

# Rochester Gastroenterology Associates, LLP

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## **INSTRUCTIONS FOR COLONOSCOPY PREP WITH MIRALAX, DULCOLAX & GATORADE**

Name \_\_\_\_\_ Procedure \_\_\_\_\_

**YOU HAVE BEEN SCHEDULED FOR THE ABOVE EXAMINATION BY DR \_\_\_\_\_  
PLEASE REPORT TO:**

**Unity Hospital Endoscopy Center**  
1555 Long Pond Road  
Rochester, NY 14626  
Tel: (585) 723-7119

**Rochester Gastro. Assoc.**  
20 Hagen Dr., Suite 330  
Rochester, NY 14625  
Tel: (585) 267-4040

REPORT AND REGISTRATION TIME:

DATE/DAY:

### **PLEASE REVIEW ALL INSTRUCTIONS UPON RECEIPT**

You will need to obtain one (1) **238 Gram** bottle of MiraLax (Glycolax), one (1) small package of Dulcolax Laxative **tablets** (4 tablets only) and two (2) **32 oz** bottles of Gatorade, (**NO** Red or pink) Most people prefer 2 different flavors – **as an alternative you may use 64 ounces of any other clear liquid** (apple juice, crystal light, lemonade, iced tea etc.)

**\*MiraLax and Dulcolax are purchased over the counter.\***

Patients who receive sedation for their procedure must have an adult transport them home. **Ubers, taxis, or any other NON-medical vehicles are NOT ACCEPTABLE** unless you have a family member or responsible adult accompany you. It is required a responsible adult stay with you since sedation effects can last well into the evening.

If you are unable to keep your scheduled appointment, cancellation is appreciated **48 hours** in advance by calling **(585)267-4040** or **(585)227-1080** between **8:30 a.m.** and **4:30 p.m.** If you fail to notify us you may be charged. Please call these numbers if you have any further questions.

If you are taking *any* kind of blood-thinning medications, such as **COUMADIN, PLAVIX, ELIQUIS, or XARELTO** please inform our office at (585)267-4040 or (585)227-1080, **IMMEDIATELY. These medications MAY need to be stopped as DIRECTED BY YOUR MEDICAL PROVIDER.**

**Page 2 In order to assure optimal colonoscopy examination, the following guidelines are recommended:**

1. **Stop** any extra dietary fiber, including Metamucil, Citrucel, Fibercon, or similar products for **1 week** before the procedure.
2. **Stop** all iron medications and vitamins containing iron for **1week** before the procedure.
3. **Do not eat** nuts, raisins, or foods containing seeds (strawberries, sesame, poppy, etc.) or uncooked vegetables **3 days** before the procedure.
4. **Take your regular medications on the morning of the examination, except insulin or other diabetic medications.** Please check with our office prior to taking any **INSULIN** or other diabetic medication on the morning of the examination.

**DAY BEFORE EXAMINATION**

1. You may have a *light* breakfast BEFORE 8 am. Begin a clear liquid diet AFTER 8 am. **NO solid food is allowed.** Clear liquids include water, strained fruit juice without pulp (apple, white grape, lemonade), clear broth or bouillon, coffee and tea (without cream or non-dairy creamer), Gatorade (**NO** red or pink), carbonated and non-carbonated soft drinks, Kool-Aid (**NO** red or pink), Jell-O (**NO** red or pink), and popsicles (**NO** red or pink).
2. At **1 pm** take only **2 Dulcolax tablets** with water and continue on clear liquids. Then add **1/2** of the MiraLax powder to one **32 oz** bottle of Gatorade (**NO** red or pink) and mix until dissolved. Repeat this step with the remaining **1/2** of MiraLax powder and second **32 oz** bottle of Gatorade, then chill if desired.
3. At **2 pm** begin drinking the MiraLax/Gatorade solution. Drink this solution slowly, as tolerated, completing it by **7 pm**. It may take several hours for results. \*It does not work very quickly\*
4. At **5 pm** take the **2 additional Dulcolax tablets, and continue drinking clear liquids, throughout evening. THIS IS VERY IMPORTANT!!!!!!!!!!**
5. ADDITIONAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_

**DAY OF EXAMINATION**

1. You may have clear liquids until 4 hours prior to your procedure. You may take your regular medications with a sip of water up until your procedure time.
2. You should plan on spending up to 2 hours at our facility for this test.

*Thank you for the opportunity to accommodate your healthcare needs.*

(10/22)