

NORTHSIDE GASTROENTEROLOGY

8424 Naab Road
Indianapolis, Indiana 46260
Phone: (317) 872-7396 Fax: (317) 879-8328
Scheduling Dept. Phone: (317) 871-7436 Fax: (317) 879-3993
Toll Free Office Number: 1 (866) 327-2465

Arthur R. Baluyut, M.D., Ph.D.
Lawrence J. Born, M.D.
Daryl Daugherty, M.D.

Fyeza S. Haider, M.D.
Mark J. Lybik, M.D.
Mark D. Scheidler, M.D.

Taiseer J. Shatara, M.D.
Spencer A. Wilson, M.D.

MIRALAX/DULCOLAX PREPARATION INSTRUCTIONS

Your procedure is scheduled at _____ at _____
(Day) (Date)

_____. You are to register at _____
(Registration Location) at _____ a.m. / p.m.
(Time)

and your procedure will be performed by Dr. _____ at _____ a.m. / p.m.
(Doctor) (Time)

PURCHASE THESE OVER THE COUNTER ITEMS IN THE PHARMACY SECTION PRIOR TO YOUR PROCEDURE:

1. *DULCOLAX LAXATIVE tablets (one box of 10). *Not the stool softener.
2. One 14 day supply (238 gram bottle) of MIRALAX POWDER.
3. 64 oz of lemon/lime or color-free Gatorade or, any flavor Propel fitness water.
4. One bottle of Magnesium Citrate (no artificial colors).

THE DAY BEFORE THE PROCEDURE

FROM THE TIME YOU WAKE UNTIL THE TIME YOU GO TO BED DRINK ONLY CLEAR LIQUIDS.
Eating solid food will lead to the cancellation of your procedure.

At 3:00 p.m. take 3 DULCOLAX laxative tablets. Follow this with clear liquids.

At 5:00 p.m. mix the Miralax powder with the 64oz Gatorade or Propel fitness water and begin drinking an 8oz glass of the solution every 20-30 minutes until gone. If you become nauseated slow down the frequency in which you are drinking the solution. Once the nausea passes continue drinking until the solution is gone. You should have clear liquids up until 4 hours prior to your procedure time the next day.

THE DAY OF THE PROCEDURE

At _____ a.m. drink the bottle of Magnesium Citrate. You are to have nothing by mouth after consuming this liquid.

YOU CANNOT DRIVE THE DAY OF YOUR PROCEDURE. You must have an appropriate designated driver, i.e. a family member or someone who is close to you. Cab drivers and buses are not considered appropriate drivers. If you do not have an appropriate driver, your procedure will be canceled. The sedation you receive for your procedure makes it difficult to remember what the doctor tells you, so it is recommended that your driver is someone close to you that can receive your personal health information.

IMPORTANT MEDICATION INFORMATION (please read):

Prescription blood thinners and when to stop before procedure:

Coumadin (Warfarin)	5 days
Plavix (Clopidogrel)	5 days
Xarelto (Rivaroxaban)	2 days
Pradaxa (Dabigatran)	2 days
Aspirin/NSAID'S	0 days

PLEASE MAKE SURE TO CLEAR THIS WITH THE DOCTOR WHO PRESCRIBED IT FOR YOU.

****DO NOT TAKE YOUR DIABETIC PILL OR INSULIN PRIOR TO YOUR TEST. WE WILL CHECK YOUR BLOOD SUGAR WHEN YOU ARE HERE****

****YOU MAY TAKE YOUR BLOOD PRESSURE MEDICATION, HEART RHYTHM MEDICATIONS THAT REGULATE THE RHYTHM OF YOUR HEART, ASTHMA AND SEIZURE MEDICATION WITH A SMALL GLASS OF WATER 4 HOURS PRIOR TO THE PROCEDURE TIME.**

CLEAR LIQUID DIET

THE FOLLOWING ARE APPROVED CLEAR LIQUIDS YOU MAY HAVE:

Apple juice
Cranberry juice (okay because it is naturally red)
White grape juice
Propel Fitness Water (any flavor)
Gatorade (clear or lemon lime)
Any flavor water packet that contains sugar (no sugar free)
7UP or Sprite
99% fat free chicken or beef broth (canned) – NO bouillon cubes
Jell-O (no red or orange)
Popsicles (no red or orange)
NO ALCOHOL

If you need a caffeine beverage to prevent headache please drink only a minimal amount. This includes coffee, tea, Coke, Pepsi and diet soda. Don't make it the majority of your liquids.

You are to drink a variety of these liquids throughout the day when you are preparing for your colonoscopy. *START WHEN YOU WAKE IN THE MORNING AND CONTINUE UP TO 4 HOURS PRIOR TO YOUR PROCEDURE TIME THE NEXT DAY.*****

THINGS TO BRING WITH YOU:

1. CPAP machine, if you have sleep apnea.
2. Completed medication list provided in your information packet.
3. Your insurance card and drivers license/Photo ID.
4. A form of payment required to pay your deductible/co-pay.

We accept Visa, MasterCard, Discover, Cash & Check

YOU SHOULD CONTACT YOUR INSURANCE COMPANY TO SEE HOW THIS PROCEDURE WILL BE PAID. YOU WILL RECEIVE A FACILITY BILL, PHYSICIAN'S BILL & MAY ALSO RECEIVE AN ANESTHESIA BILL. IF BIOPSIES ARE DONE YOU MAY ALSO RECEIVE A PATHOLOGY BILL. THIS IS NOT BILLED AS AN OFFICE SETTING.

NOTE: PERSONAL HISTORY OF COLON POLYPS (V12.72) AND HISTORY OF COLON CANCER (V10.05) MAY NOT BE CONSIDERED CRITERIA FOR PREVENTATIVE/SCREENING BY YOUR INSURANCE COMPANY. BE SURE TO DISCUSS THIS WITH YOUR CUSTOMER SERVICE REPRESENTATIVE WHEN INQUIRING HOW YOUR PROCEDURE WILL BE PAID BY THE INSURANCE COMPANY.

**For frequently asked questions regarding your preparation,
please refer to our website www.northsidegastro.com.**