



Fall Hill Gastroenterology Associates 2601 Fall Hill Ave. Fredericksburg VA
 Phone: 540-371-9696

2 Day Magnesium/Dulcolax Miralax 16 dose Prep

- You will need to purchase Over the Counter: Miralax (enough for 16 doses)
 Magnesium Citrate (1-10-ounce bottle)
 Dulcolax (5mg Tablet)

7 DAYS PRIOR TO PROCEDURE _____ STOP EATING SEEDS AND NUT!

2 days before your Procedure _____

Regular Diet all day

- 5pm** Drink whole bottle of Magnesium Citrate
 Take 1 Dulcolax Tablet

The day before the procedure _____

Start a **Clear liquid diet** when you get up in the morning

LIQUIDS ALLOWED

Beverages	Water, Coffee, Tea, Carbonated beverages, Apple Juice, White grape juice, Warm or cold flavored gelatin, fruit flavored drinks and powders (Gatorade, Country Time, Crystal light, Kool Aid), Clear Ensure (red or purple is acceptable)
Soup	Fat Free broth or boullion
Dessert	Plain fruit flavored gelatin, Popsicles, slushes, ices, hard candy, jelly beans
Condiments	Sugar, Artificial sweeteners, Non-fat/ nondairy, liquid or powdered creamers (coffee mate, Cremora)

FOODS NOT ALLOWED

No Solid Food. No dairy products: Cheese, Milk, Half & Half, Slim Fast, Glucerna, Boost, or Ensure.
No purple or red colorings. ORANGE coloring is acceptable.

5pm-Start taking Miralax

- Mix 1 capful of Miralax powder in 8 ounces of a clear liquid of your choice.
- Every 15 minutes drink (1) 8-ounce glass of the Miralax mixture. You will drink a total of **12** glasses

5pm 5:15pm 5:30pm 5:45pm 6pm 6:15pm 6:30pm 6:45pm 7:00pm 7:15pm 7:30pm 7:45pm

Continue drinking any clear liquid of your choice until bedtime. Take any prescribed medications when your BM's slow down.

The Morning of the Procedure _____

5 hours before you leave home _____ mix 1 capful of Miralax into 8 ounces of clear liquid of choice.

- Drink 8 ounce glass every 15 minutes until 4 glasses are consumed.

_____am _____am _____am _____am

No Smoking 12 hours prior to procedure. Take all prescribed medications 3 hours prior to leaving. _____
No diabetic medications (including insulin), **No** Potassium supplements, and **No** Diuretics (water pills) before the procedure.

Nothing by mouth 3 hours prior to leaving home at _____, until after your procedure.

Report to _____ at _____ am/pm.

It is very important to complete the prep as instructed. You can do it!

*** You will **NOT** be allowed to drive after the procedure. Some facilities **require** your ride to stay at the facility the whole time of the procedure (no dropping off and picking up).