

Brian F. Sweeney JR M.D.
4048 LAUREL STREET STE 301 ANCHORAGE, AK 99508
PHONE (907) 562-2928 FAX (907) 563-4848

YOUR COLONOSCOPY IS SCHEDULED FOR:

DATE: ___/___/___

TIME: ___AM ___PM

___ AK DIGESTIVE CENTER: 4048 LAUREL ST. STE 103A 563-1750

___ AK REGIONAL HOSPITAL: 2801 DEBARR RD 264-1952

___ PROVIDENCE HOSPITAL: 3200 PROVIDENCE DRIVE 212-3149

PLEASE CHECK INTO THE ASSIGNED FACILITY AT: _____

Please note the following:

- Make sure you have a ride to and from the facility. You may NOT take a taxi, bus or shuttle alone.
- Please note there are separate doctor's fee, facility fees and pathology fees.
- If you are currently taking any blood thinner medications (e.g., Coumadin, Warfarin, Plavix, and/or Aspirin products) please consult your doctor as these may need to be discontinued 5 days prior.
- You may continue taking any prescribed medications as usual.

Colonoscopy prep instructions:

THE WHOLE DAY BEFORE YOUR PROCEDURE NO SOLID FOOD.

1. You will go on a clear liquid diet on ___/___/____. Clear liquids include sports drinks like Gatorade, juice without pulp, chicken or beef broth, coffee or tea with honey/sugar (NO cream or milk), jello, popsicles, soft drinks and plenty of water. **AVOID RED PURPLE, OR BLUE LIQUIDS as these will stain your colon.**
2. Stay hydrated and replenish your system by drinking clear liquids before, between and after taking your prep. Please stop all liquids at _____ on ___/___/____.
3. You can continue taking any prescribed medications as usual. **IF YOU ARE DIABETIC AND TAKE INSULIN:** take only half of your usual dose the night before your procedure and half the morning of your procedure.

Miralax-Gatorade Prep for Colonoscopy:

YOU WILL NEED:

- Miralax 238gms (available in a bottle)
- Dulcolax tablets (NOT the stool softener)- you may need up to 4 tablets.

Starting at 4pm on ___/___/____ - Take two (or four if you are chronically constipated) Dulcolax tablets.

Mix the entire 238 g bottle of Miralax in 32 ounces of Gatorade or any other clear non-carbonated liquid. At 5pm drink 20 ounces, about half of the preparation. Refrigerate the remaining half.

On ___/___/____ at _____ finish drinking the remaining half of the preparation and additional clear liquids.

YOUR RESULTS APPOINTMENT IS SCHEDULED FOR

___/___/____ AT _____.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR OFFICE
AT 907-562-2928.