



2112 Harrisburg Pike, Suite 202, P.O. Box 3200, Lancaster, PA 17604-3200

## Miralax/Gatorade Colonoscopy Preparation 2-Day Prep

**Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Procedure Date & Arrival Time:** \_\_\_\_\_ **Physician:** \_\_\_\_\_

### Place:

MidAtlantic Endoscopy - 2112 Harrisburg Pk., Suite 100, Lancaster  
MidAtlantic Endoscopy - 4140 Oregon Pk., Ephrata  
Ephrata Hospital - 169 Martin Ave., Ephrata  
UPMC Lititz - 1500 Highlands Dr., Lititz  
Lancaster General Hospital - 555 North Duke St., Lancaster

### General Instructions:

Due to the sedation you will receive, you must have a responsible adult accompany you to your procedure. **YOUR DRIVER IS REQUIRED TO STAY AT THE FACILITY FOR THE ENTIRE TIME OF YOUR PROCEDURE.** Public transportation is allowed, but only under the supervision of a responsible adult who must stay with you the entire time of procedure. Bus, taxi or shuttle drivers do not fulfill the requirement of a responsible adult. You may **NOT** be dropped off for your procedure.

1. If you are currently taking Aspirin and/or Plavix, you should **NOT STOP** taking these medications unless directed to by our office.
  - Other Medication Instructions:  
\_\_\_\_\_  
\_\_\_\_\_
2. Oral Iron should be **discontinued 5 days** prior to the exam.
3. **All medications should be continued and taken the morning of the exam (with your bowel prep or immediately after completing your bowel prep with only a sip of water) unless otherwise stated in these instructions.**
4. You will need to **HOLD** any oral diabetic medications the morning of the procedure and check your blood sugar before arrival. If your blood sugar is 70 or below, please call 717-869-4600 and notify the staff. Please notify the staff immediately upon your arrival as well.
  - Diabetic Medication Patient Instructions:  
\_\_\_\_\_  
\_\_\_\_\_
5. Check with your endocrinologist or primary care physician regarding the management of your other diabetic medications, especially insulin. If you have an insulin pump, you should contact the provider that manages your pump to address any changes that will be required for the prep and procedure.

**Purchase:** \*64 oz & a 32 oz bottle of Gatorade, Propel, Crystal Light, water or any clear liquid (**any color but red or purple**)

\*Miralax 238 gram & a 119 gram bottle.....purchase over the counter, no prescription needed.

\*Six (6) 5 mg Dulcolax laxative tablets

### **IT IS IMPORTANT TO DRINK PLENTY OF LIQUIDS ALL DAY TO PREVENT DEHYDRATION**

\_\_\_\_**Day 1:** Clear liquid diet the entire day. No solid foods. You may have: tea, coffee, Jello, juices without pulp, bouillon, Italian ice, slushies, and soda. **No red or purple colored Jello and No red or purple colored liquids, No fruit pieces in the Jello, No cream or milk products.**

**Mix** Miralax 119 gram with 32 oz clear liquid.

\*At 2:00 PM, take 2 Dulcolax laxative tablets.

\*Between 4:00 - 6:00 PM, drink 1-8 oz glass of Miralax mixture every ½ hour until finished.

Continue on clear liquids the rest of the evening.

\_\_\_\_**Day Before Your Colonoscopy:** You must be on a clear liquid diet the entire day. **No solid foods.** You may have: tea, coffee, Jello, juices without pulp, bouillon, Italian ice, slushies, and soda. **No red or purple colored Jello or red or purple colored liquids, No fruit pieces in the Jello, No cream or milk products.** **Do not** eat seeds, nuts, oatmeal or other whole grains, beans, peas, corn, and the peels of fruits and vegetables as these remain in the colon after completion of the prep.

\*Anytime on the day of your prep, mix the entire bottle of Miralax (238 gram) in the 64 oz of clear liquid (**any color but red or purple**). Shake well until the powder is completely dissolved and refrigerate.

\*At 2:00 PM, take the 4 Duocolax laxative tablets with water.

\*Around 4:00 PM, begin drinking the Miralax/Gatorade mixture. Drink 1-8 oz glass every ½ hour over 4 hours.

**Continue to drink clear liquids until midnight then nothing to eat or drink after midnight.**

### \_\_\_\_**Day of Your Colonoscopy:**

You may not have any hard candy or chewing gum the morning of your colonoscopy as this will delay your procedure. All medications should be taken (unless otherwise stated on these instructions) with sip of water at least 2 hours prior to exam.

### **OUTPATIENT DISCHARGE INSTRUCTIONS:**

1. You are advised to rest and relax for the remainder of the day.
2. **UNTIL THE MORNING AFTER YOUR PROCEDURE:**
  - DO NOT** Drive or operate any machinery
  - DO NOT** Consume any alcoholic beverages or use illicit drugs
  - DO NOT** Sign any legal documents or make critical decisions
  - DO NOT** Take any **un-prescribed** medications
3. You may resume your normal diet.
4. A feeling of fullness or cramping from remaining air or carbon dioxide in your bowel is normal. Mild activity, such as walking, will help expel the air. Lying on your left side or directly on your stomach will also help expel the remaining air or carbon dioxide

**IF YOU HAVE ANY ROUTINE QUESTIONS, PLEASE CONTACT THE OFFICE AT (717) 869-4600, BETWEEN 8:00 - 4:00 (WEEKDAYS). PLEASE CONTACT US IF PROBLEMS ARISE BEFORE YOUR PROCEDURE OR IF YOU NEED TO CHANGE OR CANCEL YOUR PROCEDURE.**

***If you have an urgent question or concern after business hours you may reach our on-call physician at (717) 869-4600.***

**PLEASE GIVE AT LEAST 72 HOURS NOTICE WHEN CANCELING. LESS THAN 72 HOURS NOTICE MAY DELAY CARE AND INCREASE MEDICAL COST. IF YOU CHOOSE TO CANCEL YOUR PROCEDURE IN LESS THAN 72 HOURS PRIOR TO YOUR EXAM YOU WILL BE CONSIDERED A “NO SHOW” AND YOU WILL BE CHARGED A \$50.00 FEE.**

**ANY PATIENT THAT CANCELS GREATER THAN TWO (2) PROCEDURE APPOINTMENTS WILL NEED TO HAVE A CLINIC APPOINTMENT BEFORE BEING PLACED BACK ON THE ENDOSCOPY SCHEDULE. SPECIFIC CIRCUMSTANCES MAY BE ADDRESSED AT THE DISCRETION OF THE DOCTOR.**

**Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_**