

MIRALAX/GATORADE SPLIT DOSE PREPARATION FOR COLONOSCOPY for Constipation

Please read these instructions carefully and call the office if you have any questions.

PURCHASE AT THE PHARMACY:

- 6 Dulcolax (bisacodyl) 5mg tablets
- 238 gram bottle and 119 gram bottle of Miralax (non-prescription)
- 96 ounces of Gatorade (three 32 oz. bottles), any flavor except red ones (e.g. x-factor)

FIVE DAYS PRIOR TO YOUR PROCEDURE:

- All aspirin and anti-inflammatory medications including ibuprofen, Motrin, Aleve, naproxen, Naprosyn, sulindac, piroxicam, Feldene, indomethacin, diclofenac, and Voltaren **are to be continued**. Tylenol (acetaminophen) is also safe to continue.
- If you are taking Coumadin (warfarin), Plavix (clopidogrel), Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (Apixaban) or other blood thinners, please contact our office to determine if an office visit may be required prior to your procedure to discuss if and when these anticoagulants need to be stopped.
- Stop all fiber supplements including Metamucil, Citrucel, Benefiber, FiberChoice and flax seeds. If you are taking these to treat constipation, you may take 17g of Miralax daily starting five days prior to your procedure in place of the fiber. (This will require you to purchase more Miralax than stated above).
- If you are diabetic and use insulin, please contact our office for insulin instructions.
- Please call our office if you have any questions about which medications you should or should not take.
- 3 days prior to your exam, avoid nuts and seeds.
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TWO DAYS PRIOR TO YOUR EXAM:

- Clear Liquids only. This includes clear juices (apple, grape, strained orange and strained lemonade), tea, coffee (no creamer or milk) soft drinks, Gatorade/Powerade, clear broth or bouillon, Jell-O and popsicles.
- Avoid red drinks, red Jell-O and dairy products.
- Consume large amounts of fluids to avoid hunger or dehydration and assist in cleansing the bowel.
- At Noon, take (2) Dulcolax tablets, you may experience cramps and stools after ingestion. Take (2) Dulcolax at 6:00pm.

ONE DAY PRIOR TO YOUR EXAM:

- * **Continue the clear liquid diet from day before.**
- * At **10:00** am, take one (1) Dulcolax tablet-you *may* experience cramps and stools after ingestion.
- At **3:00** pm, take another (1) Dulcolax tablet-you *may* experience cramps and stools after ingestion.
- At **5:00** pm, mix the full bottle of Miralax (238 g) into 64 ounces of Gatorade. Shake until completely dissolved.
- Drink one 8 ounce glass every 10-15 minutes until you've finished the 64 ounces. This will induce stools. If no stools occur within 2 hours of completing, please repeat this step. This will require you to purchase more Miralax and Gatorade.

THE DAY OF THE PROCEDURE:

- Mix the remaining 119 g of Miralax with the remaining 32 ounces of Gatorade. Shake until completely dissolved. Drink the mixture starting 6 hours before your scheduled appointment time (i.e. if your appointment is at 10 am, you should start at 4 am. If it is at 1 pm, you should start at 7 am). Drink 8 ounces every 10-15 minutes. You must finish within 2 hours of starting so that your stomach is empty for your exam.
- You may continue to drink clear liquids until 4 hours prior to your procedure.
- **DO NOT** take anything by mouth for 4 hours prior to your procedure.
- Take your usual prescribed medications with small sips of water. If you are on anti-inflammatory medications or blood thinners please see instructions above.
- Please bring a list of your current medications with the correct dosages to your appointment.



- **NO DRIVING**-Because of the sedatives that you will be given **you cannot drive for the remainder of the day**. You may use a taxi after the procedure. You must have someone present to drive you home after the procedure or we may cancel your exam.
- You will be sedated for your procedure. Please plan to avoid making important decisions for the remainder of the day after your procedure. We recommend you do not plan to work the day of your procedure.
- **We cannot be responsible for your valuables. Please leave them at home.**

You are scheduled with Dr. _____ Date: _____ Check in time: _____

_____ Boise Endoscopy Center, 425 W Bannock Street, Boise

_____ Meridian Endoscopy Center, 2235 E Gala Street, Meridian

_____ St. Luke's Boise Regional Medical Center (Patient Registration), 190 E Bannock St, Boise

_____ St. Luke's Meridian Medical Center (Out Patient) 520 S Eagle Rd, Meridian