



Miralax and Dulcolax Bowel Prep for Colonoscopy

Your procedure is scheduled on ___/___/___ Please arrive at _____ **AM / PM**

******HOLD any blood thinners (_____), _____ days prior to the procedure.**

****Do not stop your blood thinner without consent from prescribing physician****

PLEASE PURCHASE THE FOLLOWING ITEMS:

1. Miralax, large bottle (238 gram bottle)
2. Dulcolax or bisacodyl tablets (5mg), 4 tablets are needed
3. Large (64oz) bottle of sports drink such as Gatorade. For diabetics, a low calorie drink such as Crystal Lite may be substituted

DAY BEFORE THE PROCEDURE:

1. Start **ONLY** clear liquid diet the entire day (breakfast, lunch and dinner) Ex. broth or bouillon. Jell-O (no red or purple), coffee black or with sugar (No dairy or non dairy creamers), tea, lemonade, fruit juices without pulp, white grape juice/apple, clear soda (Sprite, 7-up, ginger ale), Gatorade, PowerAde, popsicles (no red).
2. Daily medications can be continued unless otherwise specified.
3. At **4 PM** take 4 Dulcolax or bisacodyl tablets with clear liquids.
4. Mix the Miralax in the 64 ounce clear beverage of choice. Cap the bottle and shake to dissolve the powder. This can be chilled if preferred.
5. At **7 PM** begin to drink a glass of the Miralax solution every 10-15 minutes. Drink each glass quickly rather than drinking small amounts continuously.
6. Finish **ALL** of the solution in **4 hours**.
7. Continue drinking clear liquids, at least another liter during the course of the evening.

DAY OF PROCEDURE:

1. You may brush your teeth.
2. You need a driver and your driver must stay at the facility. Public transportation and taxis are **NOT** allowed.
3. Diabetic meds: Please contact the prescribing doctors for any medication adjustments.
4. Take **blood pressure meds, anti-anxiety meds, anti-psychotic meds, pain meds, heart meds, anti-seizure meds and convulsant meds** with a sip of water unless otherwise specified.
5. Please bring with you:
 - Photo ID and Insurance card(s)
 - Completed Medication List – Medications **MUST** be written out. NO pre-printed, copied or lists from previous visits will be accepted.
 - Patient's Bill of Rights Form
 - Reading glasses, if applicable

Nothing by mouth 4 hours prior to your procedure. Nothing to drink, smoke or chew or your procedure may be cancelled.

Please contact the office at 407-830-8661, with any questions. Or email us at info@ddcOrlando.com