



GARY A. MATUSOW, D.O.
Board Certified Gastroenterologist

VINCE MCLAUGHLIN, M.D.
Board Certified Gastroenterologist

MARIA PAGAN, MSN, APNC
Board Certified Advanced Practice Nurse

COLONOSCOPY PREP SHEET – MIRALAX

*****PLEASE MAKE SURE TO READ AT LEAST ONE WEEK PRIOR TO PROCEDURE IF POSSIBLE*****

SUPPLIES YOU WILL NEED:

- One bottle, 237 grams, **Miralax** that is available over the counter or Glycolax is available by prescription.
- Two (2) Bisacodyl (**Dulcolax**) tablets that may be supplied courtesy of The Gastroenterology Group of South Jersey.
- A 64oz of clear liquid (**NO RED or ORANGE**). Some examples are Gatorade, Crystal Light, Clear fruit juice (no pulp), tea, Powerade etc.
- (Optional)****One six pack of Boost or Boost Plus (any flavor). This can be refrigerated or served over ice.

FIVE DAYS BEFORE PROCEDURE (Unless otherwise instructed by physician):

NO ASPIRIN or products containing **ASPIRIN**. Examples are Advil, Aleve, Motrin, Ibuprofen. **TYLENOL/ACETAMINOPHEN is acceptable**. PLEASE NOTIFY OUR STAFF IF YOU ARE TAKING BLOOD THINNERS SUCH AS **PLAVIX** OR **COUMADIN** for instructions unless already address at your office visit.

FOR DIABETICS ONLY:

- Take ½ your normal dose of diabetic medication the day before procedure.
- Do NOT take any diabetic medication on the morning of the procedure.
- You may continue taking your diabetic medications after you get home from your procedure.

Blood pressure, thyroid or heart medication **SHOULD BE TAKEN** the morning of the procedure with just a **sip** of water at least 2 to 4 hours prior to arrival.

Please notify us if you have any of the following condition: PACEMAKER, DEFIBRILLATOR, HEART VALVE REPLACEMENT, OR SLEEP APNEA.

One of our Endoscopy Nurses will be contacting you before your procedure to verify the below instructions and answer any question you may have. Please feel free to call our office if we can be of any further assistance.

DIRECTIONS FOR PREP:

Step One: TWO (2) NIGHTS before the procedure take two (2) Bisacodyl (Dulcolax) tablets. Example: If you are scheduled for a procedure on Monday this step should be done on Saturday evening.

Then using a large pitcher or container, mix the entire bottle (237 grams) of Miralax (or Glycolax) with 64 ounces of CLEAR LIQUID and refrigerate for the next day.

Step Two: THE DAY BEFORE THE PROCEDURE begin a clear liquid diet. You should not eat ANY solid foods this day or consume milk/milk products. We encourage you to drink plenty of fluids to avoid becoming dehydrated. ****You may also drink one bottle of Boost or Boost Plus for each meal time (breakfast, lunch and dinner).****

CLEAR LIQUID DIET consists of anything you can see through. Some examples are Bouillon, Broth, Coffee (no cream), tea, soda, Popsicles, Water Ice, Jell-O, fruit juices without pulp, Crystal Light, Propel, Gatorade, PowerAde, and Flavored water. **DO NOT CONSUME ANYTHING RED OR ORANGE.**

Step three: THE EVENING BEFORE YOUR PROCEDURE starting around 5:00 pm begin drinking the Mixture you have prepared and chilled. Drink an 8oz glass of the mix EVERY 10 TO 20 MINUTES until the solution is completely gone. If you nauseated or bloated, stop and wait 20-30 minutes before resuming.

After completion of **THE PREP** you may continue to have **CLEAR LIQUIDS** until midnight at which time fasting begins. **NOTHING BY MOUTH** after **midnight** except AM medication with sip of water as discussed. This includes food, drink, candy, gum, etc.

THE DAY OF YOUR PROCEDURE

1. Please arrive 15 minutes prior to your scheduled appointment time.
2. You **MUST** be fasting. Nothing to eat or drink after midnight, except to take medicine as discussed. This is a strict rule and your procedure will be cancelled if this rule is not followed.
3. Please bring an updated list of your medications with you and a list of any allergies.
4. **YOU WILL NOT BE PERMITTED TO DRIVE THE DAY OF YOUR PROCEDURE AFTER RECEIVING ANESTHESIA/SEDATION.** Please make sure to make arrangements for transportation home prior to arrival at our facility. You will also not be permitted to take any public transportation without an adult chaperone. The person driving you home must be at least 18 years old and we would prefer they stay in our waiting room.
5. You will be at the Endoscopy center for approximately 1-2 hours for your procedure

PATIENT NAME: _____ **YOUR TEST IS SCHEDULED FOR** _____
AT _____ **(A.M./P.M.) here at The Endoscopy Center, 602 W Sherman Ave, Vineland**

GASTROENTEROLOGY



GASTROINTESTINAL ENDOSCOPY



DISEASES OF THE LIVER

602 W. Sherman Avenue Vineland, NJ 08360-7072 Phone 856.691.1400 Fax 856.691.7117 www.gastrogroupsj.com