



KANIS ENDOSCOPY CENTER

6908 Kanis Road
Little Rock, Arkansas 72215
501-227-7688
www.kanisendoscopy.com

Patient Name: _____ Appointment Date/Time: _____

Colonoscopy Prep Instructions

Please stop any blood thinning medications 3 days prior to procedure once cleared by prescribing physician.

Day before your procedure:

1. Please follow a clear liquid diet only for all three meals:
 - a. Examples: Apple Juice, white grape juice, chicken broth, beef broth, or vegetable broth, plain Jell-O, popsicles, Gatorade or lemonade. No milk or milk products. No liquids that are red or purple in color.
2. Begin your prep as directed below.
3. Drink plenty of water and other clear fluids throughout the day.
4. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.

Miralax Preparation:

1. Mix one bottle of Miralax with 2 quarts (64 oz) of Gatorade. You may chill in the refrigerator. DO NOT ADD ICE.
2. At 4:00pm, start drinking the miralax/Gatorade mixture, drinking one eight ounce glass every 20-30 minutes until gone.
3. You should be finished drinking mixture by 8:00pm.
4. When mixture is completed, take 2 Dulcolax tablets.
5. Continue to drink clear fluids until midnight. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.

Magnesium Citrate Preparation:

1. At 12:00 noon, drink one bottle, you may chill it in the refrigerator. DO NOT ADD ICE.
2. At 4:00pm, drink the second bottle.
3. At 6:00pm, take 2 Dulcolax tablets.
4. Continue to drink clear fluid until midnight. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.

Day of your procedure:

1. DO NOT EAT OR DRINK ANYTHING PRIOR TO THE PROCEDURE. You may take medications with a small sip of water. The following medications are encouraged prior to your procedure:
 - a. Hypertension medications that do not include diuretics.
 - b. Seizure medications.
2. If you are diabetic, DO NOT TAKE your oral diabetic medications or any insulin.
3. Dress in comfortable clothes. You will be more comfortable after your procedure if you are wearing clothes that are not too tight around your abdomen.
4. NO DRIVING: Due to the sedation, you will not be allowed to drive after your procedure. You will not be allowed to have your procedure if you do not have a drive available.



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Personal Valuables:

I have been informed that I am fully responsible for all personal items, which I may bring to the center. Gastroenterology and Surgery Center II is released from responsibility for all loss or damage of items. This includes but is not limited to any money, jewelry, glasses, dentures, documents, furs, or other articles of value.

I have read and understand the above instructions.

Patient or Guardian Signature: _____

Nurse's Signature: _____ Today's Date: _____