

Florida Digestive Specialists  
5767 49<sup>th</sup> St. N Suite A St. Petersburg FL, 33709  
1417 S. Belcher Rd Suite A Clearwater FL, 33764

Date of Exam: \_\_\_\_\_  
Arrival Time: \_\_\_\_\_  
*(YOUR TIME MAY CHANGE ACCORDINGLY)*  
Provider Performing:  
 Dr. Jay Kamath

## 2 Day Split Dose Instructions for Colonoscopy

**Please expect to be at the center for NO LESS than 3 hours.**

### Your procedure has been scheduled at:

<input type="checkbox"/> <b>Bay Area Endoscopy Center</b> 5771 49th St. N St. Petersburg, FL 33709 727-528-2261	<input type="checkbox"/> <b>Northside Hospital</b> 6000 49 <sup>th</sup> St. N St. Petersburg, FL 33709 727-521-5158	<input type="checkbox"/> <b>Morton Plant Hospital</b> 300 Pinellas St. Clearwater, FL 33756 727-461-8057	<input type="checkbox"/> <b>St Pete General</b> 6500 38 <sup>th</sup> Ave. N St. Petersburg FL 33710 727-384-1414
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**To ensure a successful exam, please follow all instructions carefully.**

***If you must cancel or reschedule your appointment, this must be done 3 business days prior to your procedure or you will be charged a \$75.00 fee!***

### **Remember, your procedure WILL be rescheduled if:**

- ✓ You do not follow **ALL** prep instructions.
- ✓ You do not complete your **ENTIRE** preparation as instructed
- ✓ You have any food the day before or the day of your procedure.
- ✓ You do not have a ride home (if you plan on taking the BUS or UBER you must have a responsible party to accompany you)
- ✓ You have any change in health insurance coverage. (Some insurances require an authorization before having the procedure done)

### **Please plan to take the entire day off of work the day of the procedure!**

We are requesting clearance from your specialist. You are **NOT** to stop any medication without clearance. We will contact you with instructions of when to stop any medication. If you have questions, or have not heard from our office please call for clarification before holding any of your medications.

## 7 DAYS PRIOR TO YOUR PROCEDURE

**STOP** eating all nuts, seeds corn and popcorn and **STOP** taking any supplements/medications containing iron.

## 3 DAYS PRIOR TO YOUR PROCEDURE

NSAIDs Ibuprofen, Advil, Aleve, Motrin, Celebrex, Naproxen, Fish Oil, and Vitamin E.  
(If you take Aspirin 81mg, you may continue to take this)

### **PURCHASE THESE ITEMS AHEAD OF TIME:**

- ✓ 527gm (18.5oz) bottle of Miralax (Polyethylene Glycol).
- (This will be given to you as a prescription. However, if insurance does not cover, it will have to be purchased over the counter.)
- ✓ (2) 64oz bottle of Gatorade or PowerAde (**NOT RED or PURPLE**)
  - ✓ You will be given 4 Dulcolax tablets at our office



## INSTRUCTIONS FOR YOUR PROCEDURE

## 2 Days Before

### Upon waking up:

- ❖ Begin a light diet
- ❖ **NO RED OR PURPLE**

### You may have:

- ✓ Milk, Cream, Hot Chocolate, Yogurt, Cheese
- ✓ Bread (with no nuts or seeds), Rice, Crackers, Cereal (with no nuts or seeds)
- ✓ Chicken, Turkey, Fish/Seafood, Eggs
- ✓ Canned or cooked fruit (with no seeds), applesauce, fruit juice (no pulp)



**\*Drink a minimum of 8 ounces of clear liquids every hour.**

### At:

**-3:00 pm** take **BOTH** Dulcolax tablets (provided by the office)

**NOTE:** You may experience cramping.

- Mix the **HALF OF THE 527GM** bottle of Miralax into your 64oz Gatorade and place in the refrigerator.

**-4:00 pm** Drink. 8oz every 15 minutes (YOU MUST DRINK AT LEAST 6 CUPS )



**NOTE:** If you experience nausea or bloating, **SLOW DOWN** drink every 20 minutes instead.

## 1 Day Before

### Upon waking up:

- ❖ Begin a clear liquid diet
- ❖ **NO RED OR PURPLE**

### You may have:

- ✓ Coffee or Tea (**NO** milk or creamer)
- ✓ Pulp Free Juice (apple, white grape)
- ✓ Broth or Bouillon
- ✓ Kool-Aid or Crystal Light
- ✓ Jell-O (**NO** added fruit or toppings)
- ✓ Popsicles or Italian Ice
- ✓ Carbonated Drinks (Coke, Pepsi, Sprite, Diet or Regular)



**\*Drink a minimum of 8 ounces of clear liquids every hour.**

### At:

**-5:00 pm** take **BOTH** Dulcolax tablets (provided by the office)

**NOTE:** You may experience cramping.

- Mix **HALF of 238GM** bottle of Miralax into your 64oz Gatorade and place in the refrigerator.

**-6:00 pm** Drink only half (32oz) of the solutions. 8oz every 15 minutes (equals 4 cups)



Return the other (32oz) to the refrigerator. Continue clear liquids until MIDNIGHT!

**NOTE:** If you experience nausea or bloating, **SLOW DOWN** drink every 20 minutes instead.

- ✓ **DIABETICS ON INSULIN:** Only take **HALF** your morning dose of insulin. If you are on long-acting insulin, **DO NOT** take your night dose.



**NOTHING TO EAT OR DRINK AFTER MIDNIGHT. YOU MAY HAVE WATER!**

## The Day of Your Procedure

**6 hours before your arrival time for your procedure,**  
**Follow the directions below:**

### At:

\_\_\_\_\_ Start drinking the other half (32oz) of solution, 8oz every 15 minutes (equals 4 cups) until it is finished.



**YOU MAY CONTINUE TO HAVE WATER UP TO 3 HOURS BEFORE YOUR ARRIVAL TIME!**

- ✓ **DIABETICS:** **DO NOT** take any oral or insulin medications. If you do take insulin, please **BRING** the insulin with you.

You may take all other morning medications as usual.

**(DO NOT take NSAIDS or Blood thinners)**

### **IF APPLIED TO YOU:**

Please bring with you to your appointment, Insulin, Inhalers, Device cards (stents, pacemakers, heart valves, ETC)

**If you have any questions please do not hesitate to call 727-443-4299**

**IF YOU TAKE A MEDICAID CAB PLEASE ADVISE THE NURSE WHEN SCHEDULING!**