

**INSTRUCTIONS FOR COLONOSCOPY PREP**  
**READ THIS CAREFULLY AS SOON AS YOU RECEIVE IT!!!**  
GI Physicians Inc 512 N Cable Rd Lima OH 45805  
419-228-2600

**PURCHASE AT THE PHARMACY:** One 238 gram bottle of Miralax and Two Dulcolax tablets.

**ONE WEEK PRIOR TO THE PROCEDURE:** Do not take iron pills, vitamins with iron, or medications that can cause bleeding. These include: Aspirin, Coumadin/Warfarin, Plavix/Clopidogrel, Eliquis, Pradaxa, Savaysa, Effient, Xarelto, Percodan, Pletal, and Alka Seltzer. You must also stop anti-inflammatory type drugs including: Vioxx, Celebrex, Bextra, Empirin, Bufferin, Ascription, Ibuprofen, Motrin, Indocin, Diclofenac/Voltaren, Ticlid, Persantine, St Johns Wart and Garlic pills. *Tylenol and other brands which contain acetaminophen are safe to use prior to this procedure.*

Stop Sulfasalazine one day before the procedure.

**DO NOT** eat corn or popcorn. Discontinue fiber supplements. ex: Metamucil, Citrucel, Fiberall, etc. (Call the office if you have a question about any of your medications you can or cannot take)

**ONE DAY BEFORE THE PROCEDURE:**

1. Clear liquids only (Water, Strained Fruit juices, orange juice without pulp, lemonade, Clear broth, Gatorade, carbonated & non carbonated soft drinks, kool-aid, Jell-O, and Popsicles (NO red, purple or blue). **(NO milk or milk products, coffee or tea) IF DIABETIC USE DIET SODA.**
2. At 4:00 pm take 2 Dulcolax tablets.
3. At 5:00 pm, mix the entire bottle of Miralax in with the 64 ounces of an approved clear liquid. **(You should be using the whole bottle of Miralax)** Shake the solution until the Miralax is dissolved. Drink an 8oz. glass every 10-15 minutes until the solution is gone or your bowel movements are clear.
4. Continue only clear liquids until bedtime.

**ON THE DAY OF THE PROCEDURE:**

1. **Do not eat or drink anything that day.**
2. No smoking the day of your procedure.
3. Please bring a detailed list of medications including name of medication, doseage and frequency with you.
4. Please bring current insurance card and a photo ID with you.
5. Please leave all jewelry at home.

**Someone will need to be with you to drive you home afterwards. This person needs to be an adult that is willing to sign for your release. They should plan on being at the facility from the time you arrive until you are released. Your procedure can not start if they are not present.**

Date: \_\_\_\_\_ Procedure Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

\_\_\_\_ St. Rita's Medical Center  
2<sup>nd</sup> Floor Outpatient Surgery  
Pre-register: 419-226-9660

\_\_\_\_ Lima Memorial Hospital  
1<sup>st</sup> Floor Outpatient Surgery  
Pre-register 419-998-4607

\_\_\_\_ CASE, LLC  
512 N Cable Rd  
Lima, OH 45805

\*\*\*\*\*I have received, read and understand the above instructions.\*\*\*\*\*

Sign \_\_\_\_\_ Date \_\_\_\_\_