

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****

DO NOT FOLLOW THE INSTRUCTIONS IN OR ON THE BOX

Please purchase your prescription prep from the pharmacy: Suflave

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 5:00 pm the day BEFORE your colonoscopy (DOSE 1)

- Open 1 flavor packet and pour the contents into 1 bottle provided with the Suflave bowel prep kit.
- Fill the provided bottle with **lukewarm** water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has mixed well. For best taste, refrigerate the solution for 1 hour before drinking. **DO NOT FREEZE.** Use within 24 hours.
- Drink 8 ounces of solution every 15 minutes until the bottle is empty.
- Drink an additional 16 ounces of water during the evening.
- If you experience any nausea, bloating or abdominal cramping, slow the intake of solution until your symptoms subside.

6 hours prior to your colonoscopy (DOSE 2)

- Repeat the first 3 steps listed above for dose 1.
- Drink an additional 16 ounces of water during the morning.
- 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.

Penn Medicine Princeton Health

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