- Milk
- Ice Cream/Milkshakes (vanilla or chocolate)
- Pudding
- Yogurt (without fruit)
- Instant breakfast drinks
- Ensure

APPROVED CLEAR LIQUIDS

- Fruit juices without pulp (apple, grape, cranberry, etc.)
- Coffee or Tea (without milk or non-dairy creamer, sugar is okay.)
- Jell-O (No **RED** Jell-O)
- Clear broth or bouillon (beef or chicken.)
- Sport Drinks (Gatorade, Powerade, etc.)
- Kool-Aid
- Soft Drinks (all Pepsi & Coke products.)
- Popsicles
- Water
- Ensure **Clear**/Protein Water

ALCOHOLIC BEVERAGES ARE DISCOURAGED!