STILLWATER MEDICAL CENTER

Colonoscopy (Miralax) Instructions

Stillwater Surgical Associates

INSTRUCTIONS

You will need to purchase at a pharmacy (No prescription needed)

1. Miralax Powder 238gm bottle
2. 64oz of Gatorade or Crystal Light

MEDICATIONS

Continue to take your regularly scheduled medications through the morning of your procedure except:

1. Stop taking all arthritis medicines (Motrin, ibuprofen, Advil, naprosyn, Aleve, naproxen, Voltaren, Arthrotec, aspirin, & vitamin E) Iron, Vitamin's containing iron, and bulk (fiber) laxatives (Metamucil, Citrucel, Effersyllium, etc.) **5 DAYS** prior to your procedure.
2. If you are taking prescribed blood thinners (Plavix, Coumadin, etc) YOU MUST CALL your medical doctor to see if you can temporarily STOP TAKING THEM. YOU MUST ALSO NOTIFY the doctor performing the procedure if you CANNOT STOP these medications before your procedure.
3. If you are a diabetic and take insulin, take ½ your normal dose the night before your procedure. Do not take insulin, Byetta, or diabetic pills the morning of the procedure.

PREP INSTRUCTIONS

1. Drink only clear liquids the day before your procedure. Clear liquids include soft drinks, chicken and beef broth, Jello, apple juice, grape juice, lemonade, and black coffee. No red coloring in liquids.
2. Mix one small bottle of Miralax powder (238 grams) into 64 ounces of Gatorade or Crystal Light. Miralax is a laxative, and you will drink this to cleanse your bowels. You can mix this mid-day and put it in the refrigerator to chill. Miralax can be purchased using your insurance card with a prescription or it can be purchased over the counter at your pharmacy.
3. At 2:00pm, begin to drink the Gatorade Miralax mixture. Drink the entire bottle over a 2-4 hour period.
4. If you get nauseated or very bloated, slow down and rest for a while. Resume drinking the Gatorade mixture when nausea subsides.

_____/_____ _____ _____

Patient's Signature or Person Authorized to give Consent/Relationship Date Time

_____ _____ _____

Signature of Person Giving Instructions Date Time

Original to Medical Records, Copy to Patient

Reviewed/Revised: 1/17/13, 9/15/13, 6/17 Reference: For Use On:	STILLWATER MEDICAL CENTER **Colonoscopy (Miralax)--SSA** Patient Instructions	Patient Label (Pt Name, V#, MR#, DOB, DOS, Age, Sex, Loc, Physician)

5. The prep works well and is relatively gentle compared to other preps. Some people have multiple bowel movements over the night; others have just 3-4 loose stools.
6. Nothing to drink after midnight the night before your procedure.
7. Take a warm shower with regular soap the morning prior to your procedure unless otherwise instructed.
8. Report to the HOSPITAL MAIN REGISTRATION DESK in the MAIN LOBBY at _____(time), _____(day), _____(date).
9. You MUST have someone to drive you home, as you will not be PERMITTED TO DRIVE if you receive sedation. We are not permitted to discharge patients to taxicabs or buses. Please make arrangements with family or acquaintances.
10. If you have any questions about your procedure, PLEASE CALL 405-372-1480 and ask for the On-Call Endoscopy Nurse to be paged.

I have received these instructions for a Colonoscopy exam

_____/_____ _____ _____

Patient's Signature or Person Authorized to give Consent/Relationship Date Time

_____ _____ _____

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