



Dr. McBride - Dr. Harrington - Dr. Rodgers - Dr. Couch - Dr. Watts

MODIFIED MIRALAX BOWEL PREP

***Please read these instructions carefully before starting this preparation.

1. **PURCHASE FROM YOUR PHARMACY OR GROCERY STORE, NO PRESCRIPTION REQUIRED:**

- ✓ Four (4) Dulcolax laxative tablets **AND**
- ✓ MiraLax 238 - 255 gram bottle

2. **CLEAR LIQUID DIET:** Begin the morning of _____, Only drink liquids today. Do not consume solid foods. Do not consume red, orange, blue or purple liquids (i.e., red or orange Jell-O, tomato juice, etc.) Do not drink anything that contains seeds or pulp.

EXAMPLES OF CLEAR LIQUIDS:

BEVERAGES: water, lemon-lime or clear sports drinks (Gatorade, PowerAde, etc.)
flavored waters, Sprite, Ginger Ale
DESSERTS: lemon and lime Jell-O, popsicles, fruit ices
JUICES: All strained clear juice (apple, lemonade, white grape)
SOUPS: Clear broths (chicken, vegetable)

▶ ▶ ▶ **REMEMBER NOTHING RED, ORANGE, BLUE OR PURPLE** ◀ ◀ ◀

3. **2:00 PM** – take 2 Dulcolax tablets.

4. Mix the MiraLax bottle in 64 ounces of any beverage listed above. Shake the solution until the MiraLax is completely dissolved. The MiraLax can also be dissolved into Jell-O, juice or broth.
4:00p.m DRINK 1- 8oz GLASS EVERY 20 MINUTES. (If you mix by the glass you will need 2 ½ Tablespoons per glass)

5. **6:00 PM** – take 2 more Dulcolax tablets. Remember, it's important to stay hydrated and continue to drink clear fluids until bedtime.

6. **12:00 AM: NOTHING BY MOUTH AFTER MIDNIGHT**

7. Procedure is scheduled : _____

HHC Warner Robins
478-542-7925

HHC Endoscopy
478-542-7715

Houston Ambulatory Surgery Center
478-329-3100

HHC Perry
478-218-1746

A representative will call you the day prior to your procedure, to let you know what time you should arrive. If you have not received a call by 2:00 p.m. the day before your procedure, please call to obtain your procedure time.

YOUR ARRIVAL TIME IS ASSIGNED BY THE FACILITY WHERE YOU ARE HAVING YOUR PROCEDURE, PLEASE DO NOT CALL THE OFFICE (HOUSTON SURGICAL ASSOCIATES) FOR YOUR ARRIVAL TIME.

NOTE: If you take blood pressure or heart medication, you may take your medication, the morning of your procedure with a sip of water only. Please hold all other medications unless instructed otherwise.

You must have someone remain at facility during your exam, drive you home and take care of you the remainder of the day.

Your **follow up appointment** is _____ at _____ a.m./p.m.

Please call Houston Surgical Associates with any questions