Preparing for your **Colonoscopy** with **Miralax/EZ2Go Kit (PM appt)**

Patient Name: _____ **Physician:** _____

Procedure date: _____ **ARRIVAL TIME:** _____

Location: **Questions: 571-463-3900**

PREP BEGINS 1 WEEK BEFORE PROCEDURE:

PLEASE purchase the FOLLOWING IN ADVANCE:

- **MIRALAX EZ2GO PREP KIT** from our office.
- **64 OZ of electrolyte drink (two 32 oz)** Blue, white, yellow and green flavors only.
- Peppermint candy (optional, helps to ease nausea)
- Bottle of **MIRALAX (PEG3350)** if you have constipation.

7 DAYS BEFORE PROCEDURE: _____

- If you have **fewer than 3 bowel movements a week** OR **BMI over 35**, start taking 1 capful (17 grams) of Miralax every morning. This is purchased separately as indicated above (not part of prep kit).
- If you are taking **Ozempic, Wegovy, Mounjaro, Rybelius, Trulicity, Victorza or other GLP1** medication, stop for at least 7 days.

5 DAYS BEFORE PROCEDURE: _____

- NO **seeds, nuts, whole grains, tomato skins, raw vegetables, corn, popcorn, bran, and chia seeds.**
- STOP **iron supplements, vitamin E, Omega-3 fish oil, flax seed oil, and cod liver oil, herbal medications, and phentermine.**

3 DAYS BEFORE PROCEDURE: _____

- **At 6:00 PM –** Take **2 bisacodyl tablets** (beige pouch).
- Stop **325 mg aspirin** and other **NSAIDS** (Aleve, Advil, Motrin, ibuprofen, naproxen, Excedrin, Bufferin, Celebrex, Mobic etc.), unless specified. **Tylenol is okay to take.**
- Confirm your ride from procedure to home. Start eating softer foods.

If you have diabetes, oral hypoglycemics may need to be held in the morning of the procedure. Please check with the physician who prescribed this medication. Insulin may also need to be adjusted.

THE DAY BEFORE YOUR PROCEDURE: _____ *NO SOLID FOODS*

WHEN YOU WAKE UP IN THE MORNING: You may only consume CLEAR LIQUIDS all day. NO red, purple, or orange dyes. Water, sparkling/ vitamin water, sports drink, apple/ white grape juice, broth/ bouillon, tea or coffee (without cream/milk), soda, Jell-O, popsicles are allowed. **STAY WELL HYDRATED!**

COMBINE 238 gram bottle of polyethylene glycol with 64 oz. of a clear electrolyte based beverage (Gatorade, Powerade, Smartwater, Crystal Lite, Liquid IV). Divide mixture into 2 equal 32 oz. portions and refrigerate.

STEP 1 - 3:00 PM: Take **2 bisacodyl tablets** (beige pouch).
STEP 2 - 9:00 PM: Begin drinking the **first 32 oz. of your mixture**. Drink 8 oz. every 15-20 minutes until the entire mixture is finished.

If you become uncomfortable, drink the prep solution slower. Peppermints may help to settle your stomach.

THE DAY OF YOUR PROCEDURE: _____

STEP 1 - 12:00 AM (midnight) Take **2 bisacodyl tablets** (beige pouch)
Mix **magnesium citrate** (red pouch) with 10 oz of water and drink it.
STEP 2 - 5:00AM – Take **2 simethicone tablets** (yellow pouch)
Drink the **second 32oz of prep mix** over one hour to complete the prep.

***If you take blood pressure or anxiety medications**, you may take these with a small sip of water in the morning.

Do not chew gum, eat, or drink anything after completion of the prep, especially within 6 HOURS OF PROCEDURE

PLEASE READ BACK OF THESE INSTRUCTIONS FOR MORE INFORMATION

WHAT TO BRING/NOT TO BRING

Bring: Comfortable clothing; ID, insurance card, list of medications.
DO NOT bring: Jewelry, other valuables, contact lenses.
DO NOT apply lotions, creams, or ointments on your skin.

TRANSPORTATION

Please have a driver accompany you to be confirmed at check-in.
*Without a confirmed driver during check-in, the procedure will not be able to be performed.
*YOU WILL NOT BE ALLOWED TO DRIVE AFTER ANY PROCEDURE THAT REQUIRES SEDATION.
*You must not operate a vehicle or heavy machinery, work, or drink alcohol for 12 hours after the procedure.
*Someone should stay with you for 12 hours after the procedure.
*You may resume regular activities, including driving, the next day.

IF YOU DO NOT SPEAK ENGLISH, PLEASE HAVE A TRANSLATOR ACCOMPANY YOU TO THE VISIT

CANCELLATION POLICY:

YOU WILL BE CHARGED A $200.00 FEE IF YOU DO NOT CANCEL AT LEAST FIVE (5) BUSINESS DAYS PRIOR TO YOUR PROCEDURE.

BILLING/INSURANCE

*All referrals (if needed) should be provided at least one week before your scheduled procedure.
*Please notify us at least one week in advance of any insurance changes.
*Please note that you may receive separate bills from pathology, anesthesiology, hospital facility, in addition to physician professional fees.

ANESTHESIA IS BILLED BY A THIRD PARTY – GREATER WASHINGTON ANESTHESIA ASSOCIATES
Insurance may be out of network with anesthesia.
If you have any questions regarding your charges, please call 888-717-5383.

AT THE ENDOSCOPY UNIT

You will be escorted to a pre-procedure bay where you will change into a procedure gown. An IV will be placed. Your accompanying person/driver may wait with you until the procedure starts. During the procedure, they may wait in the waiting area or in the parking lot until the procedure is completed. After your procedure when you are awake and alert, your physician will review the findings with you. When you are ready to depart, you will be escorted out in a wheelchair.

Unexpected delays may occur during the procedure day due to medical needs of other patients.
We will do our best to maintain scheduled times, but please be prepared for delays.

COLONOSCOPY CATEGORIES:

SCREENING COLONOSCOPY: Age 45 without any symptoms. No history of colon polyps, colorectal cancer, gastrointestinal symptoms, family history of advanced/ early colon polyps or colorectal cancer. If there is a family history of parents, siblings or children with colorectal cancer, a screening is recommended 10 years prior to the age of diagnosis of the family member.
SURVEILLANCE COLONOSCOPY: Patient without symptoms but may have a personal history of GI disease such as ulcerative colitis or Crohn's Disease, colon polyps and/or colorectal cancer. Patients in this category are requested to undergo colonoscopy at shortened intervals. **Diagnostic testing copays and coinsurances may apply.**
DIAGNOSTIC COLONOSCOPY: Patient has current gastrointestinal symptoms, GI disease, iron deficiency anemia and/or any other abnormal tests or studies**. Diagnostic testing copays and coinsurances may apply.**

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