

MIRALAX PREPARATION

MEDICATIONS TO AVOID

If you are taking blood thinners that were prescribed to you such as **Warfarin, Eliquis, Xarelto, Plavix, Prasugrel, Brilinta, Cilostazol or Aggrenox**, we will need to obtain clearance from the prescribing physician to **stop the medication 5-7 days prior** to your procedure and we will notify you of recommendations to stop.

If you are taking medications that would thin out your blood, including over the counter medications such as,

ASPIRIN, ADVIL, ALEVE, MOTRIN, FISH OIL, VITAMIN E, LOVENOX, IBUPROFEN, NAPROXEN, CELEBREX, BEXTRA, MOBIC, TICLID, TICAGRELOR, TICLOPIDINE, DIPYRIDAMOLE, INDOMETHACIN, DICLOFENAC, ETODOLAC, FENOPROFEN, FIORINAL, KETOPROFEN, KETOROLAC, MELOXICAM, TORADOL AND ANY PRODUCTS CONTAINING IBUPROFEN.

You will need to stop the above medications 7 days prior to your procedure

****DO NOT TAKE ANYTHING BY MOUTH AFTER MIDNIGHT. WATER IS OKAY TO HAVE UP TO 4 HOURS BEFORE YOUR CHECK IN TIME. ****

DO TAKE your regular medications like blood pressure and heart medications with a sip of water. TYLENOL IS OK TO TAKE.

If you are diabetic and take diabetic medications, CALL YOUR PRIMARY CARE PHYSICIAN for instructions about the medications.

If you are feeling dizzy or lightheaded the morning of your procedure, you can hydrate up to 4 hours before checking in.

****IF YOU MAY HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE****

PH: 949-791-7155

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Special Instructions

if you use any Weight Loss Medications/ GLP-1s

(ex. Ozempic, Mounjaro, Wegovy, Trulicity, etc)

The ASA came out with new guidance that suggests withholding use of medications like Wegovy, Mounjaro and Ozempic, Trulicity, etc... prior to surgery to reduce the risk of complications associated with anesthesia. There may be other GLP-1s not mentioned, as there are new ones coming up.

Because of the delayed gastric emptying, we're finding more and more people are arriving for surgery with basically full stomachs, and that's the one thing we don't want when we're doing an elective operation.

Not stopping the use of these drugs several weeks prior to any procedure requiring anesthesia can increase the risk of regurgitation and aspiration of food into the airways and lungs before or during surgery.

If food from the stomach comes back up the esophagus and into the back of your throat, it can make its way into your lungs and potentially lead to pneumonia.

With this in mind, we recommend that

For a Colonoscopy

Stop your medication 2 weeks prior to your procedure

Complete your COLO prep as directed

For Upper Endoscopy (EGD)

Stop your medication 2 weeks prior to your procedure

Stay on a clear liquid diet the day prior to your procedure.

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****YOU MUST COMPLETE THE ENTIRE PREP****
EVEN IF YOUR BOWEL MOVEMENTS ARE CLEAR

ALL RECOMMENDATIONS ARE THE SAME FOR EVERYONE AND NOT WEIGHT-BASED
YOU NEED TO PURCHASE THE FOLLOWING (AVAILABLE OVER – THE – COUNTER)

- Dulcolax Laxative Tablets (12 tablets minimum)
 - 510-gram bottle of MIRALAX
- Zofran Prescription (anti-nausea medication if needed while prepping)
 - 32 oz. and 64 oz. bottle of CLEAR LIQUID for ex:
(COCONUT WATER, ELECTROLYTE WATER)
NO RED, ORANGE, OR PURPLE COLOR

2 DAYS PRIOR TO THE PROCEDURE

Take 3 Tablets of Dulcolax at 5 pm with 16 oz of water

(If ANY abdominal cramping occurs on Dulcolax, please discontinue its use and substitute Milk of Magnesia 2 tbsp for each Dulcolax Tablet)

ONE DAY PRIOR TO PROCEDURE BEGIN A CLEAR LIQUID DIET WHEN YOU WAKE UP

At 8 AM take 2 Dulcolax Tablets with 16 oz of water

At 1 pm mix 15 capfuls of Miralax with 64oz. of clear liquid. Shake until MIRALAX is dissolved

**** Use the cap on the Miralax bottle and fill to the top ****

Drink an 8-oz. glass every 10-15 minutes with a straw until the mixture is gone.

At 3 PM take 2 Dulcolax Tablets with 16 oz of water

At 5 PM: Have clear, liquid broth (ex. Chicken, beef, or vegetable broth). Drink 2 cups of broth with ADDED SALT that is warmed up

At 7pm mix 7 capfuls of Miralax with 32oz. of clear liquid. Drink an 8-oz. glass every 10-15 minutes with a straw until the mixture is gone.

At 8pm take the last 3 Dulcolax Tablets.

At 8 PM: Drink 2 more cups of broth with ADDED SALT.

Please finish the entire preparation even if you feel you are clean before that.

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IF YOUR LAST BOWEL MOVEMENT IS NOT CLEAR (SIMILAR TO URINE COLOR), PLEASE TAKE ANOTHER 2 DULCOLAX TABLETS WITH 16 OZ WATER FOUR HOURS BEFORE YOUR CHECK-IN TIME.

Example of clear bowel movement →



Ladies if you are still menstruating, please DO NOT use the bathroom before coming in for your procedure, since we will be needing to do a pregnancy test

You CAN NOT drive after your procedure.

Due to the anesthesia, you will not be able to drive and will require someone you know needs to pick you up and drive you. You will be at the facility about 3 hours if not less.

INSTRUCTIONS FOR A CLEAR LIQUID DIET

***NO SOLID FOOD THE DAY BEFORE YOUR PROCEDURE FROM THE TIME YOU WAKE UP.**

“CLEAR LIQUIDS” ARE ANY TRANSPARENT DRINKABLE LIQUIDS. IT MIGHT HAVE COLOR, BUT YOU SHOULD STILL BE ABLE TO SEE THROUGH IT.

A STRICT CLEAR LIQUID DIET EXCLUDES ALL SOLIDS (EVEN NOODLES IN SOUP), MILK PRODUCTS, AND CITRUS (ORANGE, GRAPEFRUIT) JUICES.

SEE THE LIST BELOW FOR A VARIETY OF CLEAR LIQUIDS

- POPSICLES
- JELL-O (YELLOW, GREEN)
- BOULLION OR CLEAR BROTH (SKIMMED OF FAT)
- WHITE CRANBERRY, WHITE GRAPE, AND APPLE JUICES

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- SOME TYPE OF SODA: NON-CAFFEINATED, AND MOST FIZZ SHOULD BE GONE...
- COCONUT WATER

AVOID COLORS RED, ORANGE, AND PURPLE

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COLONOSCOPY RISKS INCLUDE:

PERFORATION RATE OF 0.2-0.4% BLEEDING RATE 0.2-0.5%, RESPIRATORY DEPRESSION AND CARDIOPULMONARY EVENTS DUE TO SEDATIVES (0.4%), MISSED LESIONS OF <5%

THE RISK OF COMPLICATIONS INCLUDES AND IS NOT LIMITED TO BLEEDING, INFECTION, CARDIAC AND / OR RESPIRATORY ARREST / DEPRESSION, PERFORATION, SIDE-EFFECTS AND REACTIONS TO SEDATIVE MEDICATIONS, ELECTROLYTE ABNORMALITIES FROM BOWEL PREPARATION, HYPOTENSION FROM DEHYDRATION, AND POSSIBLY DEATH. PERFORATION MAY REQUIRE SURGICAL INTERVENTION. SHOULD THE PATIENT HAVE CARDIAC AND / OR RESPIRATORY FAILURE, RESUSCITATION MEASURE MAY BE NEEDED. POLYPS OR LESIONS COULD BE MISSED DUE TO POOR / FAIR BOWEL PREPARATION OR HIDDEN FROM VIEW. THERE IS A RISK FOR STROKE, PULMONARY EMBOLISM, OR CARDIAC EVENTS SUCH AS MI, SHOULD PATIENT REQUIRE TO DISCONTINUE ANTICOAGULATION OR ANTIPLATELET THERAPY FOR THE PROCEDURE.

EGD RISKS INCLUDE:

PERFORATION RATE OF 0.03-0.1%, BLEEDING RATE 0.03%, RESPIRATORY DEPRESSION AND CARDIOPULMONARY EVENTS DUE TO SEDATIVES (0.4%). PERFORATION IS HIGHER WITH DILATION OF ESOPHAGUS (0.4%), PYLORIC STENOSIS (0.5%), GASTROENTEROSTOMY (2.2%), GASTRIC STAPLE LINE

**** Medical Disclaimer****

***In order to achieve a complete colonoscopy, we recommend that you complete the Entire preparation even if you feel you may be cleaned out. ***

Reasoning is, there may be right sided lesions or polyps, which can lead to right sided colon cancer. These may be missed due to the subtle or flat nature of the polyp, as well as the tendency of suboptimal bowel preparation of the right colon.