

PREPARING FOR YOUR PEDIATRIC COLONOSCOPY WITH HALF MIRALAX GATORADE PREP

Purchase the following supplies at your local pharmacy:

2 - Bisacodyl Tablets OR 2 – 15mg Ex-Lax Chocolate Squares

(Dulcolax® laxative NOT Dulcolax® stool softener) each tablet contains 5 mg of bisacodyl

1 - 8.3 ounce bottle of Polyethylene Glycol (PEG) 3350 Powder

(MiraLAX, SmoothLAX, ClearLAX or generic equivalent)

32 oz. Gatorade® (No red colored flavors)

Regular Gatorade®, Gatorade G2®, Powerade®, Powerade Zero® or Pedialyte are acceptable. Red flavors are not allowed; all other colors (yellow, green, orange, purple, blue) are okay. It is also okay to buy one 2.12 oz packet of powdered Gatorade that can be mixed with water to a total volume of 32 oz of liquid.

To-do Checklist

- Review pre-procedure forms and follow preparation directions carefully.
- Ensure a legal parent or guardian will be in attendance the day of the procedure. If this is not possible, complete the consent form allowing a non-custodial parent to give consent.
- Make plans to be with your child or have another adult present for 12 hours after the procedure.

PREPARATION FOR COLONOSCOPY - For your child's safety, **STOP** all liquids and nothing by mouth 3 hours prior to your child's procedure or the procedure will be cancelled and rescheduled. Please follow detailed instructions below.

Cancel or reschedule your appointment:

If the procedure must be cancelled or rescheduled, please call 612-871-1145 as soon as possible.

Transportation:

The patient must be driven home from the procedure by a responsible person that stays for the duration of the procedure. A taxi ride is not an option unless the patient is accompanied by a responsible person. If a responsible person is not present, the procedure will be cancelled and rescheduled.

7 days before:

- Discontinue fiber supplements and medications containing iron. This includes multivitamins with iron, Metamucil® and Fibercon®.
- Confirm a driver for your procedure.

3 days before:

- Begin a Low-Fiber Diet. A low fiber diet helps make the cleanout more effective.
 - Examples of a low fiber diet include (but are not limited to): white bread, white rice, pasta, crackers, fish, chicken, eggs, ground beef, creamy peanut butter, cooked/boiled vegetables, canned fruit, bananas, melons, milk, plain yogurt, cheese, salad dressing and other condiments.
 - The following are not allowed on a low fiber diet: seeds, nuts, popcorn, bran, whole wheat, corn, quinoa, raw fruits and vegetables, berries and dried fruit, beans and lentils.

For additional details on following a low fiber diet, please see www.mngi.com/lowfiber

1 day before:

- Begin clear liquid diet (clear liquids include things you can see through).
 - Examples of a clear liquid diet include: Water, tea (no milk or cream), clear broth or bouillon, Gatorade, Pedialyte or Powerade, carbonated and non-carbonated soft drinks (Sprite, 7-Up, Gingerale), strained fruit juices without pulp (apple, white grape, white cranberry), Jell-O and popsicles.
 - The following are not allowed on a clear liquid diet: Coffee, red liquids, dairy products, protein shakes, cream broths, juice with pulp and chewing tobacco.

To meet energy needs, please include liquids that both contain sugar as well as those without. If your child is a diabetic, consult your physician for a diabetic meal plan.

- **At noon:** Take 2 Bisacodyl (Dulcolax®) tablets OR 2 15mg Ex-Lax chocolate squares
- **Between 4-6pm:** Drink Miralax – Gatorade preparation

Mix half of the bottle of Miralax® with 32 oz. of Gatorade® in a large pitcher.

Drink 1 - 8 oz. glass of the Miralax®/Gatorade® solution.

Continue drinking 1 - 8 oz. glass every 15 minutes thereafter until the mixture is gone.

Colon Cleansing Tips: Your child should drink adequate amounts of fluid before and after colon cleansing to prevent dehydration. Stay near a toilet because your child will have diarrhea. If your child feels nauseous or vomits, take a 15 to 30-minute break and then continue drinking the solution.

Day of procedure:

Morning Medications: Your child may take all morning medications including blood pressure medications, blood thinners (if you have not been instructed to stop these by our office), methadone, and anti-seizure medications with sips of water 3 hours prior to the procedure or earlier. If your child has diabetes, contact your monitoring provider for further direction on insulin and/or blood sugar management.

Continue the Clear Liquid Diet up to 3 hours prior to your procedure, then stop drinking. Avoid red liquids, dairy products, protein shakes, alcoholic beverages, chewing tobacco and illicit drugs. Use of these will result in your procedure being cancelled.

- **3 hours prior:**
 - STOP consuming all clear liquids.
 - Do not take anything by mouth during this time.

Your child is ready for the exam, if they followed all instructions and their stool is no longer formed, but clear or yellow liquid. If you are unsure whether your child's colon is clean, please call our office at 612-871-1145 before you leave for your appointment.

DESCRIPTION OF COLONOSCOPY

What is colonoscopy?

Colonoscopy is the most accurate test to detect colon polyps and colon cancer, and the only test where polyps can be removed. During this procedure, a doctor examines the lining of your large intestine and rectum through a flexible tube called a colonoscope. The colonoscope is inserted into the anus and advanced slowly through the colon.

To produce the best results, you will drink a bowel cleansing preparation to help clean out your colon. Even if your stools are clear, it is important to take all of the colon prep as directed because your body is always making fluid and small polyps can hide

behind this fluid.

What to expect during your procedure:

Checking in at the main desk

At check-in your child will receive an identification bracelet. You will be asked to verify the spelling of your child's full name and birthdate.

Before the procedure:

A member of the pre-procedure care team will check your child's health including weight, blood pressure, pulse, oxygen level and time of last food and drink. Your child will also be asked if they completed the prep and the results of the prep.

In the pre-procedure area, a urine pregnancy test for females 12 years or older, or menstruating, will be done. The patient must be able to urinate in order to complete this test.

The patient will then change into a clinic gown and robe.

Care Team Visits

You will meet with your child's pre-procedure (admitting) nurse, gastroenterology physician, procedure room nurse, and anesthesia providers. They will explain the role they will play in the care of your child, and answer any questions and concerns you may have about your child's procedure. The gastroenterology physician will explain the procedure and you will be asked to sign an Informed Consent Form, which states that you understand the procedure, the risks and benefits, and gives your permission to perform the procedure.

The anesthesia care professional will complete a health assessment of your child and explain the sedation that will be used. You will again be asked to sign an Informed Consent Form stating that you understand the anesthetic plan and give your permission for the anesthesia care professional to care for your child.

What to expect during the procedure:

Your child will be brought to the procedure room by the procedure care team. You will be directed to the family waiting room where you will be asked to wait and WiFi access is provided. It is important that at least one parent remain in the procedure center at all times in case the physician or other care team member needs to talk with you.

During your procedure the anesthesia provider will administer medications and monitor vital signs which is a process known as Monitored Anesthesia Care (MAC). While most patients sleep through the procedure, some remain awake and aware. The anesthesiologist and/or certified registered nurse anesthetist (CRNA) will help determine the appropriate type of drug to be used during the procedure to keep you safe and comfortable. If abnormal tissue or polyps are found, the physician may remove them through the scope for closer examination or biopsy.

What to expect after the procedure?

After the procedure your child will be transferred to the recovery room to wake up from anesthesia. Each child and procedure is unique, so the length of time spent in recovery varies. Your child will have an IV after the procedure.

A registered nurse will check your child's breathing, pulse, blood pressure, and oxygen saturations throughout their stay in recovery. Once awake and feeling ready to drink your child will be offered liquids and a light snack.

Your child will be monitored for side effects which may include irritability, dizziness, occasional nausea/ vomiting, sore throat, headache, stomach ache and/or sleepiness.

The physician will talk with you about the initial results of your child's procedures. Any tissue samples or polyps removed during the procedure will be sent to a lab for evaluation. It may take 5-7 working days for you to be notified of the results by mail or through the Patient Portal.

Leaving the procedure area

When your child is ready to leave the endoscopy center you will receive discharge instructions from your care team. The child must have an adult with them for 12 hours after the procedure is completed.

Results from any testing will be sent via mail or the Patient Portal.