

AFFILIATES IN GASTROENTEROLOGY, P. A.

Preparation for Colonoscopy- Miralax And Dulcolax

No **ASPRIN, IBUPROFIN, IRON, or VITAMIN E** should be taken for at least 7 days prior to colonoscopy. Patients on **COUMADIN, PLAVIX, PERSANTINE** should discontinue it 3 to 5 days prior to the colonoscopy, **WITH THE CONSENT** of their cardiologist/internist. **IF THERE ARE QUESTIONS, PLEASE CHECK WITH OUR OFFICE.** If you are unsure of other medications you may be taking, **CHECK WITH OUR OFFICE. TYLENOL AND/OR MULTIVITAMINS ARE ALLOWED.**

Note: Individual responses to laxatives vary. This Prep may cause multiple bowel movements. It often works within 30 minutes, but may take as long as 4 – 6 hours. Please remain within easy reach of toilet facilities.

You will need to purchase:

1. Dulcolax Laxative Tablets 5 mg – You need 4 tablets (No prescription necessary)
2. One bottle of 238 grams of Miralax (No prescription necessary)
3. Clear liquid of your choice (64 oz). If diabetic, Crystal Light lemon or iced tea flavor (64 oz).

1. The day before your procedure, you may have a light breakfast until 10:00 AM. After breakfast, start your clear liquid diet. Your diet may consist of: strained fruit juices without pulp (apple, white grape, lemonade), Gatorade, carbonated and non-carbonated soft drinks, Kool-Aid (or other fruit-flavored drinks), **clear** broth or bouillon, plain Jello (without added fruits or toppings), ice popsicles, black coffee or black tea and water. **Do not** take any milk products, tomato juice or any **red or purple** liquids or Jello. Nothing should contain seeds or nuts.

2. Between 3 PM and 5 PM: Take the 4 Ducolax tablets with any clear liquid listed above.

3. One hour after taking the Ducolax tablets, mix entire bottle of Miralax with 64 oz. of Crystal Light. Drink one 8 oz glass every 10 – 15 minutes until solution is gone. The Miralax mixture needs to be finished within 2 – 4 hours of starting.

4. DO NOT BEGIN PREP LATER THAN 7 PM AND NOTHING MAY BE TAKEN BY MOUTH FOR 4 HOURS PRIOR TO PROCEDURE.

NOTE: Since you will be unable to drive after the procedure, please have a driver accompany you.

Name _____ Date _____

REPORT TO:

_____ Florham Park Endoscopy Center, 195 Columbia Turnpike, Florham Park, N.J.
(across from Crescent Plaza, Starbucks and Kings) (973-410-1800)

_____ Hanover Endoscopy Center of Northern NJ 91 S. Jefferson Road Whippany, NJ
973-929-6800

_____ St. Barnabas Medical Center, 1300 Short Stay Unit, Old Short Hills Rd, Livingston, N.J.
(973-322-5062)

_____ St. Barnabas Ambulatory Care Center, Main Entrance, 200 South Orange Avenue,
Livingston, N.J. (opposite Livingston Mall) (973-322-7723)

_____ West Orange office 101 Old Short Hills Road, Suite 217 (973-731-4600)

_____ Morristown Memorial Hospital 100 Madison Avenue Morristown, NJ (973-971-5088)

_____ Morristown Surgical Center 111 Madison Avenue 4th floor Morristown, NJ (973-971-6970)

REGISTER AT: _____ A.M. P.M.

PROCEDURE AT: _____ A.M. P.M.

Morristown Office
Drs. Samach, Wallach
Rosen, Morton
973-455-0404

Morristown Office
Dr. Stein
973-410-0960

West Orange Office
Drs. Sloan, Schrader,
Schuman, Askin,
Rosenthal
973-731-4600