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MIRALAX COLONOSCOPY EXTENDED PREP INSTRUCTION –
go to www.drschub.com for stool prep pictures as well as questions and answers

YOUR PROCEDURE IS SCHEDULED ON _____, ____/____/____.

PLEASE ARRIVE @ _____AM / PM. Please bring this form with you.

Note: Procedure times are approximate as it is not always possible to predict how long a procedure will take.
Please be aware that you may remain at the center for up to 3 hours.

Northwest Hospital Professional Building
5415 Old Court Road, 2nd Floor
Randallstown, MD 21133
410-521-8383

SurgiCenter of Baltimore
23 Crossroads Drive
Owings Mills, MD 21117
410-356-0300

Take your morning medications 4 hours prior to arriving for the procedure.

YOU WILL BE UNABLE TO DRIVE AFTER YOUR PROCEDURE. PLEASE MAKE ARRANGEMENTS FOR SOMEONE TO DRIVE YOU HOME. YOU MAY NOT USE A TAXI SERVICE, LYFT, UBER OR ANY OTHER RIDE SHARING PROGRAM unless you have a responsible adult other than the driver to ride with you home. You must have a responsible adult to accompany you home. If having difficulty finding a ride, please contact the office. It is advised that patients receiving IV anesthesia be supervised immediately following the procedure by a responsible adult for at least 12 hours or until the next morning...

Items to Purchase:

- Purchase** two 238g bottle of Miralax. Generic brand is acceptable. This is over-the-counter.
- Purchase** four 32oz bottles of Gatorade or PowerAde; sugar-free for diabetics. **No red or purple color.**
- Purchase** one 10 ounce bottle of magnesium citrate or a second 119 g bottle of Miralax which is over the counter at local grocery and drug stores. This will only be used if your stools are not clear the morning of your procedure.
- Purchase** One small box/ 4 Bisacodyl **laxative** tablets (5 mg). These are also over-the-counter.

It is VERY IMPORTANT that you follow instructions carefully and completely. Please be sure to consume the entire prep or the colonoscopy may have to be repeated. *If you are still passing brown muddy stool, brown liquid, brown semi-soft stool or brown tar-like appearing stool after all of the prep has been consumed, please contact the surgery center where your procedure is being performed for further direction.* Drinking plenty of liquids during the entire prep will help the Miralax work and will reduce the risk of dehydration! This prep will cause you to have many liquid bowel movements and may work within 30 minutes but may take several hours. Please remain close to toilet facilities, as bowel movements may come on suddenly.

Helpful Hints on how to take *Miralax*:

- Rapidly drinking each portion is better than drinking small amounts.
- Keeping the mixture cool or cold also helps.
- If you feel nauseated during the process, take a break from drinking for 30 –45 minutes, until your stomach settles, then restart the process again.
- If you experience severe cramping or vomiting more than once or you have questions about your prep, call the office 410-730-1000 ext 0 during business hours, ext 56 after business hours.
- To help protect your rectal area during the prep, you may wish to use baby wipes with aloe, Tucks pads, Vaseline, or Desitin ointment following each bowel movement

4 Days Before Procedure

- Read all instructions carefully
- Stop herbal supplement and, if possible, iron
- Patients should **continue all** medications unless instructed by their physician.
- **Stop** taking blood thinners Plavix, Ticlid, Aggrenox, Effient, Coumadin, or Persantine **four days prior unless otherwise instructed by prescribing physician**. Aggrenox users may take a once daily aspirin while not taking the Aggrenox.
- **Stop eating seeds or any food with seeds, corn, and popcorn**

2 Days Before Procedure

- At **7 pm**: Mix together **4 capfuls** of the 238 g bottle of Miralax with **32 ounces of Gatorade** and drink the Miralax solution over 1 – 2 hours until gone.
- **Stop** taking blood thinners Xarelto, Eliquis or Pradaxa **two days prior** unless otherwise directed.

The Day Before Procedure

You may eat a light breakfast of eggs and/or toast before 8 am. Do not eat fruit, vegetables, bran or high fiber bread.

- **At 8 am: Begin Clear Liquid Diet.** Drink only liquids for the rest of the day. **No solid foods.**
- **Stop** taking Lovenox or Fragmin **one full day prior to your procedure** unless otherwise directed.
- **You may continue one daily aspirin.**
- Mix the unopened **238g bottle of Miralax with 64oz of Gatorade/PowerAde-preferred**, or any clear liquid (no red or purple) into a pitcher or large container. Continue to mix or shake the solution until the powder is dissolved. You may refrigerate the mixture. You will drink ½ of this beginning at 6 pm
- **4:00 pm** - Take **2 Bisacodyl laxative tablets with 8 oz of clear liquid**
- **6:00 pm**: Begin drinking the 238g Miralax solution at a rate of 8oz every 15-30 minutes (over 1-2 hours) until half of the Miralax solution is gone.
- **At 10 pm** Take **2 Bisacodyl laxative tablets with 8 oz of clear liquid.**
- **Continue to drink plenty of liquids as tolerated throughout the remainder of the evening**
- Diabetics taking long acting insulin: reduce the dose in half the evening before the procedure. Do not take insulin and oral anti-diabetics (i.e. Metformin, Glucophage) the morning of your procedure.
- Diabetic patients should bring diabetic medication and a snack to eat after the procedure

Day of Procedure

- **3 am** shake and begin to **drink the remainder** of the Miralax solution (over 1 hour) until it is **finished**.
- **5 hours before you are scheduled to be in the office** - Mix together **4 capfuls** of the 238 g bottle of Miralax with **32 ounces of Gatorade** or any clear liquid and drink the Miralax solution over 1 hour.
- **Take your morning medications 4 hours prior to procedure.**
- Drink plenty of **clear liquids up to 4 hours prior to exam**, and then have **NOTHING** by mouth after this time. **Failure to stop liquids 4 hrs prior to appt time will result in cancellation of procedure!**
- ***Patients requiring inhalers or C-PAP must bring them to the procedure***
- **You must take the entire prep to clean your bowel adequately. Even if you are passing clear liquid stool after the first dose, you must continue with the prep and drink the second dose.**
- **If you are still passing brown muddy stool, brown liquid, brown semi-soft stool or brown tar-like appearing stool after all of the prep has been consumed, please contact the Center where you are having your procedure and you will be instructed to take the magnesium citrate by the endoscopy center staff if your prep is not clear. (not everyone will use this magnesium citrate, only if directed to by the endoscopy center staff)**

Clear Liquid Diet

GROUP	INCLUDED	NOT INCLUDED
FRUIT JUICES	Fruit juices without pulp (i.e. orange juice, apple juice, white grape juice, white cranberry,)	Orange juice with pulp, grapefruit juice, tomato juice, or V-8, no juice with pulp, no red or purple
SOUPS	Broth, bouillon and consommé (No solid matter)	All others
Desserts/Sweets	Flavored gelatin desserts, popsicles, fruit flavored ices, snowballs, hard sugar candy	Ice cream, pudding, all others , no red or purple
Beverages	Water, black coffee, non-herbal tea, carbonated beverages (sodas, seltzer), Gatorade, Pedialyte, lemonade, iced tea, powdered drink mixes (Crystal Light)	Milk, all others including dairy creamer , no red or purple NO ALCOHOL
Miscellaneous	Salt and sugar	All others (including non-dairy creamers)

Please avoid all alcohol, milk, cream, pulp and red or purple products

**Miralax is not an FDA approved bowel preparation, but has been found to be safe and effective for this purpose in multiple studies.

PATIENT INFORMATION – COLONOSCOPY

Colonoscopy

Colonoscopy is the visual examination of the large intestine (colon) using a lighted, flexible video endoscope. The colon has a number of functions including withdrawing water from the liquid stool that enters it so that a formed stool is produced.

Equipment

The flexible colonoscope can be directed and moved around the bends in the colon. These scopes use a tiny computer chip that transmits signals to a computer, which displays the image on a large video screen. An open channel in these scopes allows other instruments to be passed through in order to perform biopsies, remove polyps or inject solutions.

Reasons For The Exam

There are many problems that can occur in the colon. The medical history, physical exam, laboratory tests, x-rays and stool studies can provide information useful in making a diagnosis. Directly viewing the inside of the colon by colonoscopy is usually the best exam and allows for removal of polyps and biopsies as well.

Some reasons for Colonoscopy include:

- Colon cancer – a serious but highly curable malignancy
- Polyps - fleshy tumors which usually are the forerunners of colon cancer
- Colitis (Ulcerative or Crohn's) - chronic, recurrent inflammation of the colon
- Diverticulosis and Diverticulitis - pockets along the intestinal wall that develop over time and can become infected
- Bleeding lesions - bleeding may occur from different areas in the colon
- Abdominal symptoms, such as pain or discomfort, particularly if associated with weight loss or anemia
- Abnormal barium x-ray exam
- Chronic diarrhea, constipation, or change in bowel habits
- Anemia

Preparation

To obtain the full benefits of the exam, the colon must be cleaned and free of stool. The prep instructions explain how to do this.

The Procedure

Colonoscopy is usually performed on an outpatient basis. The patient is sedated; the endoscope is inserted through the anus and moved through the colon. If a polyp is encountered, electrocautery (electrical heat) is used to painlessly remove it. Other tests can be performed during colonoscopy, including biopsy to obtain a small tissue specimen for microscopic analysis.

The procedure usually takes 15–30 minutes and seldom remembered by the patient. A recovery area is available to monitor vital signs until the patient is fully awake.

Anesthesia/Sedation

The Advanced Endoscopy Center of Howard County, LLC uses the services of a licensed Certified Registered Nurse Anesthetist (CRNA) to administer the anesthesia/sedation collaboratively and under the supervision of Dr. Russell Schub. Medications are administered through an I.V. and titrated by the CRNA to keep the patient asleep and comfortable during the procedure.

Results

The physician will explain the findings after the exam and may suggest a follow up appointment for a later date. If a biopsy or polypectomy was performed, the results will be reviewed with the patient at the follow up.

Side Effects and Risks

Bloating and distension typically occur for about an hour after the exam until the air is expelled. Serious risks with colonoscopy are very uncommon. One such risk is excessive bleeding, especially with the removal of a polyp. In rare instances, a tear in the lining of the colon can occur. These complications may require hospitalization and, rarely, surgery. Quite uncommonly a diagnostic error or oversight may occur due to sedation, the patient cannot drive or operate machinery following the exam. For this reason someone must be available to drive the patient home.