



Colonoscopy Prep with Dulcolax & Miralax Instruction Sheet

Patient Name _____ Date of Birth _____

Your colonoscopy is scheduled _____(Day), _____(Date)

____ You will be given your ECH Endoscopy Center arrival time two business days prior to your procedure (see attachment).

____ Arrive at Evangelical Hosp Surgical Desk Reception (take Elevator A to 2nd floor) by ____ (Time).

Please familiarize yourself with instructions on front and back of this instruction sheet after your procedure has been scheduled. Your preparation actually begins 7 days prior to your procedure. You will need to purchase (4) 5 mg Dulcolax laxative tablets and 1 Bottle of 238 gm (8.3 oz) Miralax Powder from your preferred pharmacy.

Call _____ @ 570-524-2722 @ extension _____ if you have any questions.

Days Before Your Procedure	Do's and Don'ts
7	STOP ALL HERBAL SUPPLEMENTS, IRON PRODUCTS, MULTI-VITAMINS, FLAX SEEDS, CHIA SEEDS, etc. AVOID EATING CORN – due to the kernels.
5	<i>Discontinue</i> use of all anti-inflammatories (aspirin, Motrin, Ibuprofen, Aleve, Excedrin) unless these are required for a cardiac or vascular condition. Last dose _____. For symptom management such as joint pain or headache, only use Tylenol.
3-5	We will call your Primary Care Provider to determine if and when blood thinners should be stopped, and we will call you with details. Anticipated Last Dose _____.
1	Consume a clear liquid diet when you awaken (see back for details) and Dulcolax-Miralax (see below). Drink 64 oz. of clear liquids during the day in addition to your clear liquid meals. [Diabetics: Do not take any oral diabetic medication but take $\frac{1}{2}$ the normal dose of insulin.] <ul style="list-style-type: none"> • 3:00 p.m. Take (4) Dulcolax 5 mg tablets and continue clear liquids. • 6:00 p.m. Begin Step 1 of Miralax prep. Continue to drink clear liquids until bedtime. • 6 hours before your procedure Begin Step 2 of Miralax prep. When Step 2 is complete, then nothing to eat or drink until your procedure is complete.

Step 1 Miralax: Mix 7 capfuls of Miralax in **32 oz** of a clear liquid drink. Drink **8 oz** of the mixture every **30 minutes** or until it is finished. Continue with your clear liquid diet as desired.

Step 2 Miralax: Mix 7 capfuls of Miralax in **32 oz** of a clear liquid drink. Drink **8 oz** of the mixture every **30 minutes** or until it is finished. Afterwards, **do not consume anything else by mouth until after your procedure.**



Upon completion of thorough prepping, your bowel movements should be a clear or yellowish liquid. If they are darker, administer a Fleets enema in advance of your procedure time and call the Evangelical Community Hospital Endoscopy Center for further instructions @ 524-1213.

Checklist for the Day of Your Procedure

_____	PLEASE TAKE medications for Heart conditions and/or high blood pressure with a <i>small sip</i> of water before you leave home. All other medications, vitamins, or supplements can be taken after your procedure unless directed otherwise by your physician.
_____	Diabetics: Do not take any medications until after your procedure when you start to eat again
_____	Do not take anything by mouth after completing your prep prior to your procedure. This includes gum, cough drops, mints, alcohol, and tobacco products (including smoking).
_____	You must have a driver, as following sedation, you are legally not permitted to drive. If you do not have a driver, your procedure will be cancelled. Your driver will be REQUIRED TO STAY on the premises during your procedure. If your driver refuses to stay, the provider may decide to cancel the procedure.
_____	If you are prescribed to use a CPAP machine, please bring this along to your procedure.
_____	If you need corrective lenses wear glasses and not contacts.
_____	If you need to cancel on the day of your procedure, please call shortly after 6 AM 570-524-1213 if you are scheduled at ECH Endoscopy Center (90 Medical Park Dr) 570-522-2624 if you are scheduled at Evangelical Community Hospital (One Hospital Drive)

Clear Liquid Diet Tips

Any liquid or thawed frozen liquid that you can “see through” is considered to be a clear liquid and can be consumed. Keep in mind drinks like Gatorade or Pedialyte will replenish fluids and electrolytes. **Avoid red and even purple** colored liquids since “staining” can appear as inflamed tissue during the procedure.

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| Coffee/Tea | Natural and artificial sweeteners are acceptable to have with your coffee/tea but <u>do not use dairy or non-dairy products.</u> |
| Water | All types including flavored and seltzer are acceptable. |
| Juices | All “see through” juices – consider drinking white (vs. purple) grape and white (vs. red) cranberry juices. <u>(Nectars and high pulp juices are not acceptable.)</u> |
| Snack Drinks | Sodas including Pepsi and Coca-Cola, Kool-aids, lemonades, and many other drinks are acceptable <u>except red, blue and purple snack drinks.</u> |
| Popsicles | Most popsicles, when melted, are frozen clear liquids and are acceptable <u>except red, blue and purple. Frozen fruit and creamed fruit bars are not acceptable.</u> |
| Broth | All clear broths are acceptable. |
| Jello | All Jello products <u>except red, purple, blue and JELLO with fruit.</u> |