

GASTROENTEROLOGY ASSOCIATES, PC
A member of Northeast Medical Group



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MIRALAX PREP ~ AM Procedure **For Out-patient colonoscopy at Bridgeport Hospital**

STOP ALL BLOOD THINNERS INCLUDING ASPIRIN, COUMADIN, PLAVIX, ETC. 3 TO 5 DAYS PRIOR TO YOUR PROCEDURE! PLEASE CONTACT THE DOCTOR PRESCRIBING THE MEDICATION TO YOU TO FIND OUT WHEN YOU NEED TO STOP THE MEDICATION.

You will need to purchase the following items (can buy the store brand):

- ~1 small box of Dulcolax Laxatives (you will need 4 pills).**
- ~1 medium bottle of Miralax (238 grams ~ this is a powder –generic is Polyethylene Glycol).**
- ~2 bottles of Citrate of Magnesia (10oz. size – Clear only- no cherry flavor).**

The day before your colonoscopy you are on clear liquids ONLY *No solid foods*****
Clear liquids consist of chicken/beef/vegetable broth, Jello or popsicles (no red or orange), lemon ice cups, tea and any clear juices. NO coffee or dairy products.

Mix the bottle of Miralax with 64 oz of ANY CLEAR LIQUID –NOTHING RED OR ORANGE.
Examples ~ Apple juice, white grape/cranberry juice, sports drink (Gatorade, Powerade) or flavored/vitamin water. Make sure you take a cup of the juice out before adding the bottle of Miralax so it does not over flow. Place in refrigerator to get cold if you wish.

Starting at 12 noon on _____ you are to take 4 Dulcolax tablets.
You may start your prep earlier if you wish.

At approx. 2 pm start drinking the Miralax mixture. Drink the mixture over the next 6 hours until the mixture is gone. Do not drink the mixture quickly. You may have other clear liquids in between.

At 8 pm drink the 1 bottle of Citrate of Magnesia (clear only)

At 10 pm if you are still having any formed stool drink the second bottle of Citrate of Magnesia.

The day of the colonoscopy you are to have nothing to eat or drink. You may take your medications (other than those listed above) with a small sip of water.

You are to go to Bridgeport Hospital, 267 Grant Street Bridgeport, CT

at _____ on _____.



Go to the main entrance off Grant Street. You can go directly to the Endoscopy Suite on the 4th floor. Remember to bring your insurance card(s).

*Do Not wear nail polish the day of your procedure.

*The medication you are given for the procedure will make you drowsy. Therefore the hospital will not allow you to drive. You MUST have a ride to and from the hospital. You will be at the hospital approx. 2 hrs.

*Please notify this office if your insurance changes between the time you came for your consultation visit and the time of your scheduled procedure.

*You must check with your insurance company what your benefits cover for a screening and/or diagnostic colonoscopy. Also check to see if you have any co-pays for the hospital. If you have already check on your benefits with your insurance company prior to your visit today we recommend you check them again with the information and codes below.

You are scheduled for a Diagnostic Colonoscopy with code(s) _____
Reason: _____

Screening Colonoscopy with code(s) _____

The Colonoscopy procedure codes used are as follows: 45378, 45380, 45384, & 45385

My name is _____.

I have your scheduling paperwork. If you have ANY ISSUES when you call your insurance company to check your benefits, please call the office before you have your procedure so that I can try to help with this.

Please call me if you have to reschedule or cancel the procedure I will notify the hospital.

If you have any questions regarding the preparation for the procedure please do not hesitate to call.

203.375.1200