

DIGESTIVE DISEASE SPECIALISTS, INC.

Ross S. Keener, M.D.
4811 Gaillardia Pkwy, Suite 200
Oklahoma City OK 73142
(405) 751-4199
www.okddsi.net

Miralax Gatorade Preparation

Name: _____

Date of Procedure: _____

Arrival Time: _____

Procedure Time: _____

Procedure Location:

1 Ambulatory Endoscopy Center (AEC)
3366 NW Expressway
Baptist Physician's Building D, Ste. 400
CHECK IN ONE 1 HOUR PRIOR TO PROCEDURE

2 Mercy Outpatient Diagnostic Center
4300 West Memorial Road
Mercy Health Center
CHECK IN AT ADMISSIONS 1 ½ HOUR PRIOR

******If you have access to the internet, please log on to www.okddsi.net and watch the Colonoscopy video under the patient education tab prior to your procedure.**

There have been many times we have had to cancel the procedure midway and reschedule due to an incomplete prep. Therefore, you must complete a bowel preparation regimen as follows:

If you take medication, you may have it on the morning of the procedure with a small sip of water. **STOP ASPIRIN and IRON four (4) days prior to your procedure date.** Inform the nurse immediately if you are taking other blood thinners (such as Coumadin or Plavix). If you use **INSULIN or diabetic medications**, you may need to adjust your dose to ½ your normal dose the day prior, and NONE on the day of your procedure until afterwards. **Do not** take your oral diabetes medication the day of your procedure until afterwards.

Purchase three (3) items at the pharmacy: Four or Eight (4 or 8) **Dulcolax 5mg tablets**, one 238 gram bottle of **Miralax** (both products are over-the-counter laxatives) and a **64oz bottle of Gatorade (any color but red)**.

THE DAY BEFORE THE PROCEDURE: _____

1. Have only clear liquids starting **in the morning** the day before your procedure. Clear liquids consist of water coffee, tea, sodas, fruit juices (except orange juice), broth and Jell-O, etc. No solid foods, milk or milk products are allowed.
2. In the morning sometime, mix your **ENTIRE** bottle of Miralax with your Gatorade and place in the refrigerator. **At 5 p.m.**, begin drinking your Gatorade. Make sure to shake the mixture well before ingesting. **It is best to drink the solution in a short amount of time so have a goal to drink an 8oz glass every 10 minutes until the solution is gone.**
3. At **9 p.m.**, take 4 Dulcolax tablets with 8oz of water. Continue drinking liquids until bedtime.

THE DAY OF THE PROCEDURE: _____

1. Nothing to eat or drink after _____ **and only liquids only prior.**
 2. Arrive at the facility above **1 TO 1 ½ HOUR** prior to the time of your procedure. See location instructions above.
 3. **Please fill out your paperwork and fax to 752-4718 to expedite your check-in** or **bring with you to the facility** if you have not done so at the office recently. Bring your photo ID, insurance cards and medication list (including name, dosage and frequency).
- IF YOU HAVE AN AFTERNOON PROCEDURE**, at _____ please take 4 Dulcolax tablets with 8oz of water.

******IF YOU ARE A NEW PATIENT OR IF YOU HAVEN'T BEEN SEEN BY YOUR PHYSICIAN WITHIN ONE (1) YEAR, PLEASE PRINT THE REGISTRATION FORMS (From the forms tab on www.okddsi.net) YOU MAY EXPEDITE YOUR CHECK IN PROCESS EMAILING OR BY FAXING THE FORMS TO 405-752-4718 PRIOR TO YOUR PROCEDURE OR BRING THEM WITH YOU TO YOUR PROCEDURE. THANK YOU.******

A DRIVER MUST ACCOMPANY YOU: You will not be able to drive, use a taxi, or a bus after the procedure. Your driver must be on the premises during the procedure or the procedure will be rescheduled.

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Start morning of: _____

Day of Procedure: **NOTHING AFTER** _____

LIQUID DIET

<u>Food Groups</u>	<u>Food Allowed</u>	<u>Food to Avoid</u>
Fruit	Apple Juice Grape Juice Cranberry Juice	Any Juice with Pulp (no orange juice)
Soup	Fat-Free or Low Fat: Chicken Broth Beef Broth Chicken Bouillon Beef Bouillon	All Others
Dessert	Jell-O, any flavor plain <u>(No red or purple dyes)</u> Ice Popsicles <u>(No red or purple dyes)</u>	All Others
Beverages	Water, Ice Coffee, <u>no milk or cream</u> Tea Any Carbonated Drinks <u>Boost or Ensure (1-2 drinks maximum)</u>	All Others
Miscellaneous	Salt Sugar Hard Candy	All Others

APPOINTMENT REMINDER CALLS

In an effort to provide the highest quality of service, we offer automated courtesy calls in the evening to confirm your upcoming appointment. **PLEASE RESPOND TO THE AUTOMATED CALL BY PRESSING THE APPROPRIATE NUMBER TO CONFIRM OR CANCEL YOUR APPOINTMENT.** If you press cancel, please call the office the next day during business hours to reschedule your appointment.

PROCEDURE CANCELLATION POLICY

In the event that a procedure needs to be cancelled, please notify our office as soon as possible. This allows us to provide timely care to our other patients.

Failure to notify our office at least 24 hours prior to your appointment time may result in a charge of \$75.00. **This charge will be the responsibility of the patient and cannot be billed to your insurance company.**

TEST RESULTS

If Dr. Keener performs any biopsies or decides to have any further testing such as labs or x-rays, he will give you information on how to retrieve your results after the procedure. You will be able to retrieve your results at any time of the day within **7-10 business days** by accessing our website at www.okddsi.net. Click on "My Test Results" tab or you may call 866-971-9096. Please keep in mind you will always have access to more patient education via the website. You will then be asked to enter your personal identification numbers in order to get your results or recommendations.

PATIENT SATISFACTION

We are constantly striving to find ways to communicate and deliver the best patient care in the most efficient manner. If you have any comments or suggestions following your procedure, please log onto www.okddsi.net and answer the Patient Satisfaction Survey.