



Colonoscopy Prep: Mira lax and Gatorade

Obtain from pharmacy:

Mira lax Powder 238 grams

(3) Dulcolax tablets

(2) 28.5 oz. bottles of Gatorade (not included in prescription) **No Red, Purple, or Orange**

Five days before your procedure:

Do not take any aspirin-containing products or blood thinning drugs

The day before your procedure (_____):

➤ **Start clear liquids as soon as you get up. Clear liquids include:**

*water

*sprite

*7-UP

*Coffee (a little sugar is OK but NO cream)

*Jell-O (light in color) **No Red, Purple, or Orange**

*Chicken or Beef broth or Bullion

Avoid dark colored beverages and anything containing red food coloring.

➤ **12:00 pm:** take (3) Dulcolax tablets with 8 oz of water.

➤ **3:00 pm:** Mix (1) 28.5 oz. bottle of Gatorade with the entire bottle of Mira lax powder

➤ **5:00 pm:** Follow with the second bottle of Gatorade

NOTHING TO EAT OR DRINK AFTER MIDNIGHT

The day of your procedure _____

**NOTHING THE MORNING OF YOUR PROCEDURE TO EAT OR DRINK EXCEPT ALL YOUR
MORNING MEDICATION WITH A SIP OF WATER**

If you are an insulin dependent diabetic, you should only take half of your normal amount of insulin in the morning. Bring the other half with you.

Your procedure is scheduled for _____ : _____ AM/PM.

Be at Ohio County Healthcare Surgery center by _____ : _____ AM/PM (time subject to change)

YOU WILL NEED A RIDE HOME

For any questions concerning your prep, call either office: (270) 298-7225 OR (270) 691-0059



Endoscopy Pre-Operative Instructions

The following instructions are provided to help you understand and prepare for your surgery.

Endoscopy Scheduling:

Your pre-surgical evaluation will take place via phone by a representative from the hospital.

If you have not been contacted within 48 hours of your surgery date, please call **(270)-298-5499** between the hours of 6:45-3:15. If you get sick, please call your surgeons office or pre-op nurse. (ex. Flu, cold, chest pain)

Medications:

Please review your medications that you are currently taking with the nurse (prescription and non-prescription, vitamins, anything over the counter, such as herbal medicine or if you are taking any type of street drugs).

Bring all medication with you on the day of surgery.

You will be instructed on which medicines you should and should not take during your pre op call with the nurse from Ohio County Hospital Surgical Services.

Please follow any instructions that you were given from your physician on any medications that were to be stopped prior to surgery.

Some medicine, such as aspirin, Coumadin or Plavix impair the body's ability to form a clot and stop bleeding.

Please notify your nurse if you are taking any of these medications.

The Day before Surgery:

Do not eat or drink after midnight or as instructed at the time of your phone call, this includes water, candy, Gum, dip, chewing tobacco/smoking.

Please be sure to check your messages the evening before surgery for any changes to your arrival time.

The Day of Surgery:

Please shower the morning of your surgery.

Do not smoke on the day of surgery.

Register at the front lobby with an insurance card and photo ID.

Only two visitors will be allowed in your room at a time.

If you've been asked to take routine or other medicines on the morning of surgery, please take them with a very small sip of water.

Wear loose and comfortable clothing.

Leave jewelry and valuables at home. If you wear contact lenses, please bring your glasses with you and a case to put them in during surgery. Please remove any body piercings.

Please arrive at the hospital at the specified time.

Because of urgent cases, there may be a delay in the start of your surgery. Your start time could be earlier than expected if last-minute cancellations occur.

A nurse will review your post-operative instructions and prepare you for discharge from the hospital.

You **will not be allowed** to drive yourself home. Please make arrangements for someone to take you home.

THANK YOU, DR. RICCIO AND STAFF.

FIVE DAYS BEFORE PROCEDURE:

NO ASPIRIN

NO EXCEDRIN

NO BLOOD THINNING DRUGS

The morning of procedure take all medication with small sips of
water:

NO BLOOD THINNING DRUGS

Stop date for your procedure is: _____



CONSENT FOR SURGERY OR OTHER PROCEDURES

I, _____, authorize Dr. Charles Riccio

and such assistants as may be selected by him/her to perform the following surgery or special procedure:

Colonoscopy

The patient (or person legally authorized to consent for the patient if the patient is a minor or is incompetent to give consent) has consented to the diagnostic or therapeutic procedure indicated above, being informed of:

- The nature of the patient's condition
- The nature and probability of risks involved
- The benefits to be reasonably expected
- The inability of the doctor to predict results if that is the situation
- The irreversibility of the procedure if that be the case
- The likely result of no treatment
- The available alternatives, including their risks and benefits

This procedure, along with its attendant risks and alternatives, has been explained to me fully by my physician and my questions have been answered. I also authorize the hospital to dispose of any removed tissue in accordance with its policies.

(Patient Signature) _____ (Date) _____ a.m./p.m.
(Time)

(Witness to Signature)

If patient is a minor or unable to sign please complete the following:

☐ Patient is a minor ☐ Patient unable to sign because: _____

(Legal Guardian) _____ (Date) _____ a.m./p.m.
(Time)

(Relationship to patient) _____ (Witness to Signature)

(Physician Signature) _____ (Date & Time)

(Physician signature attests to confirmation of informed consent)