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Procedure Date and Time: _____

Arrival Time: _____

Facility: _____ (see MAP)

Do Not Eat Any Nuts, Seeds or Popcorn One Week Prior to Your Procedure

Prep Instructions for Colonoscopy

SUFLAVE BOWEL PREP

(Prescription purchase, 2-part split dose)

Your prescription will be sent to **GIA pharmacy – 682.707.3760**

GIA Pharmacy will contact you to arrange payment and delivery to your home.

A) **Purchase one container of 238gm bottle of Miralax (over the counter)**

B) Day PRIOR to Procedure:

1. You **MUST** be on a clear liquid diet **ALL DAY**. (NO SOLID FOODS)
2. List of liquids: Tea, Black Coffee (no creamer), coke, sprite, diet sodas, chicken or beef broth, Jell-O, popsicles, apple juice, cranberry juice (natural red), Gatorade, Powerade, and water. Absolutely no RED Jell-O or RED/PURPLE products. No Orange Juice, Milk, or Milk Products.
3. You will need to take any **Thyroid, Blood Pressure, Anxiety and only take a half dose of your diabetic medication.**
4. At **6pm** complete the following 2 STEPS for part 1 of your 2-part prep.
 - a) Open 1 bottle and fill with lukewarm water to the fill line. Add one lemon lime flavor pack if desired. Put the cap on bottle and shake until all powder has dissolved. You may chill solution in fridge or add ice if desired. Drink 8 ounces of solution every 15 minutes until the bottle is empty.
 - b) At 7:00pm, drink 16oz of water, finish within 30 minutes

If you become uncomfortable at any time, slow down drinking the solution or water.

**** If by 9pm you have not had a bowel movement or are not passing clear to clear yellow liquid from your rectum, MIX one 238gram container of Miralax in 64 oz of water. Drink half (32oz) of this mixture over 1 hour.**

****If by 10pm you're still not passing clear liquids, drink the other half (32oz) of mixture over 1 hour.**

If you have not had any bowel movements by 10:30pm, call our office 972-562-4430 option 1 to page the doctor on call.

C) Day OF Procedure

5. At _____ **AM/PM**, repeat ALL of Step 4 above, as part 2 of your prep using the other bottle of SuFlave
6. You must have transportation from the facility by an adult member of your family or friend, otherwise your procedure will be Canceled.
7. You may take your **Thyroid, Blood Pressure, Anxiety** with small sips of water no later than 2 hours prior to your procedure. **DO NOT take your diabetic medications.**
8. Nothing by mouth 4 hours PRIOR to your procedure.

****If you are taking any weight loss medications; Plavix, Coumadin (Warfarin), Lovenox, Eliquis, Xarelto, or any other blood thinners, it's very important that you notify our office (nurses) for instructions as when to STOP these medications before your procedure. If you are taking aspirin 325mg, switch to 81mg 7 days prior to your procedure and stay on this dose leading up to the procedure. If already taking aspirin 81mg, stay on this up until the day prior.**