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GASTROENTEROLOGY
Buffalo Medical Group, P.C.

PREPARATION FOR EARLY MORNING COLONOSCOPY

You will need to purchase one (1) 255 gram bottle of Miralax (prescription, which will be sent to your pharmacy) 10oz bottle of Magnesium Citrate (over the counter) and 64 oz. of Gatorade. If you do not like or can not tolerate Gatorade any clear liquid is fine.

- **Do not take any iron pills, iron supplements, and other supplements containing fish oil or flax seed oil 5 days before the exam.**
- **Please remember to continue taking asthma, anti-anxiety, or seizure medications!**
- **Please do not consume any corn, nuts or seeds for 5 days before the exam.**

Please call our office to let us know if you are allergic to **Versed** or **Fentanyl**.

If you are a diabetic, please contact your Primary Care Physician. They will need to regulate the dosing of your insulin or glucose for the day of the procedure.

THE DAY BEFORE THE PROCEDURE:

1. You will be on a **CLEAR LIQUID** diet (see below) all day.
2. At 3 P.M. drink 10oz bottle of Magnesium Citrate
3. At 6 P.M., mix (1) 255 gram bottle of MIRALAX with the 64 oz. of Gatorade. Drink an 8 oz. glass of this mixture every 15-20 minutes until gone (approximately 1½ -2 hours).
4. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT.**

THE DAY OF THE PROCEDURE:

1. Take any heart, blood pressure, asthma, or anti-anxiety medications with a sip of water.
2. **BRING SOMEONE TO DRIVE YOU HOME. YOU ARE NOT PERMITTED TO TAKE A TAXICAB HOME UNLESS SOMEONE IS PRESENT TO RIDE WITH YOU.** Because of the effects of the sedation, you may not drive for the remainder of the day.

A **CLEAR LIQUID** diet means: no milk or milk products; no solid foods; no products containing RED or PURPLE dyes. Most cola soft drinks like Pepsi and Coke have red dyes in them.

You can have water, clear broth or bouillon, coffee/tea (without milk or non-dairy creamer), pedialyte, strained fruit juices without pulp. Also the following if not RED or PURPLE: Gatorade, ice popsicles, carbonated and non-carbonated soft drinks, Kool-Aid, plain Jell-O (without fruit or toppings).

REPORT TO: _____

TIME: _____

DATE: _____

If you are currently taking any of the medications listed on the next page, please contact your prescribing physician for clearance to stop these medications.

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If you are currently taking any of the medications listed below, please contact your prescribing physician for clearance to stop these medications.

Anticoagulation Therapy

Antiplatelets:

Plavix® (clopidogrel)
Brilinta® (ticagrelor)
Effient® (prasugrel)
Aspirin

Other NSAIDs:

diclofenac, ibuprofen (Motrin®), indomethacin, ketoprofen
Celecoxib (Celebrex®), diflunisal, naproxen (Aleve®, Naprosyn®), sulindac
meloxicam (Mobic®), nabumetone, piroxicam (Feldene®)

Anticoagulants:

Coumadin® (warfarin)
Eliquis® (apixaban)
Pradaxa® (dabigatran)
Xarelto® (rivaroxaban)
Savaysa® (endoxaban)