

PAULO PACHECO, MD

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**\*No Mag Citrate\***

**MIRALAX (GLYCOLAX) WITH GATORADE  
COLON PREPARATION INSTRUCTIONS**

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**PROCEDURE LOCATION:**

**MANHATTAN ENDOSCOPY CENTER** 535 Fifth Avenue, 5<sup>th</sup> Floor (Entrance  
is located on 44<sup>TH</sup> Street) Tel: **(212) 682-2828**

**Other Facility:** \_\_\_\_\_

**APPOINTMENT DATE:** \_\_\_\_\_ **ARRIVAL TIME:** \_\_\_\_\_

**APPOINTMENT TIME:** \_\_\_\_\_ **PICK-UP TIME:** \_\_\_\_\_

You will need to purchase 2 bottles of Miralax powder (8.3oz) and 4 Dulcolax or Bisacodyl (5mg) laxative tablets. You will also need to purchase (2) 64oz of Gatorade (lemon, lime or orange flavor only). Both items can be purchased over the counter at any pharmacy.

**7 DAYS** before your procedure: Stop taking aspirin, Advil, Aleve, ibuprofen, Motrin, Bufferin, Excedrin etc., Only Tylenol is suggested for pain management. Also stop taking Vitamin E, Iron supplements, herbal preparation and any fish oils or Omega 3. Many of these medications may cause bleeding if biopsies are done. You may continue to take aspirin if you are required to for cardiac reasons, but please inform our staff in advance or your procedure.

**5 DAYS** before your procedure: **DO NOT CONSUME SEEDS OF ANY KIND, NUTS OR SKINS.** Start to consume easily digestible foods such as: white rice, white bread, pasta, fish, chicken, pork, eggs, potatoes, well-cooked vegetables, fruits without the skin, yogurt and cheese. **AVOID:** High fiber/high roughage foods, whole wheat bread products, red meat, foods with seeds (tomatoes, strawberries, grapes, and oranges), yogurt with fruit mixed in, nuts, olives, beans and corn. Do not consume any popcorn for 5 days prior to the day of your procedure.

**24 HOURS** before your procedure: Stop eating solid food and start a clear liquid diet. You may consume clear liquids up to 4 hours before your procedure. Allowable liquids include: White cranberry juice, apple juice, lemonade, clear sodas, Snapple, Gatorade, coffee and tea (without milk or creamer), clear chicken broth, Jell-O and ice pops. Please avoid liquids that are heavily colored, such as red cranberry juice, cherry Gatorade, grape soda etc. as these dyes will affect the color of the stool. Please also avoid other “milks” such as coconut, soy or almond, as well as fruit juices that contain pulp.

**11:00 PM THE DAY BEFORE YOUR PROCEDURE:** Take 2 Dulcolax (bisacodyl) tablets with 8oz of water or clear beverage. Swallow the tablets whole. Do not crush or chew.

**2:00 PM THE DAY BEFORE YOUR PROCEDURE:** Take 2 Dulcolax (bisacodyl) tablets with 8oz of water or clear beverage. Swallow the tablets whole. Do not crush or chew.

**4:00 PM THE DAY BEFORE YOUR PROCEDURE:** Mix 2 bottles of Miralax each with 64oz of Gatorade in a large pitcher until the powder fully dissolves. Please use lemon, lime or orange (light colored) Gatorade only. Let sit for an hour. Refrigeration makes it more palatable, you may wish to do this.

**Please bring your Covid-19 Vaccination record to the center. If you are not vaccinated, you are required to have the Covid-19 PCR test 5 days prior to your appointment.**

**4 HOURS PRIOR NOTHING BY MOUTH NOT EVEN WATER**

**If your appointment is between 7am – 12noon:**

**5:00 PM THE DAY BEFORE YOUR PROCEDURE:** Begin to drink an 8oz glass of the Miralax/Gatorade preparation every 10 to 15 minutes. It may take 2 to 3 hours to finish all of the solution. Take a break if you feel sick or queasy. Bowel movements should begin to occur within 30 minutes after starting the solution. Your bowel movements should be running clear (yellow “urine colored”) by bedtime, but in some cases this can be delayed through the night. It is possible that you may be awake throughout the evening to move your bowels. Each patient responds variably to this prep.

**8:00 PM THE DAY BEFORE YOUR PROCEDURE:** Begin drinking ½ of 2<sup>nd</sup> bottle of miralax mixture. If bowel movements not running clear (light yellow “urine colored”) after, drink 2<sup>nd</sup> half of the miralax mixture.

**6:00 AM THE DAY OF YOUR PROCEDURE:** Begin drinking 2<sup>nd</sup> bottle of miralax mixture.

**If your appointment is between 12:15pm and 5:00pm:**

**Day prior:** You may have a light breakfast before 8am, a protein shake for lunch at 12 noon then you can start your clear liquid diet.

**5:00 PM THE DAY BEFORE YOUR PROCEDURE:** Begin to drink an 8oz glass every 10-15minutes until you finished half of the solution and placed the bottle in the refrigerator.

**8:00 PM THE DAY BEFORE YOUR PROCEDURE:** Begin drinking ½ of 2<sup>nd</sup> bottle of miralax mixture. If bowel movements not running clear (light yellow “urine colored”) after, drink 2<sup>nd</sup> half of the miralax mixture.

**THE DAY OF YOUR PROCEDURE, 6 HOURS BEFORE YOUR APPT.:** Continue to drink the second half of your prep, 8oz glass every 10-15minutes until completion.

**DAY OF YOUR PROCEDURE:** You may consume **only clear liquids until up to 4 hours prior to your procedure. 4 HOURS PRIOR NOTHING BY MOUTH.** After that, you must not consume any liquids. You may take essential medication on the morning of your test with small sips of water, preferably not within four hours of your procedure. If you are diabetic, please do not take insulin before your procedure. Following the procedure, you should eat and take half of your regular morning dose. If you take a pill for diabetes, do not take it before your procedure. Following your procedure you should eat and then take diabetes medication.

Please remember that is required that someone picks you up after procedure as anesthesia will be administered.

**CANCELLATION POLICY:** If you must cancel, please call the office at least 4 business days before the date of your procedure so we may offer another your appointment to one of our other patients on our waiting list. Please note that there will be a **\$175 cancellation fee** for any appointment cancelled **less than 4 business days** before the procedure.

**THANK YOU!**

# CLEAR LIQUID LIST

FOR PATIENTS HAVING A COLONOSCOPY; IT IS VERY IMPORTANT TO DRINK  
AT  
LEAST 2 LITERS OR QUARTS OF CLEAR LIQUIDS THROUGHOUT THE  
DAY TO PREVENT DEHYDRATION.

(This would be in addition to the laxative you will be drinking if you are  
scheduled for a colonoscopy).

FOR PATIENTS HAVING AN UPPER ENDOSCOPY 8 HOURS PRIOR  
ONLY CLEAR LIQUIDS

(You must avoid items that are Red or Purple in color.)

## 4 HOURS PRIOR NOTHING BY MOUTH NOT EVEN WATER

- Tea without milk. Sweeteners are OK
- Broth; Clear Chicken Broth, Vegetable or Beef Broth
- Juices; Apple, White grape, White cranberry, White pear
- Snapple drinks; Orange colored, Light pink, Iced Teas,  
Lemonade
- Gatorade, this beverage is highly recommended on your clear liquid diet.
- Lemonade, Lemon Lime, Citrus Cooler
- Vitamin Water; Essential, Energy
- Coconut Water; Zico or Vito Brand Coconut water (no pulp)
- Crystal Light , Lemon Lime
- Jell-O; Orange, Lemon, Peach, Pineapple, Green
- Ice pops; Lemon or Lime Bars
- Italian Ices; Lemon
- Soda Sprite, 7up, Colas, Ginger ale, Sprite, Sierra Mist
- **NO VEGGIE JUICES**
- **NO COFFEE**

## BILLING INFORMATION

Dear Patient:

You have been scheduled for a procedure at The Manhattan Endoscopy Center. Our billing department will be contacting your insurance carrier to obtain necessary authorization, and to verify coverage and benefits. **Please be aware that you may have responsibilities for any in-network deductibles, co-insurance, or copayments as indicated by your insurance carrier.** Coverage and benefits may vary based on your individual policy.

If you are scheduled for a screening colonoscopy and you have a past medical history which would be considered high risk, your insurance provider may consider the colonoscopy to be a surveillance exam, or diagnostic procedure, and not a routine screening colonoscopy. There may be different coverage guidelines that apply.

High risk diagnoses for colonoscopy include but are not limited to the following: personal history of colonic polyps, personal history of inflammatory bowel disease (ulcerative colitis, Crohn's disease) and history of Colon cancer.

If your procedure is being performed for specific symptoms (**not screening**) or if you are under age 50, it will be considered **DIAGNOSTIC** and a **deductible, co-insurance and/or copay will be applied**, please review your personal insurance benefits information.

If you are scheduled for an **Upper Endoscopy**, this procedure will be **considered a DIAGNOSTIC test**.

**Please be aware that a PRE-AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT, only until the claim is received, payment will be subject to your eligibility and your individual contract information at the time of the procedure. Deductible and co-insurance as part of your insurance contract might apply.**

### **Billing contact phone information:**

In the event that you do receive a **bill from our office**, please contact our billing company, CSI Billing at 866-240-0800 x 207.

If you receive a bill from **Manhattan Endoscopy Center**, or the **anesthesiologist** please call their billing Dept. at: **Before the procedure**: 833- 844-6695.

**After the procedure**: Facility billing: 866 840-6226

Anesthesia billing: 866 688 9704

Sincerely,



Paulo Pacheco, MD