

# NORTHSIDE GASTROENTEROLOGY

8424 Naab Road

Indianapolis, Indiana 46260

Phone: (317) 872-7396 Fax: (317) 879-8328

Scheduling Dept. Phone: (317)871-7436 Fax: (317) 879-3993

Toll Free Office Number: 1-866-327-2465

Arthur R. Baluyut, MD PhD  
Robert A Callon, Jr., MD  
Mark D. Scheidler, MD

Robert H. Bishop, MD  
Daryl F. Daugherty, MD  
Taiseer J. Shatara, MD  
Spencer A. Wilson, MD

Lawrence J. Born, MD  
Mark J. Lybik, MD  
Brian W. Sipe, MD

## MIRALAX/DULCOLAX PREPARATION INSTRUCTIONS

Your procedure is scheduled for \_\_\_\_\_ at  
(Day) (Date)

\_\_\_\_\_. You are to register at  
\_\_\_\_\_. at \_\_\_\_\_ a.m/p.m.  
(Registration Location) (Time)

and your procedure will be performed by Dr. \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
(Time)

### PURCHASE THESE OVER THE COUNTER ITEMS IN THE PHARMACY SECTION PRIOR TO YOUR PROCEDURE:

1. \***DULCOLAX LAXATIVES** tablets (one box of 10). \*Not the stool softener.
2. One 14 day supply (238 gram bottle) of MIRALAX POWDER.
3. 64 oz of lemon/lime or color-free Gatorade or, any flavor Propel fitness water.

### THE DAY BEFORE THE PROCEDURE

FROM THE TIME YOU WAKE UNTIL THE TIME YOU GO TO BED DRINK ONLY CLEAR LIQUIDS. **Eating solid food will lead to the cancellation of your procedure.**

At 3:00 p.m. take 3 DULCOLAX laxative tablets. Follow this with clear liquids.

At 5:00 p.m. mix the Miralax powder with the 64oz Gatorade or Propel fitness water and begin drinking an 8oz glass of the solution every 20-30 minutes until gone. If you become nauseated slow down the frequency in which you are drinking the solution. Once the nausea passes continue drinking until the solution is gone. You should have clear liquids up until 4 hours prior to your procedure time the next day.

If you are home you may start as early as 1:00 p.m. as long as you leave two hours between the Dulcolax pills and the Miralax drink.

*You will have diarrhea from the Dulcolax tablets and Miralax solution. **Results may start quickly so make sure that you are at home before starting the prep.** The diarrhea may cause anal irritation and you may apply over the counter diaper cream to the anal area.*

**YOU CANNOT DRIVE THE DAY OF YOUR PROCEDURE.** You must have an appropriate designated driver, i.e. a family member or someone who is close to you. Cab drivers or buses are not considered appropriate drivers. If you do not have an appropriate driver, your procedure will be cancelled. The sedation you receive for your procedure makes it difficult to remember what the doctor tells you, so it is recommended that your driver is someone close to you that can receive your personal health information.

**IMPORTANT MEDICATION INFORMATION (please read):**

PLEASE STOP **ASPIRIN/ADVIL/ALEVE** for 5 days PRIOR TO YOUR PROCEDURE UNLESS OTHERWISE INDICATED. **STOP COUMADIN/PLAVIX** for 3-5 DAYS PRIOR TO YOUR PROCEDURE IF INDICATED BY YOUR PHYSICIAN. PLEASE MAKE SURE TO CLEAR THIS WITH THE DOCTOR WHO PRESCRIBED IT FOR YOU.

**\*\*THE DAY OF YOUR PROCEDURE DO NOT TAKE YOUR BLOOD PRESSURE MEDICATION UNTIL AFTER YOUR TEST IS OVER. DO NOT TAKE YOUR DIABETIC PILL OR INSULIN PRIOR TO YOUR TEST. WE WILL CHECK YOUR BLOOD SUGAR WHEN YOU ARE HERE\*\***

**\*\*PLEASE TAKE ANY HEART MEDICATIONS THAT REGULATE THE RHYTHM OF YOUR HEART.**

**CLEAR LIQUID DIET**

THE FOLLOWING ARE APPROVED LIQUIDS YOU MAY HAVE:

Apple juice  
Cranberry juice (ok because it is naturally red)  
White grape juice  
Propel fitness water (any flavor)  
Gatorade (clear or lemon lime)  
Any flavor water packet that contains sugar (No sugar free)  
7 Up or Sprite  
99% fat free chicken or beef broth (canned) **NO** bouillon cubes  
Jell-O (no red or orange)  
Popsicles  
NO ALCOHOL

If you need a caffeine beverage to prevent headache please drink only a minimal amount. This includes coffee, tea, Coke, Pepsi and diet soda. Don't make it the majority of your liquids.

**You are to drink a variety of these liquids throughout** the day when you are preparing for your colonoscopy. **\*\*\*START WHEN YOU WAKE IN THE MORNING AND CONTINUE UP TO 4 HOURS PRIOR TO YOUR PROCEDURE TIME THE NEXT DAY.\*\*\***

THIS DIET PROVIDES FLUIDS WHICH DO NOT STIMULATE THE DIGESTIVE PROCESS. **\*\*\*EATING SOLID FOOD WILL INTERFERE WITH THE TEST AND WILL LEAD TO THE CANCELLATION OF YOUR PROCEDURE.\*\*\***

**THINGS TO BRING WITH YOU:**

- Completed medication list provided in your information packet.
- Your insurance card and drivers license/Photo ID
- The Patient Rights document
- A form of payment required to pay your deductible/co-pay  
We accept Visa, MasterCard, Discover, Cash & Check

**YOU SHOULD CONTACT YOUR INSURANCE COMPANY TO SEE HOW THIS PROCEDURE IS COVERED. YOU WILL RECEIVE A FACILITY BILL, PHYSICIAN'S BILL & MAY RECEIVE A PATHOLOGY BILL IF BIOPSIES ARE DONE. THIS IS NOT BILLED AS AN OFFICE SETTING.**

**NOTE: PERSONAL OR FAMILY HISTORY OF COLON POLYPS AND COLON CANCER MAY NOT BE CONSIDERED CRITERIA FOR PREVENTATIVE/SCREENING BY YOUR INSURANCE COMPANY. BE SURE TO DISCUSS THIS WITH YOUR CUSTOMER SERVICE REPRESENTATIVE WHEN INQUIRING HOW YOUR PROCEDURE WILL BE PAID BY THE INSURANCE COMPANY.**