

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.
- **Magnesium Citrate 10oz** 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

1 DAY PRIOR TO YOUR PROCEDURE

Breakfast before 9:00am:

In the morning you may have a **light** breakfast of **only eggs and/or dairy** (cheese, milk, plain yogurt, ensure)
Drink as much clear liquid as desired (SEE LIST ON BACK OF PAGE) **CLEAR LIQUIDS only after breakfast.**

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

MiraLAX - Mix 17 grams (see cap for measurement) 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**.

DAY OF YOUR PROCEDURE

*Drink one 10oz bottle of Magnesium Citrate 5 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

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
- Protein Water
- Ensure Clear
- Water

ALCOHOLIC BEVERAGES ARE DISCOURAGED!