

Dr. Baum, Dr. Devito, Dr. Okun, Dr. Reydel

MIRALAX & SUTAB PREP FOR COLONOSCOPY

Follow your Clear Liquid Diet at 6pm on: _____ (2 days before procedure).

PREP DAY 1 on: _____ (2 days before procedure).

Mix the 64 ounces of Gatorade or water with 238 grams of Miralax and shake vigorously. Put in refrigerator and chill; at 6pm start drinking the Miralax mix.

PREP DAY 2

Dose one on: _____ (Day before procedure).

5:00pm

- **Step 1:** Fill the provided container with 16 ounces of water (up to the fill line), open 1 bottle of 12 tablets. Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. If you become uncomfortable, take the tablets and water slower.
- **Step 2:** Approximately 1 hour after the last tablet is swallowed, fill the provided container a second time with 16 ounces of water and drink the entire amount for over 30 minutes.
- **Step 3:** Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water and drink the entire amount over 30 minutes.

You may continue to drink extra liquids from your clear liquid diet.

CLEAR LIQUID DIET

Start Clear Liquid Diet at 6pm on: _____
(Two days before procedure.)

FRUIT JUICES: White grape, apple, white cranberry

CARBONATED DRINKS: Ginger Ale, Sprite, 7Up, Clear, and flavored Seltzers

SPORTS/FLAVORED DRINKS: Vitamin Water, Power Aide, Gatorade,
Powdered lemonade, Iced Tea

COFFEE/TEA: BLACK ONLY! Sugar/Artificial Sweeteners are ok.

WATER: Please drink plenty of water — VERY IMPORTANT

BROTH/BOUILLON: Chicken, Beef, Vegetable (ONLY Broth)

ICE POPS/ITALIAN ICES: No whole fruit or real fruit

JELLO

YOU MAY NOT HAVE THE FOLLOWING:

ABSOLUTELY — No meat, meat substitutions, vegetables, fruits, fruit juices containing pulp and not clear (orange, grapefruit, pineapple, mango, etc.), dairy, dairy substitutions, breads, grains, starches, root beer, cola, or other dark colored sodas.

ABSOLUTELY — No alcohol!

****Nothing by mouth after _____.****
(3 hours before arriving at facility.)

PREP DAY 3

Dose two on: _____ at _____ (6 hours before arriving).

- Repeat step 1 to step 3 using the second bottle of tablets. Extra liquid from your clear liquid diet is okay over the next 3 hours.
- **YOU MUST HAVE SOMEONE TO TRANSPORT YOU DAY OF PROCEDURE!**
You will be sedated and will not be permitted to drive.

PROCEDURE DATE: _____

ARRIVAL TIME: _____

Please call our office if you have any questions.

973-845-4160, opt. #6

WHERE

St. Mary's Hospital

350 Blvd.

Passaic, NJ 07055

(973) 365-4499

Report to Admissions.

Premier Endoscopy

164 Brighton Rd.

Clifton, NJ 07012

(973) 859-3700, opt. 1

Suburban Endoscopy

799 Bloomfield Ave., Suite 101

Verona, NJ 07044

(973) 571-1600

Hackensack UMC Mountainside

1 Bay Ave.

Montclair, NJ 07042

(973)-429-6000, opt. 1

Report to main entrance on Bay Ave. FREE valet service at entrance.

Clara Maass Medical Center

1 Clara Maass Dr.

Belleville, NJ 07109

(973) 450-2000

Report to main entrance.

Please call our office if you have any questions.

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