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Patient Name

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Physician

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Procedure Date/Arrival Time

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Procedure Time

Location:

- McLaren Hospital - Pennsylvania**  
2727 S. Pennsylvania Ave, Lansing
- McLaren Hospital- Greenlawn**  
401 W. Greenlawn Ave, Lansing
- Sparrow Hospital**  
1215 E. Michigan Ave, Lansing
- Sparrow Heath Center**  
2909 E Grand River, Lansing
- Lansing Surgery Center**  
1707 Lake Lansing Rd, Lansing
- Hayes Green Beach Hospital**  
321 E. Harris St, Charlotte
- Eaton Rapids Specialty Clinic**  
1500 S. Main St, Eaton Rapids

**Please call a minimum of 5 business days in advance if you need to cancel your appointment. Failure to do so will result in a \$75 charge. Upon receipt of payment you will be contacted to reschedule your appointment in 6-8 weeks..**

## Results and Follow Up

- Please go home and rest for the remainder of the day. Do not drive, work, or operate heavy machinery for the rest of the day.
- Your physician will discuss test results with you and your family member following the procedure.
- You will be given written instructions for diet, activity, and follow up instructions.
- If biopsies were taken, a results letter will be sent through our patient portal. If not a member of Follow My Health, the letter will be mailed to you within 14 days of your procedure.

## Important Driving Instructions

You must have an adult 18 years or older remain with you during the procedure and drive you home afterward. Your procedure will be cancelled if you fail to meet these requirements.

## Billing Procedure

There may be up to four charges associated with your procedure (Physician, Hospital/Facility, Anesthesia, and Lab). Please verify with your insurance carrier your benefit coverage for each.

\*\*Please be sure you bring your picture ID and insurance cards with you to the facility the day of the procedure. Failure to do so will result in cancellation of your procedure.\*\*



### **MIRALAX SPLIT DOSE PREPARATION**

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Board Certified  
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**Scheduling Department**  
517-332-1200 Option #4

**Video instructions are also available on our website**  
[www.michigangastro.com](http://www.michigangastro.com)

## Colonoscopy

The purpose of this procedure is to directly visualize the mucosal lining of the colon in order to inspect for disease. The principal risk of colonoscopy is the remote possibility of perforation. Immediately prior to the passage of the instrument, you may be given intravenous Demerol, Versed, or Propofol. If you are allergic to any of these, latex or eggs please be certain you have notified the scheduler.

## Medication

If you are taking blood thinners, Aggrenox, Plavix, Effient, Pradaxa, Lovenox, Ticlid, Coumadin, Trental, Persantine, Heparin, or Fragmin) please be certain you have notified the scheduler.

## Labs

Please have any ordered blood work drawn \_\_\_\_ day(s) before your test. A requisition has been included.

\_\_\_\_You do not need blood work at this time.

NOTE: Female patients of menstruating years will be required to provide a urine specimen when you arrive to the hospital/facility.

## Five Days Prior To Procedure:

Please refrain from eating foods that contain nuts, seeds or corn. You will also need to stop taking fiber and iron supplements.

## Day Before Examination

1. CLEAR LIQUID DIET all day long. (this starts at 12:00am or when you wake up in the morning.) **No solid foods. Drink an extra 8-oz of clear liquids every hour throughout the entire day.**

2. Mix entire contents of Miralax with 64 oz (2 liters) of clear liquids in a tall pitcher. Mix well and refrigerate for use later today

3. **Diabetics:** Use ½ of your usual insulin dose. Do not take your diabetic pills today.

4. At 3:00 PM take 1 dulcolax tablet and continue taking clear liquids.

5. At 6:00 PM begin drinking 1 cup (8 oz) of the of the laxative solution every 15 minutes (total of 4 cups) You must finish drinking the solution within 1 hour **(32 oz. total) to ensure a clean colon.**

It is not unusual to have nausea and vomiting from this medication. If this occurs, stop the laxative, suck on mints or hard candy and resume the drinking the laxative 1 hour later. You should continue clear liquids 8 oz hourly throughout the evening. If there is no bowel movement or stools are not turning clear by 10 pm, please drink 1 bottle of Magnesium Citrate.

## Day of Examination

1. . Six hours before the start of your test begin drinking 1 cup (8 oz) of the laxative solution every 15 minutes (total of 4 cups). You must finish drinking the solution within 1 ½ hours **(32 oz. total) then nothing by mouth to eat or drink.** You must be finished with your prep at least 4 1/2 hours prior to your procedure then nothing by mouth. (No water, gum, mints, hard candy, etc) until after the procedure is completed. Failure to do so will result in cancellation of your procedure(s).

2. **Diabetics:** Please check your blood sugar and take this information with you to the hospital/facility. **Do not** take your insulin or diabetic pills this morning. Bring all of your insulin with you to the procedure.

3. Please only take your heart, blood pressure, seizure, respiratory, anti-rejection or anti-anxiety medications at 6 AM with a small sip of water. You may use your inhalers.

## Clear Liquid Diet

- Coffee, tea, or cola
- Apple, white grape, or white cranberry juice
- Up to 3 cans or bottles of vanilla or butterpecan Ensure or Glucerna (diabetics) that are labeled "suitable for lactose intolerant".
- Plain jello (no red colors)
- Clear soups and/or broth (strain off all vegetables and/or noodles)
- Popsicles (no red colors)
- Artificially sweetened powdered drinks (kool-aid, tang, crystal light – no red or purple colors)
- Sorbet that does not contain milk or chunks of fruit
- **No** milk or milk byproducts (cheese, yogurt)
- **No** grapefruit, tomato, V-8, or orange juice
- **No** alcohol

## Shopping List:

- One bottle of MiraLax (238-grams)
- One dulcolax or bisacodyl laxative tablet (not stool softener)
- Two 32-oz bottles of Powerade-lemon-lime **or** four 16-oz bottles of Propel, any flavor, or 64 oz (2 liters) any (non-red/purple) clear liquid. *This will be used to mix with the Miralax.*
- One 10-oz bottle of Magnesium Citrate
- Hard candy or peppermints to use if laxative causes nausea.