

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: SUTAB

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

1. Open one bottle of 12 tablets.
2. Fill the provided container with 16 ounces of water (up to the fill line). Swallow 1 tablet every 5 minutes. You should finish the 12 tablets and the entire 16 ounces of water within 60 minutes. If you become uncomfortable, take the tablets and water slower.
3. Approximately 1 hour after the last tablet is swallowed, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
4. Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount 30 minutes.

8 hours prior to your colonoscopy

- Repeat steps 1 through 4 above using the second bottle of tablets.
- You must use all tablets and water 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 #609-796-7816 FAX #609-924-7473