

Gastroenterology Office
1231 Pine Grove Ave Suite 2A
Port Huron, MI 48060
810-982-8742

TWO DAY COLONOSCOPY PREPARATION

SUPPLIES TO PURCHASE

- 1 238 gm bottle of Miralax 8.4oz (Over the counter)
- 2 Dulcolax tablets (Over the counter)
- 64 ounces of Gatorade or Powerade (no red, blue or purple)
- 2 Enemas (Over the counter)
- 1 10oz bottle of Citrate of Magnesia (Over the counter)

- It is required that you arrange for a driver to take you to and from the hospital or your procedure **will** be rescheduled. The hospital will call you the day before with your arrival time.

- You **must discontinue** the following medications **2 days before** your procedure:

Eliquis Lovenox Pradaxa Xarelto

- You **must discontinue** the following medications **5 days before** your procedure:

Aggrenox Aspirin Brilinta (Generic: Ticagrelor) Trental
Coumadin Effient Plavix (Generic: Clopidogrel) Pletal (Generic: Cilostazol)
Iron/Multivitamin w/Iron

***If you take Coumadin, Plavix, Brilinta or Effient, please consult with your prescribing doctor as to a safe discontinuation date.**

- **You must be on a clear liquid diet TWO days before your procedure.**

For your clear liquid diet try water, chicken broth, beef broth, Jell-O (not red, purple or blue), coffee (no creamer or milk), tea (iced or hot/no milk), white grape juice, apple juice, 7-Up, Sprite, Mountain Dew, Popsicles (not red, blue or purple), lemonade or limeade (no pulp).

- **Day One** – Begin clear liquid diet. Administer the enemas 1 to 2 hours apart in the morning and drink the 10 oz bottle of Citrate of Magnesia at 5:00pm - remain on the clear liquid diet.
- **Day Two** – Remain on clear liquid diet. Begin Miralax prep as directed:
 - **3:30PM** Take 2 Dulcolax with water.
 - **5:30PM** Mix entire bottle of Miralax with 2 bottles of Gatorade in a large pitcher. Shake until dissolved. **Drink one 8 oz glass of the solution every 20-30 Minutes until it is gone.**

Remain on clear liquids. Nothing to eat or drink after midnight the night before your procedure.

Hospital: _____ **Physician:** _____ **Date:** _____