

Birns, Gloger & Witten, MD

Patient Name:

#### INSTRUCTIONS FOR COLONOSCOPY PREP KIT PEG 3350 (MIRALAX) / MAGNESIUM CITRATE/ DULCOLAX

| Date:         | Time of Procedure:   |
|---------------|--|
| Arrival Time: | with Dr  |
| Location:     | <b>Urbana GI Endoscopy Center</b> – 3280 Urbana Pike # 104 |
|               | Phone Number 240-436-6440                                  |
|               | GIEA- 15005 Shady Grove Rd # 200                           |
|               | Phone Number 301-340-8099                                  |
|               | Shady Grove Adventist Hospital, Outpatient Surgery Center  |
|               | 9901 Medical Center Dr, Rockville, MD 20850                |
|               | Phone Number 240-826-7541                                  |
|               | Frederick Memorial Hospital, Outpatient Surgery Center     |
|               | 400 W 7th St, Frederick, MD 21701                          |
|               | Phone # 240-566-3300                                       |

You must have someone drive you home. If you plan to take a taxi home, you must have someone accompany you. You will be ready to be discharged <sup>1</sup>/<sub>2</sub> to 1 hour after your procedure is complete.

# Please leave all valuables and jewelry at home.

Please remember we require 72 hour notice for cancellations or rescheduled appointments. If you fail to give 72 hour notice you may be charged a cancellation fee.

# **ONE WEEK BEFORE THE PROCEDURE**

Please stop the use of aspirin or aspirin products if a doctor has not prescribed them for you. Nonsteroidal products such as Ibuprofen, Relafen, Voltaren, Indocin, Celebrex, and Advil should be used sparingly. In addition Coumadin (warfarin), Persantine (dipyridamole), Pradaxa or Aggrenox should be held for 3 days prior to the procedure. In terms of stopping any of these prescriptions, please consult with the prescribing doctor about your ability to safely hold these medications for the requested time periods. You may take Tylenol as necessary.

# YOU WILL NEED

- 64 oz of clear liquid products listed on the back, please use a sugar free product like Crystal Light if you are diabetic
- PrepKit containing 2 (5mg) bisacodyl (Dulcolax) laxative tablets, 1 Bottle PEG 3350 (8.3 oz), (generic for MIRALAX) & 1 Bottle of Magnesium Citrate (10 oz)
- Please do not use Carbonated Beverages to mix prep

# **5 DAYS PRIOR TO THE PROCEDURE**

Stop eating high fiber foods and fiber supplements (including nuts, corn, popcorn, raw fruits, vegetables and bran)

# DAY BEFORE THE PROCEDURE

You must be on a **clear liquid diet** the entire day before your procedure **(no solid foods) DO NOT** drink milk **DO NOT** drink alcoholic beverages

#### Any of the following clear liquids are OK

Water Strained fruit juices (without pulp) including apple, orange, grape, or cranberry Limeade or Lemonade Coffee or Tea (DO NOT use any dairy or non-dairy creamer) Clear broth (beef, chicken, or vegetable) with or without salt or pepper Soda or Gatorade, PowerAde, or Vitamin Water type products Crystal Light

# THIS IS A SPLIT DOSE PREP WHICH REQUIRES LAXATIVES THE DAY BEFORE AND THE MORNING OF THE PROCEDURE

#### This is the laxative dosing regimen you must follow day before the procedure.

| DAY      |  |  |
|----------|--|--|
| BEFORE   |  |  |
| 12:00 pm | Take 2 (5mg) bisacodyl tablets   |  |
| 4:00 pm  | Mix the entire bottle of PEG 3350 (8.3 oz), (generic for MIRALAX) with 64 oz. of clear liquid in a large pitcher |  |
| 4:15 pm  | Drink 1- 8 oz glass of solution every 15-30 minutes until the solution is finished                               |  |

#### This is the laxative dosing regimen you must follow the morning of the procedure.

| MORNING OF  |    | 4 hours prior to your procedure  |  |  |
|-------------|----|--|--|--|
| At          | AM | Drink the 10 oz. bottle of Magnesium Citrate                               |  |  |
| Please note |    | You may continue drinking clear liquids up to 3 hrs prior to the procedure |  |  |
|             |    |  |  |  |

The purpose of this prep is to clean your colon. Your bowels should run clear.

\*We recommend coating the rectal area with **VASELINE** to protect the skin from chaffing while prepping.

# \*\*\*You must be totally fasting 4 hours before the procedure. This means you may have nothing to eat, drink, smoke, or chew 4 hours prior to the procedure.

If any problems or questions arise, please call our office at 301-251-1244 option 3 during normal business hours.

Revised 10-14 - PK1