

COLONOSCOPY INSTRUCTIONS

PRINCETON GASTROENTEROLOGY ASSOCIATES
TO SCHEDULE CALL #609-796-7816 FAX #609-924-7473

****Please be sure to review these instructions at least 1 week prior to your procedure****

PURCHASE the following **OVER THE COUNTER** products:

- **DULCOLAX LAXATIVE TABLETS:** Four 5 mg tablets
- **MIRALAX LAXATIVE POWDER:** 238 gram bottle

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)
- **At 5PM** take **four tablets of Dulcolax with 8 ounce glass of water** and stay close to the bathroom. Next prepare the Miralax by mixing the entire bottle of **Miralax with 2 quarts (64 ounces) of a CLEAR LIQUID** (like Gatorade, apple juice, iced tea, water). Stir this Miralax mixture until dissolved and refrigerate it. Then continue with drinking CLEAR LIQUIDS.
- **If your colonoscopy is scheduled BEFORE 10:30AM:**
 - **At 7 PM**, the night before your colonoscopy, drink an 8oz glass of the Miralax mixture every 30 minutes for a total of 4 glasses. After drinking the Miralax mixture you can go back to drinking the clear liquids listed above.
 __7:00pm __7:30pm __8:00pm __8:30pm
 - **At 10 PM**, you will again drink an 8oz glass of the Miralax mixture every 30 minutes for a total of 4 more glasses.
 __10:00pm __10:30pm __11:00pm __11:30pm
 - If your bowel movements are NOT clear by **12:00 midnight**, please drink a few more glasses of any of the Clear liquids. Do **NOT** have anything to eat or drink not even water **after 2:00 AM (day of procedure).**
- **If your colonoscopy is scheduled AT 10:30AM or LATER:**
 - **At 7 PM**, the night before your colonoscopy, drink an 8oz glass of the Miralax mixture every 30 minutes for a total of 4 glasses. After drinking the Miralax mixture please continue drinking Clear Liquids until you go to bed.
 __7:00pm __7:30pm __8:00pm __8:30pm
 - **At 5 AM**, the morning of your colonoscopy you will again drink an 8oz glass of the Miralax mixture every 30 minutes for a total of 4 more glasses.
 __5:00am __5:30am __6:00am __6:30am

- Do **NOT** have anything to eat or drink not even water **after 7:00AM (morning of the procedure)**.

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 #609-796-7816 FAX #609-924-7473