

Texas Midwest Gastroenterology Center, PA
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 (325)795-2100

COLONOSCOPY WITH MIRALAX

Procedure Date: _____

Arrival Time: _____ Procedure Time: _____

Purchase: Please pick up your bowel prep kit from your pharmacy within 1 week of your initial office visit or your pharmacy will not have it on file. Do not mix until the day prior to your procedure. Purchase clear liquids. Optional: You may purchase plain or aloe baby wipes and/or desitin or A&D ointment for your bottom.

7 DAYS PRIOR	3 DAYS PRIOR	2 DAYS PRIOR	1 DAY PRIOR	PROCEDURE DAY
<ul style="list-style-type: none"> ➤ <u>Purchas the following:</u> -Miralax, 238 g bottle -Dolcolax laxztive, 4 tables (no prescriptions needed) -Gatorade or Crystal light, 64 oz (no red or purple) ➤ Arrange for a responsible driver. Driver must stay with you the entire time, no exceptions. ➤ If you take fiber supplements or meds containing iron, discontinue those 7 days before your procedure. This includes multi-vitamins with iron. If you don't know if your meds contain fiber or iron, please check with your pharmacist. ➤ You may continue your "baby" aspirin and regular aspirin. Let us know if you are on Plavix, Coumadin, or other blood thinners. <p><input type="checkbox"/> IF BOX IS CHECKED, do not stop blood thinners.</p>	<ul style="list-style-type: none"> ➤ Call our office at the number below if you need to reschedule your procedure or if you have any questions: <u>(325) 795-2100</u> 	<ul style="list-style-type: none"> ➤ Drink at least 4 large glasses of water throughout the day.  ➤ Clear liquids ONLY after midnight. No solid foods! ➤ IF DIABETIC, SEE BACK FOR ADDITIONAL PREP INSTRUCTIONS. 	<ul style="list-style-type: none"> ➤ Begin clear liquid diet. -See back side. ➤ Drink at least 4 large glasses of water throughout the day.  ➤ 4 PM: Take the 4 Dulcolax laxative tablet with 8 oz water. Mix the entire bottle of Miralax with 64 oz of Gatorade or Crystal Light and refrigerate. ➤ 6 PM: Drink 8 oz of solution and continue drinking an 8 oz glass of solution every 15 minutes until solution is finished. <p>If you experience nausea or vomiting take a 15-30 minute break, then continue drinking prep solution.</p>	<ul style="list-style-type: none"> ➤ NOTHING by mouth - NO gum, hard candy, mints, ice chips. No smoking cigarettes, marijuana or use of e-cigarettes the day of your procedure. ➤ After your prep, the results should be clear-yellow or clear-green liquid with NO solid matter. If not, please call our office at 325-795-2100. ➤ MORNING MEDS: You may take your essential morning medications with a VERY SMALL SIP of water, 2-4 hours prior to your procedure, unless otherwise directed by your physician.

Be sure to bring the following: 1.) Responsible adult driver to stay with you the entire time of your visit and to drive you home. **Your procedure will NOT start without your driver present and may need to be re-scheduled if they are not here at the time of check-in due to our procedure schedule, no exceptions.** 2.) Insurance Cards & photo ID in the event that we may need them in our system.

CLEAR LIQUID DIET

If you experience nausea or vomiting during the prep, try the following:

–Chill the mixture. –Suck on lemon or lime slices – Add a flavored powered drink such as Crystal Light or Lemonade mix (NO RED, NO PURPLE).

– Take a 15-30 minute break, then start drinking again.

DO NOT DRINK: ALCOHOL, RED OR PURPLE COLORED ITEMS

ALLOWED: water, tea, plain coffee, clear juices such as apple or white grape, lemonade from powdered mix, fruit-flavored drinks, such as Kool-Aid, Crystal Light, etc; carbonated beverages/soda, sports drinks such as Gatorade, All-Sport, Powerade, etc; fat-free broth/buillon/consommé, plain/flavored gelatins, sorbet, fruit ices/Italian ices, popsicles (without milk or added fruit pieces), honey, sugar, hard candy.

CLEAR LIQUID DRINK RECIPES (NO RED, NO PURPLE)

-High Protein Fruit Drink

8 oz commercial clear liquid nutritional drink

½ cup sorbet

6 oz ginger ale

Mix all ingredients and blend until smooth

-Lemon Lime Slush

Juice from 2 limes and 1 lemon

1 cup sparkling water

1 cup ice

4 tsp sugar or to taste

Blend ice and juice until slushy. Pour in glass and add sparkling water.

-Fruit Fizz

1 cup clear fruit juice from clear liquid list

½ cup sparkling water

½ cup ice

Blend ice and juice until slushy. Pour in glass and add sparkling water

-Frozen Fruit Slush

1-6 oz can of frozen clear juice concentrate

4 tbsp sugar

3 cups crushed ice

Mix all ingredients and blend until smooth

-NOTE: Homemade ice pops can also be made using fruit juice, sports drinks, or other favorite clear liquid diets.

DIABETIC PREP INSTRUCTIONS

For people with diabetes, any procedure that causes you to miss a meal or change your usual meal plan will require special planning to safely manage blood glucose.

- If you have an insulin pump, please contact your endocrinologist for instructions for the day of your prep!
- Check your blood glucose if at any time you have symptoms of **low blood sugar** (hunger, shakiness, nervousness, sweating, dizziness, sleepiness, confusion, difficulty speaking, anxiety, weakness) or **very high blood sugar** (dry mouth, thirst, frequent urination, blurry vision, fatigue, drowsiness, weight loss, increased appetite.)
- Schedule the appointment for early in the day so that you can eat afterwards and take your medication as close to the usual time as possible.
- Please call our office for any prep-related questions at 325-795-2100.

Meals (no solids): Aim for 45 grams of carbohydrates

Snacks: Aim for 15-30 grams of carbohydrates

Food Items WITH carbohydrates	Grams of carbohydrates
Apple Juice (4 oz)	15
White Grape Juice (4 oz)	20
Sports Drinks (8 oz)	14
Jello, regular/sweetened (½ cup)	15
Popsicles	15
Italian ice-not sherbert	30
Sugar (1 tsp or packet)	4
Ensure clear nutritional drink (8 oz)	52 (7 g protein)

Food items WITHOUT carbohydrates: Fat-free broth, bouillon, or consommé; Diet soda – CLEAR; Coffee – no cream or sugar; Tea, unsweetened or diet; Seltzer, flavored water

Day BEFORE Your Procedure (You will be on a clear liquid diet):

If you take:	Morning	Lunch/Dinner	Bedtime
Oral medications (pills) or Byetta	Take your usual dose	Do not take	Do not take
Lantus, Levemir or NPH insulin	Take your usual dose		Take ½ the usual dose
Humalog, Novolog, Apidra, or regular insulin	Take ½ the usual dose	Take ½ the usual dose	DO NOT TAKE
72/25 or 70/30 insulin	Take ½ the usual dose	Take ½ the usual dose	DO NOT TAKE

DAY OF PROCEDURE:

If you take:	Morning	Lunch/Dinner	Bedtime
Oral medications (pills) or Byetta	Do not take	Take if the procedure is over and you are eating	Resume usual dose
Lantus, Levemir or NPH insulin	Take ½ the usual dose		Resume usual dose
Humalog, Novolog, Apidra, or regular insulin	Do not take	Take if the procedure is over and you are eating	Resume usual dose
72/25 or 70/30 insulin	Do not take	Take if the procedure is over and you are eating	Resume usual dose