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SPLIT COLONOSCOPY PREPARATION USING MIRALAX & GATORADE

PLEASE FOLLOW ALL INSTRUCTIONS: An incomplete prep can lead to a poor exam. If you experience nausea/vomiting take a 30 min break and then slowly resume the prep.

YOU MUST PURCHASE:

- One 238 gm bottle of Miralax or 255 gm bottle (Generic/Store Brand)
- A small box of Bisacodyl 5 mg tablets. You will need 4 pills/tablets.
- 64oz of Gatorade (any color EXCEPT red, blue, or purple). **If you are diabetic you may use PowerAde Zero or Gatorade Performance G2.

****BLOOD THINNER INSTRUCTIONS:**

THREE AND TWO DAYS before the test: Avoid raw fruits, raw vegetables, raw or cooked corn, salads, red Jell-O, beets, granola, nuts, and seeds. *****DRINK AT LEAST 64 OZ OF CLEAR LIQUID – OR MORE, THROUGHOUT THE DAY**

****PLEASE AVOID** red and purple liquids, dairy and soy products, and juices with pulp or sediment.**

****DIABETIC INSTRUCTIONS:**

ONE DAY before the test:

CLEAR LIQUIDS ONLY: water, seltzer, tea or coffee (without milk or non-dairy creamer), soda, broth, clear/non-citrus fruit juices, popsicles, and Jell-O. **Drink at least 64 oz of clear liquids and stay well hydrated.**

2PM -take all 4 Bisacodyl tablets with 8ounces of clear liquids

4PM -mix the entire bottle of Miralax with two quarts of Gatorade- stir well

- Drink an 8 oz glass every 10-15 minutes until **half** the solution is gone. (refrigerate remaining half for later)

[] If your procedure is scheduled before 12:00 pm...

- At **10:00pm** begin drinking the remainder of the Miralax and Gatorade. You will have consumed all the Miralax and Gatorade solution before bed time.

[] If your procedure is scheduled 12:00pm or later...

- At **6:00am** take the remainder of the Miralax and Gatorade

THE MORNING OF THE TEST:

- Stop all liquids 4 hours prior to the procedure time (nothing after ____)
- No gum or hard candy 8 hours prior to exam

YOU MUST HAVE A RIDE HOME. You will not be discharged from the Endoscopy Unit unless you are **accompanied by a responsible adult** who will **either drive you home OR accompany you home** by taxi, uber, or bus.

REPORT TO: _____ Cooley Dickinson Hospital, Endoscopy unit (Emergency Entrance)
_____ Valley Medical Group, 31 Hall Drive, Amherst (Ambulatory Surgical Center Main Floor)

***Do not take Advil or Aleve
the morning of your procedure**

DAY: _____

DATE: _____

ARRIVAL TIME: _____