

PEDIATRIC UPPER ENDOSCOPY (EGD) AND COLONOSCOPY WITH MIRALAX AND GATORADE FULL PREP

Purchase the following supplies at www.mngi.com and click on Purchase Prep Kit two weeks prior to your procedure. Gatorade is not included in the prep kit and must be purchased separately at a local grocery store.

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)

64 oz. Gatorade®/Powerade® (No red colored flavors)

Regular Gatorade®, Gatorade G2®, Powerade®, Powerade Zero®, Pedialyte or Propel®, Liquid IV, and other electrolyte beverages are acceptable. Red flavors are not allowed; all other colors (yellow, green, orange, purple, blue) are okay. It is also okay to buy two 2.12 oz packets of powdered Gatorade that can be mixed with water to a total volume of 64 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.
- Make plans to be with your child or have another adult present for 12 hours after the procedure.

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.

Important, please review this section if you take a medication called a GLP-1 agonist (such as Ozempic, Weygovy, Trulicity, Rybelsus, Saxenda, Byetta or others) or an SGLT-2 Inhibitor (Invokana, Farxiga, Jardiance, Steglatro) for weight loss or diabetes.

If you take these medications, then you should hold your medication according to the following guidelines:

GLP-1 Agonists (Ozempic, Weygovy, Trulicity, Rybelsus, Saxenda, Byetta or others):

- For once or twice daily injectables (example Byetta, Victoza, Saxenda), hold the day before and day of the procedure.
- For once weekly injectables (example: Trulicity, Ozempic, Weygovy, Bydureon, Mounjaro), hold for 7 days before the procedure.

- For oral, daily dosing (example: Rybelsus), hold for 7 days before the procedure.

SGLT-2 Inhibitors (Invokana, Farxiga, Jardiance, Steglatro): Hold for 4 days before the procedure

If you take these medications for diabetes, then you need to contact your primary care team or endocrinologist for glucose management instructions.

If you are having an EGD (upper endoscopy) and take these medications, then you should start a clear liquid diet **24 hours** before your procedure. This will be different from your instructions that say to start a clear liquid diet at 11:45 PM the night before. For example, if your procedure is at 8:00 AM, then you should start a clear liquid diet at 8:00 AM the day before. Make sure to follow the NPO instructions (nothing by mouth 3 hours before your procedure). Holding these medications and staying on the clear liquid is important for us to safely complete your procedure.

Cancel or Reschedule Your Appointment:

If you are having flu-like symptoms (such as fever, cough, shortness of breath) within 14 days of your appointment please call to reschedule. If you have any newly diagnosed medical condition (like diverticulitis, heart problems, breathing problems), please call our office. If you need to cancel or reschedule for any other reason, call 612-871-1145 at least 72 hours prior to your appointment.

Responsible Person:

Please remember a responsible person needs to check in with you on your procedure day, go with you after discharge, drive you home after your procedure and assist you with follow up care. This takes approximately 2 hours from check-in to discharge. You will not be able to drive a car, operate machinery, or go to work until the following day. Failure to bring a responsible person may result in your appointment being rescheduled.

Some patients may experience temporary memory loss after the procedure due to use of monitored anesthesia care. You may wish to have a responsible person present during your discharge to take notes on your behalf and ask questions related to your follow up care.

If the patient is a minor or requires a legal guardian, the legal guardian must be present to check in the patient on the procedure day. If the legal guardian is not able to be present at check in, they will need to be available by phone for the duration of the procedure and through patient discharge.

7 days before:

- Discontinue fiber supplements and medications containing iron. This includes multivitamins with iron, Metamucil® and Fibercon®.

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.
If you are on a gluten free diet, look for items with less than 2 grams of fiber per serving including bread, pasta, waffles, pancakes, cold cereals, rice cakes, rice crackers, and cream of rice.
- 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/conditions/low-fiber-diet

1 day before:

- Begin Clear Liquid Diet (clear liquids include things you can see through).
 - Examples of a clear liquid diet include: water, clear broth or bouillon (gluten free options available), 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, popsicles, and up to one cup of black coffee or tea (no milk or cream) each day.
 - The following are not allowed on a clear liquid diet: red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice with pulp, products containing oil and chewing tobacco.
 - For additional details on following a clear liquid diet, please see <https://www.mngi.com/conditions/clear-liquid-diet>
- **At noon:** Take 2 Bisacodyl (Dulcolax®) tablets OR 2 15mg Ex-Lax chocolate squares
- **Between 4-6pm:** Drink Miralax – Gatorade/Powerade preparation.
 - Mix 1 bottle of Miralax with 64 oz. of liquid (a minimum of 56 oz of electrolyte beverage should be used to mix Miralax and up to 8 oz of water can be added to achieve the desired 64 oz).
 - Drink 1 – 8 oz. glass of the Miralax/electrolyte 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**. Do not take any chewable vitamins or supplements. To avoid cancellation, do not use marijuana/THC the day of your procedure. 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. As a reminder, continue to avoid red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice with pulp, products containing oil, chewing tobacco and illicit drugs. Use of these will result in your procedure being cancelled.

- **3 hours prior:**
 - STOP consuming all solids and liquids.
 - Do not take anything by mouth during this time.
 - Allow extra time to travel to the procedure as your child may need to stop and use a restroom along the way.

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 AND UPPER ENDOSCOPY

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 is an upper endoscopy?

An upper endoscopy is a procedure performed to evaluate symptoms of upper abdominal pain, bleeding, nausea, vomiting or difficulty swallowing. During the procedure, the physician examines the lining of your esophagus, stomach and the first part of your small intestine through a thin, flexible tube called an endoscope. If growths or other abnormalities are found, the physician may remove the abnormal tissue for further examination, or biopsy. If you have difficulty swallowing, it may be possible for the area to be expanded during the procedure.

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 procedures:

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.

A urine pregnancy test or signed pregnancy testing waiver for female patients or patients with a uterus 12 years or older, or menstruating, will be obtained. In the pre-procedure area, the patient will be asked to provide a urine sample for pregnancy testing. Pregnancy testing results will be disclosed to patient and parent/ legal guardian. A pregnancy testing waiver form is available as an alternative option.

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 procedures:

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 procedures:

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.