MICHAEL KRISHNA RAO, MD MPH
COLONOSCOPY INSTRUCTIONS

1380 LUSITANA STREET, SUITE 614, HON. HI 96813. PHONE#(808)524-1856 FAX# (808)204-1257

PLEASE READ INSTRUCTIONS AT LEAST A WEEK BEFORE YOUR PROCEDURE

YOUR DOCTOR HAS MADE YOU AN APPOINTMENT AT:_____

DATE:_____ TIME:_____CHECK-IN_____

**STOP ALL BLOOD THINNERS (EXCEPT BABY ASPIRIN): PLAVIX/COUMADIN/ELIQUIS/XARELTO ETC. WE CANNOT PERFORM PROCEDURE IF THIS STEP IS NOT FOLLOWED
STOP DATE:_____

**PLEASE CONTINUE ALL OTHER MEDICATIONS. CHECK WITH THE DOCTOR ABOUT DIABETES MEDICATIONS

5 DAYS BEFORE PROCEDURE: AVOID CORN, BEANS, SEEDS, NUTS, AND RAW VEGETABLES

ON THE DAY BEFORE YOUR EXAMINATION,_____stay on a clear liquid diet upon awakening in the morning ALL DAY. Clear liquids include the following that are not colored red or purple: Strained fruit juices without pulp (i.e. apple, white grape, minute maid lemonade, Crystal Light), water, coffee, tea, (sugar may be used but no milk or dairy creamer), Gatorade, carbonated soft drinks), plain Jell-O (only lime, lemon, or orange flavors without added fruit/toppings), clear chicken or beef broth, bouillon and ice Popsicles. SOLID FOODS, MILK OR MILK PRODUCTS ARE NOT ALLOWED.

**PLEASE PURCHASE MIRALAX (2 Bottles, 238 Grams each) & GATORADE (4 Bottles, 32 Ounce each, NO RED OR PURPLE COLOR/FLAVOR). You may mix together half at a time in a pitcher.

On_____at 4:00pm begin to drink 1 cup/glass (8ounce) of MIRALAX & GATORADE prep every 15 minutes. If you feel any abdominal cramping or bloating sensations, drink the prep every 30 minutes. Continue to drink the prep (about 16 glasses). Stay close to the bathroom and use Vaseline or warm showers for the irritated or red area. The entire preparation may take 3-4 hours to complete.

If you experience nausea, stop for 30 minutes then resume drinking the prep every 15 minutes. If vomiting occurs, stop and call the PHYSICIANS'S EXCHANGE to contact your doctor at (808)524-2575.

You may continue to drink clear liquids only after drinking the preparation.

**THEN STOP ALL LIQUIDS AT MIDNIGHT. UNLESS SPECIFIED:_____

Bring your insurance card & picture ID. You will be responsible for your co-payment.

Please be sure to have a driver to take you home after the procedure.