

Colonoscopy Bowel Preparation Instructions

SPLIT Dose MiraLAX + Gatorade

Online Instructions:

www.eehealth.org/services/gastrointestinal/patient-instructions/

Endeavor Health Gastroenterology

Christopher A. Boutin, MD
Michael Greenspan, MD
Jason Kramer, MD
Shubha Singh, MD
George Stathopoulos, MD

Atena Lodhi, MD
Patrick J. Lynch, MD
S. Dharan Kumar, MD
Karen Ma, MD
Allison Rzepczynski, MD

- **Your appointment is on:** (day of the week) _____ (date) _____ (arrival time) _____ a.m/p.m
- **You are scheduled to have your test done at:**
 - Elmhurst Memorial Hospital:** 155 E. Brush Hill Road. Park in Green Lot, East Entrance. 2nd floor Endoscopy registration desk.
 - North Elmhurst Location:** 755 N. York St. Park in main entrance and register at front desk.
 - Elmhurst Outpatient Surgery Center/Center for Health:** 1200 South York Rd. Park in Purple Lot. Go to 1st floor registration desk. **If you do not receive your arrival time the day before your procedure by 3PM, please call the Center for Health directly at 630.758.8888.**

NOTE: It is the patient's responsibility to check with the insurance company to see if pre-certification is required, as well as for any questions regarding benefits, & out-of-pocket costs. See attached sheet for procedural and diagnostic code information.

Procedure Code(s): _____ **Diagnosis Code(s):** _____

****READ ALL OF THESE INSTRUCTIONS SEVERAL DAYS BEFORE YOUR SCHEDULED TEST DATE****

For this preparation, please purchase the following items OVER THE COUNTER items at your local pharmacy:

1. One (1) **238 g bottle** of MiraLAX
2. Two (2) Dulcolax **laxative** tablets.
3. **64 oz. Gatorade (NOT red, purple, blue)**
4. Small pack of simethicone tablets (anti-gas chewable or soft gels such as Gas-X, Mylanta Gas, Maalox Anti-Gas, or similar products)

STARTING FIVE DAYS BEFORE THE COLONOSCOPY:

1. Pick up your bowel prep OVER THE COUNTER (as above) at your pharmacy, no prescription is required.
2. Recommended diet: meats, fish, breads, pasta, cereal, rice, mashed potatoes, bananas, applesauce, eggs, and canned peaches/pears.
3. **DO NOT EAT: fruits and vegetables, corn, nuts, seeds and popcorn.**

ONE DAY BEFORE THE COLONOSCOPY:

- **NO SOLID FOOD – CLEAR LIQUIDS ONLY**
- **DIET:** FOR BREAKFAST, LUNCH & DINNER, ONLY DRINK CLEAR LIQUIDS (See list on the back).
- **BOWEL PREP:**
 - **Step 1:** Beginning at **2:00 PM**, take two **(2) Dulcolax laxative tablets** with 8 oz. of water. Swallow the tablets whole with a full glass of water.
 - **Step 2:** At **5:00 PM**, mix the bottle of MiraLAX in **64 oz.** of Gatorade. Shake the solution until the MiraLAX is dissolved. Complete **FIRST HALF** by **8:00 PM**. Put the remaining solution in the refrigerator.
 - **Step 3:** At **9:00PM**: Take 2 simethicone anti-gas chewable or soft gels with 8 ounces of clear liquid. The simethicone medication reduces bubble formation in your colon and improves exam quality.
 - If you feel nauseated or bloated when drinking, take a short break and walk around to help the liquid pass through your intestines.

DAY OF COLONOSCOPY:

- **NO SOLID FOODS!**
- **BOWEL PREP:**
- Complete **SECOND HALF** of MiraLAX/Gatorade bowel prep.
- **START DRINKING PREP (6 Hours prior to procedure time) AT:** _____
- **FINISH DRINKING PREP (3 Hours prior to procedure time) BY:** _____
- Stool must be liquid and clear without solid material to proceed with a successful colonoscopy.
- You may have CLEAR LIQUIDS up to 3 hours before procedure time. **If you fail to keep your stomach empty for three hours, your procedure may be CANCELLED.**

TRANSPORTATION

Plan to have someone drive you home after the procedure. You **CANNOT** use public transportation (Uber, Lyft, Taxi). The procedure (s) involves sedation, and you will not be allowed to leave unaccompanied. **NO EXCEPTIONS.** Your procedure **CANNOT** be performed if you do not have a driver/adult to escort you home.

WHAT TO WEAR

Wear casual clothes. Please leave jewelry and valuables at home. You may wear your dentures and eyeglasses, however these will be removed prior to the procedure. Please let the staff know that you are wearing dentures before the procedure.

WHAT TO BRING

A picture ID, proof of insurance, list of your medications and allergies, and your referral form (if your insurance requires it).

QUESTIONS/RESCHEDULING: If you have any questions, please do not hesitate to call us at **331-221-9003 (office)**. To cancel or reschedule please contact the office **AT LEAST 7 Business days** prior to your scheduled procedure. Please see attached cancellation policy.

MEDICATION(S) → OK TO TAKE BEFORE THE PROCEDURE:

- Aspirin
- Statins & Seizure medications → OK to continue
- BETA BLOCKERS → OK to continue
- ACE INHIBITORS, ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) & COMBINATION DRUGS THAT CONTAIN AN ARB → OK to continue

MEDICATION(S) TO HOLD → DO NOT TAKE BEFORE PROCEDURE (READ BELOW):

- Iron (ferrous sulfate/ ferrous gluconate), Herbal Supplements & Multivitamins - **HOLD 7 DAYS (1 WEEK)** prior to the procedure.
- Ozempic, Wegovy, Mounjaro, Trulicity, Rybelsus, Victoza – **HOLD 7 DAYS (1 WEEK)** prior to the procedure.
- Jardiance, Invokana, Farxiga, Steglatro, Brenzavvy - **HOLD 4 DAYS (96 hours)** prior to the procedure.
- **ANOREXIANTS (Weight Loss Medication - i.e., Phentermine/Vyvanse) - HOLD 7 DAYS (1 WEEK)** prior to the procedure.
- **DO NOT TAKE:** Any form of **Erectile Dysfunction** medications for **3 DAYS (72 hours)** prior to the procedure **UNLESS** prescribed for **Pulmonary Hypertension**.
- **DO NOT TAKE:** Any form of **alcohol** and **recreational drugs 1 DAY (24 hours)** prior to the procedure.

PATIENTS ON BLOOD THINNERS (ANTICOAGULANTS)

- **YOU** are responsible for contacting your **cardiologist** or **prescribing provider**, regarding recommendations on holding these therapies prior to your scheduled procedure.
- This should be done **at least 2 weeks in advance**, as some medications will need to be held 5 days prior to your procedure.
- ***IF you forget to stop your blood thinner, your procedure WILL be cancelled and rescheduled*.**

PATIENTS ON DIABETIC MEDICATIONS (ORAL/INJECTIONS)

- **HOLD ORAL** diabetic medication(s) the **DAY BEFORE** and **DAY OF** procedure **OR** MD discretion. ***This will be reviewed with you when scheduling procedure*!**
- **IF YOU TAKE INSULIN**
 - **YOU** will need to contact your **endocrinologist** or **prescribing provider**, prior to your scheduled procedure for recommendations on adjustments to these therapies during the bowel prep process and the day of your procedure.
 - This should be done **at least TWO WEEKS in advance**.
 - Bring your insulin with you to the exam.

Additional Instructions:

CLEAR LIQUID DIET

<u>NOT ACCEPTABLE</u>	<u>ACCEPTABLE/ALLOWED</u>
<ul style="list-style-type: none"> • SOLID FOOD • ANYTHING THAT IS RED, BLUE, PURPLE • DAIRY/MILK PRODUCTS/HONEY • ALCOHOL • TOMATO JUICE OR ANY FRUIT JUICE WITH PULP 	<ul style="list-style-type: none"> • LEMON-LIME SODA (SPRITE, GINGER-ALE, 7UP, CLUB SODA) • BROTH (VEGETABLE, CHICKEN, BEEF → <u>LIQUID ONLY, NO SOLID FOOD!</u>) • WATER • BLACK COFFEE/TEA (NO CREAMERS, DAIRY/MILK, HONEY) • APPLE JUICE, WHITE GRAPE JUICE, LEMONADE • POPSCILES, ITALIAN ICE (NOT RED, BLUE, PURPLE) • JELL-O (NOT RED, BLUE, PURPLE OR MILK-BASED) • GATORADE, PROPEL, POWER-ADE (NOT RED, BLUE, PURPLE)