

Provider Performing:

Dr. Jay Kamath

Date of Exam _____

Arrival Time: _____

(Please expect to be at the surgery center/hospital no less than 3 hours)

2 Day Split Dose Instructions for Colonoscopy

Your procedure has been scheduled at:

<input type="checkbox"/> Bay Area Endoscopy Center 5771 49th St. N St. Petersburg, FL 33709 727-528-2261	<input type="checkbox"/> Northside Hospital 6000 49 th St. N St. Petersburg, FL 33709 727-521-5158	<input type="checkbox"/> St Pete General 6500 38 TH Ave. N St. Petersburg FL 33710 727-384-1414
-------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

To ensure a successful exam, please follow all instructions carefully.

Remember, your procedure WILL be rescheduled if:

- ✓ You do not follow **ALL** prep instructions.
- ✓ You do not complete your **ENTIRE** preparation as instructed
- ✓ You do not have a ride home (it **MUST** be an adult friend or family member that **DRIVES** you)
- ✓ **If you take a TAXI or UBER you MUST have an adult friend or family member accompany you.**
- ✓ You are **NOT** able to take a Bus

❖ Your adult friend or family member that drops you off/ picks you up, MUST stay within a 30 minute distance of the procedure center.

We are requesting clearance from your specialist. You are **NOT** to stop any medication without clearance. We will contact you with instructions of when to stop any medication

7 DAYS PRIOR TO YOUR PROCEDURE

STOP taking Fish Oil, Vitamin E and any iron supplements

STOP NSAIDs, Ibuprofen, Advil, Aleve, Motrin, Celebrex, Naproxen.

(If you take Aspirin 81mg, you may continue to take this)

DO NOT EAT ANY NUTS SEEDS OR POPCORN!

PURCHASE THESE ITEMS AHEAD OF TIME:

- ✓ 527gm (18.5oz) bottle of Miralax (Polyethylene Glycol).

(This will be given to you as a prescription. However, if insurance does not cover, it will have to be purchased over the counter.)

- ✓ (4) 32oz bottle of Gatorade, PowerAde, Water, Apple Juice, White Grape Juice

(NOT RED or PURPLE)



Turn over



INSTRUCTIONS FOR YOUR PROCEDURE

2 Days Before **your Colonoscopy**

Upon waking up:

- ❖ Begin a light diet
- ❖ **NO RED OR PURPLE**

You may have:

- ✓ Milk, Cream, Hot Chocolate, Yogurt, Cheese
- ✓ Bread (with no nuts or seeds), Rice, Crackers, Cereal (with no nuts or seeds)
- ✓ Chicken, Turkey, Fish/Seafood, Eggs
- ✓ Canned or cooked fruit (with no seeds), applesauce, fruit juice (no pulp)

At:

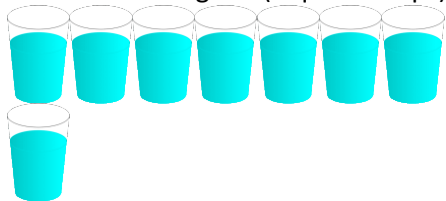
3:00 pm

take **BOTH** Dulcolax tablets (provided by the office)

-Mix 7 capfuls of Miralax into 2 of your 32oz drinks each and place in the refrigerator

4:00 pm

Drink 8oz every 15 minutes until both 32oz drinks are gone. (equals 8 cups)



1 Day Before

Upon waking up:

- ❖ Begin a clear liquid diet
- ❖ **NO RED OR PURPLE**

You may ONLY have:

- ✓ Coffee or Tea (**NO** milk or creamer)
- ✓ Pulp Free Juice (apple, white grape)
- ✓ Broth or Bouillon
- ✓ Kool-Aid or Crystal Light
- ✓ Jell-O (**NO** added fruit or toppings)
- ✓ Popsicles or Italian Ice
- ✓ Carbonated Drinks (Coke, Pepsi, Sprite, Diet or Regular)

At:

3:00 pm take **BOTH** Dulcolax tablets (provided by the office)

- Mix 7 capfuls of Miralax into your 32oz drink and place in the refrigerator.

5:00-6:30pm

Drink 8oz every 15 minutes until the entire 32oz is gone



7:30 pm Mix the other 7 capfuls of Miralax into your 32oz drink and place in the refrigerator.

At:

10:00-11:30pm

Drink 8oz every 15 minutes until the entire 32oz is gone



DIABETICS:

Take your regular morning and daytime oral diabetic medications and insulin. Only half of your long-acting insulin dose



NOTHING TO EAT OR DRINK AFTER MIDNIGHT. YOU MAY HAVE WATER!

The Day of Your Procedure

You **MAY** take your morning medications as usual (which includes blood pressure, cholesterol, depression, anxiety, seizure medication, thyroid medication, ETC.) (DO NOT take NSAIDS or Blood thinners)

YOU MAY CONTINUE TO HAVE WATER UP TO 3 HOURS BEFORE YOUR ARRIVAL TIME!

DIABETICS:

Do not take any oral diabetic medications or insulin
Make sure to bring them with you to the surgical center or the hospital
Remember to check your sugar level regularly during your colonoscopy prep.

Please bring your **Inhaler /CPAP** with you
Avoid smoking 24 hours prior procedure
Wear flat, comfortable shoes- no heels

If you have any questions please do not hesitate to call

727-443-4299

NOTE:

In the event that a biopsy needs to be performed, there will be additional charges from an outside pathology lab.