

COLONOSCOPY INSTRUCTIONS

PRINCETON GASTROENTEROLOGY ASSOCIATES
TO SCHEDULE CALL #609-924-1422 FAX #609-924-7473

****Please be sure to review these instructions at least 1 week prior to your procedure****
Please purchase your prescription prep from the pharmacy: NuLYTELY/CoLyte/GoLYTELY

7 DAYS BEFORE YOUR COLONOSCOPY:

- **Do NOT** take **anti-inflammatory medications** such as Advil, Aleve, Excedrin, Ibuprofen, Motrin, Nuprin, etc. unless otherwise directed by your physician. You **MAY** take Tylenol or acetaminophen if necessary.
- **Do NOT** take **fish oil supplements**
- **Do NOT** eat any **seeds, nuts, corn, quinoa, or whole grain breads with visible nuts/seeds.**
- **Continue** taking your **aspirin** daily.

ON THE DAY BEFORE YOUR COLONOSCOPY :

- **Drink** only **CLEAR LIQUIDS** all day. **NO** solid food or dairy products.
- You can have any of the following **CLEAR LIQUIDS** as long as they are **NOT RED or PURPLE** colored:
 - Clear broth or bouillon (chicken, beef, or vegetable)
 - Clear juices **without** pulp : apple, white grape, lemonade, white cranberry
 - Clear sodas : 7-Up, Sprite, Ginger-ale, Seltzer, Mountain Dew
 - Gatorade, Powerade, Vitamin water, Pedialyte, Crystal Light, water or coconut water (without pieces of coconut in the coconut water), Jell-O, Iced popsicles, Italian ices
 - Iced tea, hot tea, iced coffee, hot coffee (**NO** milk or non-dairy creamer but any type of sweetener is ok)



PREPARING THE PREP:

- Your prep can be used with or without one of the flavor packs that comes with the bottle. If adding flavor, tear open flavor pack and pour contents into the bottle BEFORE reconstitution.
- Add lukewarm drinking water to top line on bottle. Cap the bottle and shake to dissolve the powder. The mixed solution will be clear and colorless. Do not add anything else, such as additional flavorings, to the solution. When reconstituted, keep refrigerated to improve the taste and use within 48 hours.

At 5:00 pm the day BEFORE your colonoscopy:

- Drink one (8 oz) glass every 15-30 minutes until the container is half to three quarters completed. Rapid drinking of each portion is better than drinking small amounts continuously.
- If you become nauseous take a break for 15 - 30 minutes or until you are feeling better and then resume taking your prep.

6-8 hours prior to your colonoscopy:

- Drink the remainder of your prep. Drink until you have completed the container.
- Do not eat or drink at least 4 hours prior to your colonoscopy.

ON THE DAY OF THE PROCEDURE:

- You must bring your insurance card and photo ID.
- Bring a referral to the facility if your insurance requires one.
- **DO NOT DRIVE THE ENTIRE DAY!** Someone **MUST** drive you to and from your appointment as you will be receiving sedation which impairs your ability to drive an automobile. You may take a taxi **ONLY if you are accompanied by an escort over the age of 18**. The taxi driver is NOT an acceptable escort.
- **NO FOOD OR LIQUIDS including sips of water, gum, mints, cough drops within 4 hours of your scheduled arrival time.**
- Please brush your teeth the morning of the procedure, you can use toothpaste, just rinse & spit.
- Do not wear your contact lenses on the morning of the procedure.
- Please bring the completed forms to the facility (either the Princeton Endoscopy Center or Princeton Medical Center).

MEDICATION INSTRUCTIONS FOR THE DAY OF YOUR PROCEDURE:

_____ Please **take** your morning **PRESCRIBED** medications **with a small sip of water** as soon as you wake up, the **morning of the procedure** (except for medications you were specifically told to stop).

_____ Please **TAKE** your asthma medication(s) & please **BRING** your asthma medication to your procedure.

_____ Do **NOT** take your vitamins & supplements the morning of the procedure, but you may take them **after**.

If you are a **DIABETIC**:

_____ Do **NOT** take the following **ORAL** diabetic medications the **day before** and **morning** of the procedure:

_____ Please obtain specific instructions for the day before & the day of the procedure from your primary care doctor or endocrinologist for the following medications: _____

If you take a **BLOOD THINNER/ANTI-COAGULANT**:

_____ You should **NOT** take _____ for _____ days **BEFORE** the procedure.

_____ You should **continue** to take your **aspirin** unless otherwise instructed.

YOUR PROCEDURE IS SCHEDULED AT:

Princeton Endoscopy Center

Princeton Plaza, **Suite #104**, 731 Alexander Road

Princeton, NJ 08540

Tel # 609-452-1111

Parking & entrance are at the rear of the building.

Princeton Medical Center

Medical Arts Pavilion, 5 Plainsboro Road, 2nd floor

Plainsboro, NJ 08536

Tel # 609-853-7500

The procedure generally takes about **40 minutes** but you should **plan on being present for about 1 ½ to 2 hours**.

Princeton Gastroenterology Contact Information:

PHONE #609-924-1422 FAX #609-924-7473

Dr. Bellows, Nurse Debbie: Ext:230

Dr. Meierowitz, Nurse Terri: Ext:225

Dr. Osias, Nurse Lisa: Ext:219

Dr. Rho, Nurse Cheri: Ext:228

Dr. Segal, Nurse Michele: Ext:232

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