

METROPOLITAN GASTROENTEROLOGY, P.C.
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NAME: _____

Monday Tuesday Wednesday Thursday Friday

SCHEDULED DATE: _____ / _____ / _____ TIME: _____ AM/PM

****** PLEASE ARRIVE 30 MINUTES PRIOR TO YOUR APPOINTMENT TIME. ******

LOCATION: The Endoscopy Center of Queens 23-25 31st Street 2nd Floor Astoria NY 11105

COLONOSCOPY PREPARATION WITH MIRALAX

Note: STOP ASPIRIN OR ASPIRIN-CONTAINING PRODUCTS (7) DAYS PRIOR TO YOUR EXAM. PLEASE ADVISE THE OFFICE IF YOU ARE CURRENTLY TAKING ANY BLOOD THINNERS. i.e. :(COUMADIN, PERSANTINE, PLAVIX...)

*****Before beginning the following steps, make sure you have purchased your 238-gram bottle of Miralax, and 2 dulcolax tablets over the counter*****

THE DAY BEFORE THE PROCEDURE:

1. You may have a **light breakfast before 8 am. (i.e. toast or English muffin).**
2. You should **NOT** eat any solid foods throughout the remainder of the day. We advise patients to have clear liquids which include black coffee, tea, clear fruit juices (apple or white grape), broth or bouillon (no noodles), non-red gelatin dessert, soda (Sprite, Ginger Ale, 7-UP, Seltzer), and water.
3. **At _____ p.m. take 1 Capful of Miralax and mix it in at least 8 ounces of your favorite clear liquid, and then drink it. (Gatorade preferred.)**
4. Every 10-15 minutes, keep repeating step 3 until you finished the entire 238-gram bottle of Miralax. (You will have consumed approximately fourteen 8-ounce glasses containing it.)
5. **30 Minutes after you have finished the 238-gram bottle of Miralax, take 2 dulcolax tablets.**
6. You may continue drinking clear liquids until midnight.
• DO NOT EAT OR DRINK AFTER MIDNIGHT UNTIL AFTER YOUR PROCEDURE HAS BEEN COMPLETED.

THE DAY OF YOUR PROCEDURE:

1. You **MUST** be accompanied by a friend or relative to drive or assist you home.
YOU WILL NOT BE ALLOWED TO DRIVE YOURSELF HOME.
2. **If you are CURRENTLY taking medication for a heart condition or high blood pressure please take them with a sip of water the morning of your procedure or as directed by the doctor. Do not take any diabetes medications the morning of your procedure unless instructed otherwise by the doctor.**
3. Please do not chew gum or smoke until after your procedure.

Please notify the office within 48 hours for Cancellation

***The office will call you to confirm your appointment. If we cannot reach you, please call back to confirm your appointment.**

If you have any questions, please contact our office at the above number.

CLEAR LIQUID DIET

This diet provides fluids that leave little residue and are easily absorbed with minimal digestive activity. This diet is inadequate in all essential nutrients and is recommended only if clear liquids are temporarily needed. No red or purple liquids should be consumed!

Food Group	Foods Allowed	Foods to Avoid
Milk & beverages <i>No red or purple liquids!</i>	Tea (decaffeinated or regular), carbonated beverages, fruit flavored drinks	Milk, milk drinks
Meats & meat substitutes	None	All
Vegetables	None	All
Fruits & fruit juices	Strained fruit juices: apple, white grape, lemonade	Fruit juices with unstrained fruit
Grains & starches	None	All
Soups	Clear broth, consomme	All others
Desserts	Clear flavored gelatin, popsicles (<i>no red or purple flavors</i>)	All others
Fats	None	All
Miscellaneous	Sugar, honey, syrup, clear hard candy, salt	All others
Breakfast	Lunch	Dinner
4 oz. White grape juice	4 oz. Apple juice	4 oz. Lemonade
6 oz. Clear broth	6 oz. Clear broth	6 oz. Clear broth
Jell-O®*	Jell-O®*	Jell-O®*
Tea	Tea	Tea

*Plain only, no fruit or toppings

Jell-O is a registered trademark of Kraft General Foods, Inc.

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