



BASSAM HAFFAR, MD
 BOARD CERTIFIED GASTROENTEROLGY
 117 7TH AVE SO. CHARLESTON, WV 25303
 PH: 304-345-2255 OR 304-395-3332
 FAX: 304-470-4366



PATIENT NAME: _____ DOB: ____/____/____

APPOINTMENT DATE: ____/____/____ TIME: ____:____ AM / PM

PLEASE ARRIVE AT APPOINTMENT TIME

FACILITY:

- CHARLESTON SURGICAL HOSPITAL** (1306 KANAWHA BLVD EAST, CHARLESTON, WV 25301)
YOU MAY PARK FREE IN THE LOTS LOCATED IN FRONT OR THE REAR OF THE HOSPITAL
- THOMAS MEMORIAL HOSPITAL** (4605 MACCORKLE AVE, SW, SO. CHARLESTON, WV 25309)
ENTER ON THE PAVILLION SIDE OF THE MAIN HOSPITAL, NEAR COFFEE SHOP
- BOONE MEMORIAL HOSPITAL** (701 MADISON AVE, MADISON, WV 25130)
ENTER THRU THE MAIN HOSPITAL TO REGISTRATION

COLONOSCOPY INSTRUCTIONS -MIRALAX-

ONE WEEK PRIOR TO PROCEDURE:

- **DO NOT** TAKE IRON PILLS. DO NOT EAT NUTS, SEEDS, POPCORN, OR CORN.
- IF YOU ARE ON BLOOD THINNERS, FOLLOW THESE INSTRUCTIONS: IF TAKING ELIQUIS, PLAVIX, XARELTO, COUMADIN, OR WARFARIN, *CALL OUR OFFICE FOR FUTHER INSTRUCTIONS!*
- LIMIT THE USE OF ANTI-INFLAMMATORY TYPE DRUGS: SUCH AS ASPIRIN, MOTRIN, ADVIL, IBUPROFEN AND NAPROXEN, ETC.
- **DO NOT TAKE EXENATIDE (BYDUREON), DULAGLUTIDE (TRULICITY), SEMAGLUTIDE (OZEMPIC OR WEGOVY), SEMAGLUTIDE (RYBELSUS), OR TIRZEPATIDE (MOUNJARO) 10 DAYS BEFORE YOUR PROCEDURE!**

THE DAY BEFORE YOU ARE SCHEDULED,

1. YOU MUST START A CLEAR LIQUID DIET!! THIS INCLUDES: JELLO, BROTH, LEMONADE (NO PULP), WHITE GRAPE JUICE, ITALIAN ICE, POPSICLES, SLUSHIES, TEA, 7UP, SPRITE, GINERALE, COFFEE AND KOOL AID. ****! NOTHING RED, BLUE OR PURPLE !****
2. AT 8AM THE DAY BEFORE, TAKE 2 DULCOLAX LAXATIVE TABLETS
3. AT 2PM THE DAY BEFORE, MIX 238 GRAMS OF MIRALAX IN 64 OUNCES OF GATORADE OR ANY OTHER APPROVED CLEAR LIQUID ON THE LIST ABOVE. FINISH THIS MIXTURE BY 8PM. (YOU MAY HAVE CLEAR LIQUIDS TILL MIDNIGHT)
4. AT 4PM THE DAY BEFORE, TAKE 2 MORE DULCOLAX LAXATIVE TABLETS

THE DAY OF YOUR PROCEDURE:

- **THE DAY OF YOUR PROCEDURE, DO NOT TAKE EXENATIDE (BYERRA) OR LIRAGLUTIDE (VICTOZA OR SAXENDA).**
- **DO NOT EAT OR DRINK ANYTHING, NO SMOKING, NO VAPING, NO SNUFF, NO CHEW TOBACCO 12 HOURS BEFORE THE PROCEDURE.**

****!ABSOLUTELY NO DRIVING!****

YOU CANNOT DRIVE AFTER THE PROCEDURE. YOU WILL BE PUT TO SLEEP WITH GENERAL ANESTHESIA. YOU MUST BE ACCOMPANIED BY AN ADULT (OVER 18YRS OF AGE). IF THIS REQUEST IS NOT FOLLOWED, YOUR PROCEDURE MAY BE CANCELED OR RESCHEDULED!!

_____/____/____ @ ____:____ AM / PM

(PLEASE BRING YOUR INSURANCE CARDS, ID/DRIVERS LICENSES, MEDICAITON LIST AND NAME AND PHONE # OF YOUR DRIVER TO YOUR APPOINTMENT!)