The Colorectal Care Center of South Florida, LLC

PREOPERATIVE/COLONOSCOPY PREPARATION INTSRUCTIONS	
Patient Name:	Date:
	STRUCTIONS. If there are any questions or problems, please contact our office ncel or reschedule your procedure, please contact us <mark>. If you fail to do</mark>
so, you will be assessed a \$100.00 no show fe	e.
Your procedure has been scheduled at: Date: Arriva	on:
Please plan on arriving 2 hours prior to the sch	
	wed to drive yourself home. p from the hospital at the time of discharge. edications, please notify us immediately as you may be required to stop these
replacement or a joint replacement, or other an	eart disease , have mitral valve prolapse , have had a cardiac valve tificial devices , please notify us immediately. n, Ibuprofen, or other arthritis type pain medications for 10 days prior to you
Please follow the checked instructions below for	or your bowel preparation:
	rour scheduled procedure . This includes clear or strained juices, jello, clear t drink anything red or purple. You may not have any milk or milk products.
2 Do not eat or drink anything after midnig	<u>ht</u> the night before your scheduled procedure.
3 Dukolax Laxative tablets: Take 4 tablets @	3 pm the day prior to your procedure.
4 Miralax: Purchase one 238 gram bottle of Mi	iralax & a 64 oz bottle of a sports drink (Gatorade, Powerade) – not red
colored. Empty the entire bottle of Miralax into the	e sports drink. Beginning @ 6 pm the day prior to your procedure drink 8
oz of the mixture every 10-15 minutes until the so	ulution is gone.
6 Golytley : Drink the entire bottle over 4 hours	s starting at 4 pm the day prior to your procedure.

8. ___ **Fleets Enema**: Take the 2 enemas either consecutively or together the morning of your scheduled procedure.