## Colonoscopy Prep Instructions: Miralax/Gatorade/Bisacodyl & 2 doses of Milk of Magnesium



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F: 410-972-2698

YOUR BOWEL PREP IS VERY IMPORTANT- Please read immediately and review instructions carefully! Only follow these MDTEC instructions for your prep. If you do not follow these instructions and you are not prepped properly for your procedure, a cancellation fee will apply.

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Prior to your procedure:	Read 7 Days Prior	2 Days Prior	1 Day Prior	Procedure Day			
Prior to your procedure:  Purchase 8.3oz Miralax & 64 ounces of Gatorade & 1 bottle Milk of Magnesia Also purchase Bisacodyl 5mg tablets (4)  (Cannot be red, blue, or purple Gatorade)  You will need to arrange for a responsible adult to drive you home.  You cannot drive until the day after your procedure.  A taxi, ride share, or shuttle is not an approved means of transportation unless you have a family member or friend with you.  If you take Phentermine — stop taking this 10 days prior to your procedure.  If you take weekly injections for weight loss or Diabetes: do NOT take this within 7 days of your procedure.  If you take iron, dietary, herbal or fiber supplements, stop taking these 7 days prior to your procedure.  If you take a blood thinner—Please contact the prescribing doctor to obtain a blood thinner hold order. The office can fax this order to us at 410-972-2698.  If you see a specialist: you can request	Read 7 Days Prior  Avoid consuming all food with seeds, corn and nuts 5 days prior to your procedure.  Stop taking all NSAIDS. Ibuprofen, Advil, Aleve, etc. 5 days prior to your procedure. You may take Tylenol as needed.  Inhalers and Nasal Spray-Continue as prescribed. Please bring with you on day of procedure.  Blood Pressure and other essential medications: Continue as prescribed. Take these medications on the day of your procedure with a SMALL sip of water at least 2 hours before procedure.  If you wear contacts: please remove them at home or bring your contact lens supplies with you if you don't have glasses to wear. Please leave jewelry and	<u> </u>	Clear liquid diet all day today. Drink at least four 8oz. glasses of water throughout the day.  No alcohol the day before or day of your procedure.  If you are taking diabetic medication, cut your dose in half this day and do not take any diabetic medication day of procedure.  8am: mix 8.3oz of Miralax with 64 ounces of Gatorade. Stir/ shake until dissolved. Chill solution.  4pm: Take 4 tablespoons of Milk of magnesia, followed by 8 ounces of water.  6pm: Drink 32oz of Gatorade/Miralax Solution.  • Drink 8oz every 15 minutes until complete. • Follow this with two 8oz glasses of water or clear liquid. Every 15 minutes for a total of two glasses.  After completing this part of the	Clear liquid diet until 4 hours prior to your procedure.  Morning Dose of Prep 5 hours prior to your procedure.  Drink 32oz of Gatorade/ Miralax Solution.  Drink 8oz every 15 minutes until complete.  Follow this with two 8oz glasses of water or clear liquid.  After completing this part of the prep -take 10 mg of Bisacodyl (2 tablets –5mg each)  You must finish all of the prep, including the water 4 hours prior to your procedure. Please call the office if your prep results are not clear like water or a transparent yellow at this time.  You cannot have ANYTHING AT ALL by mouth for at least 4 hours prior to scheduled procedure time. This includes ice, water, gum, hard candy and mints.			
	_	-	After completing this part of the prep -take 10 mg of Bisacodyl ( 2 tablets –5mg each)  If you are unable to tolerate the prep, please call 410-224-4887 to speak to the on call doctor.	No smoking the day of procedure.  Please remember to bring your:  -Current Medication list with the last dose for each medication taken -Insurance Cards -Driver's License/Photo ID -Any co-insurance fees that are due.			



- This form must be <u>completed</u> prior to your procedure.
- Please list all prescriptions, over the counter medications, vitamins and supplements taken in the last month.
- Please remember to review medication instructions provided on page 1 of your procedure instructions.
- If you have questions regarding your medications prior to your procedure, please call 410-224-3636 and ask to speak with our procedure coordinator.

Medication Name	Dose	Frequency and Time(s) Taken	Date / Time of Last Dose

Patient Signature	Date



Patient Signature

Date