



Pediatric Gastroenterology Colonoscopy Preparation

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Procedure date: _____

If your child is scheduled for an endoscopy/colonoscopy or a colonoscopy, please follow these instructions

- All medication should be taken up until the day of the procedure except for aspirin and other non-steroidal anti-inflammatory medications, which should be stopped 7 days prior. Non-steroidal anti-inflammatory medications include ibuprofen (Motrin, Advil) as well as naproxen (Aleve). If needed, Tylenol (acetaminophen) is permitted.
- Your child needs to be fever-free for 24 hours prior to the procedure and cannot have a procedure with any significant cough or cold. If in doubt, it is better to cancel. The anesthesiologist has the final say in whether a procedure should be cancelled due to illness **EVEN IF YOU HAVE GONE THROUGH THE ENTIRE PREP** and shown up for the procedure.
- Please inform your doctor in advance if your child has been diagnosed with any bleeding problem such as von Willebrand's.
- In order to perform the colonoscopy, you will need to have a clean colon so it can be adequately examined by the gastroenterologist. There is also a diet restriction the days prior. The process requires laxatives that will cause diarrhea. The following instructions should ensure adequate cleanout and prevent any dehydration. However there may still be instances in which the cleanout prior to the procedure is not adequate in which case the procedure may need to be rescheduled.

DIET PREP FOR COLONOSCOPY

- **The day before the procedure, no solid food is permitted.** Patient can have plain dairy products (any flavor) with no solid pieces. (i.e. yogurt, ice cream, milk shakes, etc.). **This should stop NO LATER THAN 6PM the day before the procedure.**
- On the day of procedure, you may have clear liquids such as water, juice, tea, coffee, soda, non-red ice pops without fruit pieces, non-red Jello, or broth without any solid food particles until **2 hours prior to the procedure.** **All eating/drinking/chewing gum/sucking candies or lollipops must end 2 hours prior to the procedure*** **Please note that orange juice is NOT considered a clear liquid.**

COLONOSCOPY PREP

At 6pm, your child should take the following:

Ex-Lax CHOCOLATE (if unable to swallow pills) or Dulcolax (should contain bisocodyl) 5 mg tablets (if able to swallow pills)

Ages 0-2: None

Ages 2-5: 1 Ex Lax chocolate piece (small rectangle)

Ages 6-10: 1 ½ Ex Lax chocolate pieces OR one Dulcolax tablet if able to swallow a pill

Ages 10 and older: 2 Ex Lax chocolate pieces (or 2 Dulcolax tablets)

At 7pm:

You may choose EITHER Magnesium Citrate (teens usually prefer lemon, but very young children may prefer cherry) **OR** MiraLax powder. Both of these are sold over the counter.

The magnesium citrate is lightly carbonated. It is a smaller volume but the taste can be hard for some to tolerate. It can be mixed with other liquids (often juice, Sprite or gingerale) to mask the taste.

The Miralax is preferably mixed with a sports drink such as Gatorade or Powerade. If your child will not drink Gatorade you can use juice or water. The taste of Miralax is generally more acceptable for children, but the volume they need to drink is much greater. Please keep this in mind when choosing a prep.

Magnesium Citrate dose: 1 ounce per year of age to a maximum of 10 ounces (1 full bottle), **FOLLOW WITH SEVERAL CUPS OF WATER OR CLEAR LIQUIDS.** Your child should drink the magnesium within 30 minutes to 1 hour but has more time for drinking water. (If your child's dose is 6 ounces or greater, you will need to buy 2 bottles of Magnesium citrate)

MiraLax dose: Under age 10, 1 capful per year of age, each cap of powder should be mixed with 6 ounces of either water or non-red Gatorade, until 8 capfuls (mixed with 48 ounces Gatorade), 9 and 10 capfuls can still be placed in 48 ounces of Gatorade in total.

Ages 10-13: 10 capfuls of MiraLax in 48 ounces of non-red Gatorade

Ages 14 and older: 14 capfuls of MiraLax in 64 ounces of non-red Gatorade

Drink one glass of Miralax every 15 minutes until completed.

****Although your child has had diarrhea, it has been shown that taking additional prep 4 hours prior to the procedure time is critical to the quality of the prep.**

Therefore, 4 hours prior to your scheduled time (provided by the hospital), your child will take:

1) Same dose of either ExLax or Dulcolax that was taken the prior evening, followed by....

2) *Half the amount* of either the Magesium Citrate or MiraLax that was taken the prior evening. (For example if you took ten capfuls of Miralax you will take 5 capfuls in the morning with 24 ounces of liquid and if you took 10 ounces of magnesium citrate you will take 5 ounces of magnesium citrate and 2 glasses of water).

By the morning of the procedure stools should be watery, almost clear, or lightly tinged. If they are thick, brown and pasty, this is not an adequate prep.

TIPS, POINTERS AND REMINDERS:

- 1) Magnesium Citrate can be mixed with other clear liquids and can be “flattened” by dispelling the bubbles to reduce the carbonation.
- 2) MiraLax dissolves completely into water or Gatorade. 1 capful is a heaping Tablespoon
- 3) If you have started Magnesium citrate, and your child vomits within an hour of drinking it, proceed to the Miralax prep. Do not repeat the Ex-lax or Dulcolax.
- 4) If your child has done the evening prep and has not moved his/her bowels by bedtime, do not be alarmed. However, if there has been no diarrhea or insufficient diarrhea by morning, a colonoscopy may not be possible. The decision will be at the discretion of the endoscopist. If you are uncertain how to proceed, please call.
- 5) Buy flushable wet wipes to be used during the prep time.
- 6) All clear liquids should stop being consumed and all gum should stop being chewed at least 2 hours prior to the procedure time. All full (non- clear) liquids, and solid food must stop being consumed by 6PM the night before the procedure. Keep in mind your child will be drinking a large volume of fluid at 7PM, therefore an early dinner or a light dinner the night before the procedure is advisable.
- 7) Procedure time will be provided by the hospital via a phone call 1- 2 days prior to the procedure
 - a. In addition, a hospital nurse will contact you within the week leading up to the procedure for a pre-operative interview, these questions must be answered before the procedure takes place.
- 8) A responsible adult must drive the patient to the procedure, remain in the procedure suite for the duration of the procedure, and bring the patient home. An adult must stay with the

patient for the remainder of the day and night following the procedure. The child is usually able to go to school and activities the following day.

- 9) At this time, siblings are NOT allowed in the hospital, to protect against transmission of infectious diseases. Please make childcare arrangements accordingly.

*If you have any questions or concerns regarding the procedure or the prep explained above, please contact the office at 914-232-3135.

This is a diagram of the gastrointestinal system. The colon (large intestine) is darkened. During colonoscopy, the colonoscope is inserted into the rectum and the entire colon, up to and including the cecum is examined. The average adult colon is five to six feet long.

