

FAIRFAX COLON & RECTAL SURGERY, P.C.

DONALD B. COLVIN, M.D., F.A.S.C.R.S.
PAUL E. SAVOCA, M.D., F.A.S.C.R.S.
LYNDA S. DOUGHERTY, M.D., F.A.S.C.R.S.
DANIEL P. OTCHY, M.D., F.A.S.C.R.S.
LAWRENCE E. STERN, M.D., F.A.S.C.R.S.

COLORECTAL/ANORECTAL SURGERY, COLONOSCOPY, ANORECTAL PHYSIOLOGY

Miralax Split-Prep for Colonoscopy

**PLEASE READ THE FOLLOWING INSTRUCTIONS
CAREFULLY AT LEAST TWO WEEKS BEFORE YOUR
PROCEDURE:**

Prescribed medications for heart disease and asthma may be taken prior to your procedure, unless otherwise instructed. Diuretic medications (“water pills”) and ACE inhibitors (certain types of blood pressure medications) should not be taken on the day before or the day of the procedures to avoid excessive dehydration. All other medications, including diabetic medications, should be brought along with you to be taken after your procedure. Please advise the physician if you have a prosthetic heart valve or if you have a serious heart murmur. Also advise physician if you have had any cardiac procedures in the last year.

DO NOT take aspirin or products such as Ibuprofen, Advil, Aleve, Nuprin, Motrin, Naprosyn, etc. for at least one week prior to procedure. You may take Tylenol. Stop all herbal remedies or supplements for at least one week prior to your exam. Please stop Plavix 10 days prior to your procedure, or Coumadin 4 days prior. These medications can cause serious bleeding after the procedure. If your surgeon has given you instructions that differ from the above, follow the advice of your surgeon.

AVOID eating high fiber foods, especially those containing seeds, for five days prior to your procedure, e.g. raw vegetables and fruit with thick skins, sesame or poppy seeds, strawberries, corn or tomato skins. These foods are more difficult to cleanse from your system and eating these will prevent the performance of an adequate examination of your colon and could lead to the need for repeating the entire prep. After the procedure is completed, you will receive written instructions with regards to eating.

On the day of your colonoscopy you will receive intravenous sedation. These medications will impair your driving ability. **You must arrange for someone to take you home after your procedure (taxi rides are not acceptable). You may not drive until the next day.**

If you are unable to complete the prep, please call the office and speak with a staff member, after hours, the Physician on call will contact you.

FAIRFAX COLON & RECTAL SURGERY, P.C.

DONALD B. COLVIN, M.D., F.A.S.C.R.S.
PAUL E. SAVOCA, M.D., F.A.S.C.R.S.
LYNDA S. DOUGHERTY, M.D., F.A.S.C.R.S.
DANIEL P. OTCHY, M.D., F.A.S.C.R.S.
LAWRENCE E. STERN, M.D., F.A.S.C.R.S.

COLORECTAL/ANORECTAL SURGERY, COLONOSCOPY, ANORECTAL PHYSIOLOGY

Miralax Split-Prep for Colonoscopy

At Least Two Days before the Procedure:

1. Purchase one bottle of Miralax (238 grams). Generic name is polyethylene glycol 3350 (either one is acceptable). Miralax is available over the counter, no prescription is needed.
2. Buy 6 over-the-counter Dulcolax laxative tablets (not suppositories), 64 ounces of Gatorade, Propel, Crystal Lite or other clear liquid drink (do not use a red or purple drink flavor) and moist wipes.

One Day before the Procedure:

1. Refrigerate your beverage (Gatorade, Propel, and or Crystal Lite)
2. Drink only clear liquids for breakfast, lunch, dinner and all snacks (See attached list). Drink at least eight to ten, 8 fluid oz. glasses throughout the day.
3. At 3:00 p.m., take 2 Dulcolax tablets with 8 oz. of clear liquids.
4. At 6:00 p.m., mix the entire bottle of Miralax powder with the 64 oz. of Gatorade, Propel, or Crystal Lite in a pitcher. Make sure the powder is well dissolved. Drink one 8 oz. glass of the Miralax solution every 10-15 minutes until half of it (32oz) is finished. Refrigerate the remaining solution.
5. At 8:00 p.m., take the last 2 Dulcolax tablets with 8 oz. of clear liquids.
6. Continue to drink as much clear liquids as possible until bedtime.

The Morning of the Procedure:

7. **THE FOLLOWING STEP NEEDS TO BE COMPLETED FOUR (4) HOURS PRIOR TO LEAVING FOR YOUR PROCEDURE**

Take 2 additional Dulcalox tablets and drink the remaining 32oz. of the Miralax solution.

NOTHING TO EAT OR DRINK AFTER THIS!

It is OK to take your medications with enough water to swallow the medications. DO NOT take diabetes medication WITHOUT PRIOR INSTRUCTION from your Primary Care Physician (your dosage may have to be adjusted).

If you have any questions or concerns, please call our office at (703) 280-2841.

FAIRFAX COLON & RECTAL SURGERY, P.C.

DONALD B. COLVIN, M.D., F.A.S.C.R.S.
PAUL E. SAVOCA, M.D., F.A.S.C.R.S.
LYNDA S. DOUGHERTY, M.D., F.A.S.C.R.S.
DANIEL P. OTCHY, M.D., F.A.S.C.R.S.
LAWRENCE E. STERN, M.D., F.A.S.C.R.S.

COLORECTAL/ANORECTAL SURGERY, COLONOSCOPY, ANORECTAL PHYSIOLOGY

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 & Beverage <i>No red or purple liquids</i>	Tea and coffee (no creamer), carbonated beverages, fruit flavored drinks	Milk creamer, milk drinks
Meats & Meat Substitutes	None	All
Vegetables	None	All
Fruit & Fruit Juices	Strained fruit juices: apple, white grape, lemonade	Fruit juices with unstrained fruit
Grains & Starches	None	All
Soups	Clear broth, consommé	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

The following menu is only a suggestion

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

FAIRFAX COLON & RECTAL SURGERY, P.C.

DONALD B. COLVIN, M.D., F.A.S.C.R.S.
PAUL E. SAVOCA, M.D., F.A.S.C.R.S.
LYNDA S. DOUGHERTY, M.D., F.A.S.C.R.S.
DANIEL P. OTCHY, M.D., F.A.S.C.R.S.
LAWRENCE E. STERN, M.D., F.A.S.C.R.S.

COLORECTAL/ANORECTAL SURGERY, COLONOSCOPY, ANORECTAL PHYSIOLOGY

INFORMATION FOR PATIENTS PREPARING FOR COLONOSCOPY

COLONOSCOPY

A procedure on a clean, prepared colon using a flexible scope with fiber optics to visualize the entire colon (also known as the large intestine) for colon cancer screening and possibly the last part of the small intestine. It also allows for treatment such as removal of polyps, biopsies of unusual areas or control of bleeding.

LENGTH OF THE PROCEDURE

The procedure usually lasts from 20-30 minutes but can take longer if polyps are present, if the colon is excessively long or twisted, or if excessive scar tissue exists. The extent of time required from check-in to check-out is approximately 2 hours.

AWARENESS DURING PROCEDURE

The procedure is usually done with anesthesia either moderate “conscious” sedation (“twilight”) where you may fall asleep but are easily aroused or a deeper sedation with IV anesthesia with an anesthesiologist present. Which anesthesia given depends on a variety of issues including medical history and past experience with anesthesia. You may experience some cramping or “gassiness” during the procedure or after.

PREPARATION

You should receive instructions for preparing your colon in the office when discussing the procedure with your physician. It can also be found on our web site www.fairfaxcolorectal.com.

AFTER THE PROCEDURE

You cannot drive home after the procedure due to the IV sedation and should not drive that day. You must make arrangements to have someone there to take you home from the hospital. Even if you want to take cab home you MUST have someone with you that will be responsible for you. This is a center policy and we will not allow you to go through the procedure without a responsible person to accompany you home. Someone should remain with you until the following morning.

Most people can return to work the following day. You should avoid going out of town after the procedure for several days due to delayed symptoms that can occur after a rare complication.

FAIRFAX COLON & RECTAL SURGERY, P.C.

DONALD B. COLVIN, M.D., F.A.S.C.R.S.
PAUL E. SAVOCA, M.D., F.A.S.C.R.S.
LYNDA S. DOUGHERTY, M.D., F.A.S.C.R.S.
DANIEL P. OTCHY, M.D., F.A.S.C.R.S.
LAWRENCE E. STERN, M.D., F.A.S.C.R.S.

COLORECTAL/ANORECTAL SURGERY, COLONOSCOPY, ANORECTAL PHYSIOLOGY

COMPLICATIONS

Complications uncommonly occur. If one does occur it will be treated appropriately. This could require hospitalization, medication, additional procedure, blood transfusion or surgery. (Center discharge instruction sheets will advise you on events to look out for once you return home.)

ALTERNATIVES

Alternatives to Colonoscopy include sigmoidoscopy (looks at lower colon), Barium enema (radiology study) and 3-D virtual colonoscopy (CT scan study-not yet endorsed by the American College of Surgeons) which are typically discussed in the office with your physician. Video Capsule endoscopy is a study for the small intestine not for the colon.

RESULTS AND FOLLOW-UP

Visual results will be given immediately both verbally and written. Results will be discussed with you and to whom you direct. You may not remember clearly after the anesthesia so it is helpful to be able to discuss results with family members waiting for you. Pathology results will be available after 10 days and you are usually contacted by our office. If you have not heard about the results after 10 days, then contact the office for your results. A report should be sent to your referring physician. If they do not receive one let us know and we will be happy to send them one.

After a routine colonoscopy, office follow-up is not usually necessary. If you would like a follow-up appointment or other issues are involved, then schedule a follow-up office appointment. Your next recommended colonoscopy is usually based on family history, findings at the time of colonoscopy, pathology results or other risk factors.

INSURANCE

Colonoscopies are frequently covered by insurance companies. The procedure will be pre-certified by our office if your insurance company requires pre-certification. You may still be responsible for a deductible or co-payment. Certain insurance companies have restrictions on specific anesthetic agents that may be used for your procedure. It is always safest for you to check with your insurance company to eliminate doubts and surprises.

ADDITIONAL INFORMATION

www.fascrs.org

www.aca.org

www.fairfaxcolorectal.com