

Monterey Bay G.I. Consultants medical Group, Inc.  
**Monterey Bay Endoscopy Center**  
23 Upper Ragsdale Drive, Suite 100  
Monterey, California 93940  
Phone: 831-375-3577  
www.montereygi.com

## WHAT YOU NEED TO KNOW

**Procedure Date:** \_\_\_\_\_ **with Dr.** \_\_\_\_\_

**Procedure Time:** You will receive a phone call from the Endoscopy center TWO BUSINESS DAYS prior to your procedure date. If you do not hear from our office two days prior to your procedure, please contact our office at 831-375-3577.

Please make sure our office has the correct phone number on file for you and your voicemail is not full. If you do not answer, we will leave a message with your time.

### **Late Cancel, Reschedule, or Missed Appointment Fee: \$200**

If you are unable to keep your appointment, contact our office 48 business hours in advance to avoid the fee.

## ENDOSCOPY CENTER LOCATION & CHECK IN

is located on the first level, on the right side of our building, facing the parking lot.  
Please do not go upstairs to check in.

## PROCEDURE INSTRUCTIONS

**It is very important to familiarize yourself with all dietary and preparation instructions and restrictions TODAY so you are fully prepared.**

It is your responsibility to become familiar with the dietary restrictions, purchase all bowel prep ingredients, and follow all written instructions. These restrictions and preparations **must** be followed and begin 5 days prior to your procedure. Poor preparation can result in your procedure being cancelled or rescheduled.

## MiraLAX BOWEL PREPARATION

**Make sure to pick up all required products on the list from your local drug store at least 2 weeks before your procedure. All products can be found over the counter and do not require a prescription. For questions, please contact the office at 831-375-3577.**

## TRANSPORTATION

You will need a responsible driver to and from your procedure.

**A Taxi, Uber, Lyft, Shuttle or Bus is not a valid form of transportation following a procedure.**

Your ride's name and number will be required upon check-in. Our facility has the right to cancel procedures for those that arrive without a valid form of transportation and responsible adult accompanying them.



## Monterey Bay Gastroenterology Consultants Medical Group, Inc.

### Monterey Bay Endoscopy Center, LLC

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**Patient Name:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

**Procedure Date:** \_\_\_\_\_

**Procedure Time:** The Endoscopy Center will contact you 2 BUSINESS DAYS PRIOR to give you a procedure time.

**Location:** Monterey Bay Endoscopy Center  
23 Upper Ragsdale Drive, Ste 100, Monterey, CA 93940  
**(Located on first level. Separate Entrance.)**

**Phone:** (831) 375-3577

### **BE PREPARED:**

- **Please read these instructions 2 weeks prior to your procedure and follow them carefully to allow safe and thorough inspection of your colon.**
- Make sure to purchase your required preparation items 1 week prior to your procedure.
- Please show up for the scheduled appointment that we have reserved for you or contact us at least one week prior to reschedule. **Late Cancellations and no-shows will be charged a fee.**

### **IMPORTANT BEFORE YOUR PROCEDURE:**

- You **CANNOT DRIVE after** your procedure. The Sedation used during your procedure will impair your judgement and equilibrium for approximately 12 hours. **You cannot drive or operate any mechanical equipment for 12 hours. Your ride's name and number will be required upon check-in. Our facility has the right to cancel procedures for those that arrive without a valid form of transportation and responsible adult accompanying them.**
- You **SHOULD** take your usual medications including blood pressure medication, the morning of your procedure **UNLESS** your doctor states otherwise.
- It is safe to continue your ASPIRIN.
- Leave all valuables at home. Monterey Bay Endoscopy Center LLC is not responsible for lost or damage to any personal property brought to the premises. Any unclaimed property will be discarded without notice in 30 days.
- You need to bring your insurance card, ID, and any forms mailed to you by our office, on the day of your procedure.
- Wear comfortable clothing (i.e., socks, short sleeve shirts) and remove all body piercings.
- **Plan on being here 2-4 hours.** This includes admission and intake, procedure, and recovery. Our highest priority is performing the safest and most careful examination for each patient. Although we strive to remain on scheduled, please understand that procedures will take longer in some patients depending on variable care needs, causing delays. We ask for your patience and advise keeping your morning flexible.

### **NOTIFY US IMMEDIATELY:**

- IF you are taking **BLOOD THINNERS** or **OTHER ANTICOAGULANT MEDICATION** Examples: Coumadin, warfarin, Xarelto, Eliquis, clopidogrel, Plavix, etc.
- IF you have an implanted cardiac device or medical device.
- IF you are diabetic and taking insulin or other medications for diabetes as dosages may be altered the day before and day of procedure.

# **BOWEL PREPARATION INSTRUCTIONS FOR:**

## Extended MiraLAX Prep

**IMPORTANT:** Failure to take the bowel prep as instructed may result in a poorly cleansed colon, missed polyps, missed cancers, and possible cancellation of the procedure.

### **5 DAYS PRIOR TO YOUR PROCEDURE – RESTRICTED DIET BEGINS**

- If you are not having daily bowel movements, begin taking Polyethylene Glycol (MIRALAX).  
**Mixing and Drinking Instructions:** Take 1 capful or packet (17 grams) of MIRALAX in 1 cup of clear liquid twice daily to loosen your stool.

### **STOP EATING OR TAKING THE FOLLOWING STARTING TODAY:**

- **NO NUTS / SEEDS** - Including Fruits and Veggies. (For Example: strawberries, raspberries, tomato, cucumber, etc.) Be mindful of breads with seeds and nuts on top and baked in.
- **NO RAW FRUITS AND VEGETABLES** - You may have CANNED fruit; boiled, steamed, or cooked vegetables ONLY.
- **NO POPCORN**
- **NO IRON SUPPLEMENTS OR OMEGA 3 FATTY ACIDS**
- **FIBER SUPPLEMENTS:** Metamucil, Fiberall, Citrucel, Benefiber. \*Unless taken to facilitate bowel movements.

### **2 DAYS PRIOR TO YOUR PROCEDURE – CLEAR LIQUID DIET ALL DAY**

- **BEGIN YOUR CLEAR LIQUID ONLY DIET.**  
**Examples include:** Water, Vitamin water, Sports Drinks, Carbonated Drinks, Tea & Coffee (No added milks/alternatives), yellow or green Jell-O, and clear store-bought broth ONLY (No meat or other solid food.) **A detailed clear liquid diet is attached to these instructions, please review it carefully. Make sure to Hydrate well.**
- **NO solid foods, dairy, or dairy substitutes, or red or purple colored/dyed liquids all day.**
- **At 4 pm:** Take four (4) Bisacodyl (DULCOLAX) Tablets with at least 8 oz water.
- **At 4 pm:** Mix one (1) 238-gram bottle of MIRALAX with one 64oz sports drink. Shake until the powder is dissolved, and place in the refrigerator.
- **At 4:30 pm:** Drink half (32 oz) of the sports drink and MIRALAX mixture.  
**Directions:** Drink 1 cup (8oz) every 10-15 minutes. Save the remaining 32oz/half bottle in the refrigerator for the next morning.

### **THE DAY BEFORE YOUR PROCEDURE – CLEAR LIQUID DIET CONTINUES**

- **CONTINUE YOUR CLEAR LIQUID DIET.** A detailed clear liquid diet is attached to these instructions, please review it carefully.
- **NO SOLID FOODS ALL DAY**
- **NO DAIRY PRODUCTS OR DAIRY SUBSTITUTES ALL DAY**
- **NO RED OR PURPLE COLORED/DYED LIQUIDS ALL DAY**
- **AT 10 am:** Finish drinking the second half of your Polyethylene Glycol (MIRALAX) sports drink mixture from the night prior. Again, drink 1 cup (8oz) every 10-15 minutes to finish it within 1 hour.
- **At 4 pm:** Take four (4) more Bisacodyl (DULCOLAX) Tablets with at least 8 oz of water.
- **At 4 pm:** Mix the entire second 238-gram bottle of MIRALAX with the second 64oz sports drink. Shake until the powder is dissolved, and place in the refrigerator.

- **At 4:30 pm:** Drink half (32 oz) of the sports drink and MIRALAX mixture.  
**Directions:** Drink 1 cup (8oz) every 10-15 minutes. Save the remaining 32oz/half bottle in the refrigerator for the next morning.
- **At 9 pm:** Take four (4) 125 mg tablets of Simethicone with at least 8 oz of water.
- **If you are not having multiple bowel movements by 10 pm:** Drink the 10 oz bottle of Magnesium Citrate. \*Remember: Do not use if you have Kidney Failure.

## Hydration is Important

Make sure you are drinking plenty of liquid through the day and into the evening. This will help you feel better and improves the bowel prep.  
NOTHING TO DRINK AFTER MIDNIGHT until you start your second dose of prep.

**REMINDER:** No red or purple liquids, no alcohol, no milk/substitutes.

## THE MORNING OF YOUR PROCEDURE

- **You may take allowed medications with a few sips of water.**
- **Four (4) hours prior to your procedure:** Finish drinking the second half of you Polyethylene Glycol (MIRALAX) sports drink mixture from the night prior. Again, drink 1 cup (8oz) every 10-15 minutes to finish it within 1 hour.
- **Three (3) hours prior to procedure:** TAKE NOTHING MORE BY MOUTH

**The following page consists of a list of products that are REQUIRED for this colon preparation. Please take the list with you to ensure you are purchasing the correct items.**

**These items DO NOT require a prescription. You DO NOT need to go to the Pharmacy Counter to purchase them. You can purchase all the require products for this prep at a drug store or department store.**

**(Ex: CVS, Walgreens, Target, Walmart, etc.)**

**Make sure to purchase ALL ITEMS no later than ONE WEEK PRIOR to your procedure date.**

# EXTENDED MIRALAX COLON PREPARATION

**PLEASE PURCHASE THE REQUIRED ITEMS NO LATER  
THEN ONE (1) WEEK BEFORE YOUR PROCEDURE.**

NO PRESCRIPTION NEEDED/REQUIRED

**Dulcolax Tablets**  
Make sure to choose the  
Dulcolax Laxative.  
(8 Count box or higher)

\*Do not choose the stool softeners (blue box), Soft Chews, or Suppositories.



**(Green Box)**

**MiraLAX Powder**  
**Two 8.3oz/238-gram bottles** and **Fourteen (14) once daily dose packets.**



**Simethicone Tablets**  
Four (4) 125 mg tablets.  
(Products include: Gas-X or Gas Relief Tablets)

\*Make sure to choose the tablets not the liquid drops.



**Sports Drink**  
Two 64-Ounce bottles of  
Gatorade or Powerade.

\*NO Red or Purple Liquids



**Magnesium Citrate**  
One (1) 10oz bottle.

To use **IF NEEDED.**  
\*Do not use Magnesium Citrate if you have Kidney Failure.



## CLEAR LIQUID DIET

Follow this diet for the entire day, prior to your procedure.

### Description

The clear liquid diet consists of clear fluids which are liquid at room temperature. Clear liquids require minimal digestion, are easily absorbed, and leave minimal residue in the intestinal tract.

**No solid food.**

### Indications for Use

The clear liquid diet is intended for short term use before or after surgery, in acute states of illness, in preparation for diagnostic tests of the GI tract, and in conditions requiring minimal amounts of residue in the colon.

### Nutritional Adequacy

The diet is inadequate in calories and almost all nutrients. It provides about 400-500 calories and 15 grams of protein per day. The diet should be progressed or supplemented as soon as tolerated.

### Dietary Guide

	<b>Foods Allowed</b>
<b>Beverages</b> *No red or purple liquids*	Coffee, tea, decaffeinated coffee, tea, herbal tea, carbonated beverages <b>**NO DAIRY or DAIRY SUBSTITUTES**</b>
<b>Desserts and Sweets</b> *No red or purple flavors*	Sorbets, fruit ice made from clear fruit juice, popsicles, clear fruit-flavored or unflavored gelatin, high protein gelatin, plain hard candy, sugar, sugar substitutes
<b>Fruits</b>	Clear fruit juices (apple, white grape, lemonade), fruit ices
<b>Soups</b>	Bouillon, clear broth, consommé, high protein broth
<b>Miscellaneous</b>	Salt, commercially prepared minimal residue nutritional supplements
<b>Breads</b>	NONE
<b>Cereals</b>	NONE
<b>Fats</b>	NONE
<b>Meat and Meat Substitutes</b>	NONE
<b>Potatoes and Potato Substitutes</b>	NONE
<b>Vegetables</b>	NONE

### Sample Meal Plan

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
Consommé Apple juice Decaffeinated tea Sugar	Consommé White grape juice Fruit flavored gelatin Sorbet 7-Up	Consommé Lemonade Fruit-flavored gelatin Fruit ice Decaffeinated tea

If you have any questions regarding the Clear liquid Diet/Prep instructions, please call us at 831-375-3577