

PROCEDURE DATE: \_\_\_\_\_ ARRIVAL TIME \_\_\_\_\_ Physician \_\_\_\_\_

PLEASE READ BOTH PAGES OF INSTRUCTIONS THE DAY YOU RECEIVE THIS INFORMATION!!!

IT IS IMPORTANT THAT YOU ARE ADEQUATELY PREPARED FOR YOUR PROCEDURE!!!

COLON PREPARATION: EVERYTHING IS PURCHASED OVER THE COUNTER

ONE 238 gram bottle of MIRALAX

FOUR DULCOLAX Laxative Tablets

IF you are prone to nausea CONTACT OUR OFFICE between 9:00 AM and 3:00 PM Monday thru Friday and we will prescribe Zofran for nausea

IF you are a DIABETIC and / or taking INSULIN, please contact your PRIMARY doctor for instructions on taking diabetic medications the day of colon prep and procedure

If you are a RENAL patient CONTACT OUR OFFICE for further instructions

If you are TAKING BLOOD THINNERS OR ANTICOAGULANTS such as Coumadin, Pradaxa, Prasugrel, Aggenox, Plavix, Brillinta, Effient, etc: CONTACT OUR OFFICE for further instructions

THE DAY BEFORE your colonoscopy appointment:

You may have a LIGHT breakfast – eggs and toast or cereal or oatmeal

AFTER 8:00 AM THE DAY BEFORE your colonoscopy you may have CLEAR LIQUIDS ONLY!!!!!!

AFTER 8:00 AM DO NOT EAT ANY SOLID FOOD or ICE CREAM, Sherbert, Grits, etc.

CLEAR LIQUIDS INCLUDE: water, strained fruit juices with NO pulp, clear broth or bullion, Coke, Sprite, ginger ale Black coffee or tea (NO milk or creamers ) , sports drinks, Jell-O, Crystal light ( NO RED OR PURPLE)

AT 1:00 PM the DAY BEFORE your colonoscopy appointment: Take TWO DULCOLAX tablets

AT 3:00 PM the DAY BEFORE your colonoscopy appointment: Mix Miralax in 64 oz of water (or if you prefer Gatorade, Powerade or Crystal Light)

DRINK ALL of the SOLUTION between 3:00 PM and 5:00 PM. If you become nauseated, stop drinking the prep for 30 minutes, and then resume and drink ALL of the PREP

At 5:00 PM the DAY BEFORE your colonoscopy appointment: Take TWO more DULCOLAX tablets

Continue to drink CLEAR LIQUIDS ONLY until bedtime

NOTHING TO EAT OR DRINK AFTER MIDNIGHT, INCLUDING MEDICATIONS, GUM and chewing tobacco

DO NOT TAKE ANY MEDICATIONS THE MORNING OF YOUR PROCEDURE

BRING YOUR MEDICATIONS and / or a LIST OF YOUR MEDICATIONS WITH YOU the day of your colonoscopy

\_\_SEE OTHER SIDE OF PAGE FOR PAGE #2 of INSTRUCTIONS\_\_

**PAGE # 2**

**St. Vincent's Hospital Policy: You will be sedated for your colonoscopy therefore,**

**YOU MUST HAVE a DRIVER that remains with you from the time you check in until you are discharged to go home**

**FEMALE patients of child bearing age— A urine pregnancy test will be required unless you have had a hysterectomy**

**COVID testing is currently required by St. Vincent's Hospital within SEVEN DAYS prior to PROCEDURE DATE**

**Please call our office to schedule COVID test OR if you obtain COVID test at another facility, you MUST BRING A COPY OF RESULTS WITH YOU THE DAY OF YOUR PROCEDURE**

**Patient drop off is located at the entrance of the GI ENDOSCOPY CENTER**

**Heading up the hill on St. Vincent's Drive, turn right across from Building # 3 – SEE MAP for DETAILS**

**Valet service is available at the entrance of the GI ENDOSCOPY CENTER for a CHARGE of \$8.00**

**If you do not wish to use the valet service, please park in any one of the parking decks or open lots**

**If you have any QUESTIONS, please CALL the OFFICE (205-933-0960) between 9:00 AM – 3:00PM, Monday thru Friday**