

## PREPARING FOR YOUR COLONOSCOPY

Dulcolax plus Miralax 8 Glass Prep

PRINCETON GASTROENTEROLOGY ASSOC. PA

To schedule call # 609-796-7816

Fax# 609-924-7473

Purchase the following **OVER THE COUNTER** products for your bowel prep:

- **Dulcolax Laxative Tablets** (NOT the suppositories or stool softeners)
- **Miralax Laxative Powder** 238 gram bottle
- Purchase **simethicone (Gas-X) 80 mg** tablets over-the-counter in the smallest quantity you can find.

### 7 DAYS BEFORE YOUR PROCEDURE:

- 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** eat, any seed, nuts, corn, or whole grain breads with visible nuts or seeds for 7 days before your procedure.

### ON THE DAY BEFORE YOUR COLONOSCOPY:

- Drink only clear liquids all day.
  - Do NOT eat any solid food or dairy products.
  - Drink clear broth or bouillon (chicken, beef, or vegetable) for meals and throughout the day.
  - You can have any of the following **clear liquids** as long as they are **NOT RED OR PURPLE colored**.
    - Clear juices **without** pulp: apple, white grape, lemonade, white cherry, lime
    - Clear Ensure or clear Pedialyte.
    - Water, clear soda (Sprite, cola, ginger-ale), Gatorade, PowerAde, Jell-O (no fruit), ice popsicles.
    - Iced or hot coffee or tea (without milk or non-dairy creamer). Any type of sweetener is ok.
  - **At 5PM take 4 Dulcolax oral laxative tablets AND 2 simethicone tablets (160 mg total) by mouth with one 8 ounce glass of water. Remain close to a bathroom.**
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- **If your procedure is scheduled BEFORE 10:30 AM:**

-At **7PM** drink one 8 ounce glass of a "clear liquid" **with** 1 capful of Miralax every 30 minutes, for a total of **4** glasses. You may use any of the "clear liquids" mentioned above.

\_\_\_\_ **7PM**      \_\_\_\_ **7:30PM**      \_\_\_\_ **8PM**      \_\_\_\_ **8:30PM**

-At **10PM** take 2 simethicone tablets (160 mg total) by mouth, and drink one 8 ounce glass of a "clear liquid" **with** 1 capful of Miralax every 30 minutes, for **4** more glasses.

\_\_\_\_ **10PM**      \_\_\_\_ **10:30PM**      \_\_\_\_ **11PM**      \_\_\_\_ **11:30PM**

- **If your procedure is scheduled AT 10:30 AM OR LATER:**

-At **7PM** drink one 8 ounce glass of a "clear liquid" **with** 1 capful of Miralax every 30 minutes, for a total of **4** glasses. You may use any of the "clear liquids" mentioned above.

\_\_\_\_ **7PM**      \_\_\_\_ **7:30PM**      \_\_\_\_ **8PM**      \_\_\_\_ **8:30PM**

-Continue drinking a few more glasses of clear liquids

-At **5AM (MORNING OF THE PROCEDURE)** take 2 simethicone tablets (160 mg total) by mouth, and drink one 8 ounce glass of a "clear liquid" **with** 1 capful of Miralax every 30 minutes, for **4** more glasses.

\_\_\_\_ **5AM**      \_\_\_\_ **5:30AM**      \_\_\_\_ **6AM**      \_\_\_\_ **6:30AM**

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

### ON THE DAY OF YOUR COLONOSCOPY:

- Please bring your insurance card and photo ID
- **DO NOT DRIVE for the entire day.** You must have someone drive you to and from your appointment as you will be receiving sedation which impairs your ability to operate an automobile.
- You may take a taxi **ONLY if you are accompanied by someone over the age of 18.** The taxi driver is **NOT** an acceptable escort.
- **NO GUM, MINTS, or COUGH DROPS within 6 hours of your arrival time.**
- Please brush your teeth the morning of the procedure: rinse and spit
- Do NOT wear your contact lenses on the morning of your procedure.
- Please bring the completed forms (2 page questionnaire and/or medication reconciliation) to the facility.

**Please take all of your usual medications including your blood pressure and heart medication upon awakening with a small sip of water. DO NOT take any medications you were specifically instructed to stop by your physician.**

**If you are diabetic:**

\_\_\_\_\_ Obtain specific insulin instructions for the day of the prep and the day of the procedure from your primary doctor or endocrinologist.

\_\_\_\_\_ Do **not** take your oral diabetic medications the morning of the procedure. You will receive specific instructions about when to take it when you are discharged from the facility.

**If you take Coumadin (Warfarin), Effient, Plavix (Clopidogrel), Pradaxa, Xarelto or Aspirin:**

\_\_\_\_\_ You should **NOT** take \_\_\_\_\_ for \_\_\_\_\_ days before the procedure unless you are otherwise instructed.

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

\_\_\_\_\_ Day of procedure, take all your vitamins and supplements **AFTER** the procedure.

**\*\*\*Do not take injectable weight loss or diabetic medications injectable weight loss or diabetic medications such as Liraglutide (Saxenda), Semaglutide (Wegovy, Ozempic), or Tirzepatide (Zepbound, Mounjaro) for at least 7 days prior to your procedure. Patients on oral daily dosing should refer to instructions above for oral diabetic medications.**

**YOUR PROCEDURE IS SCHEDULED AT:**

**Princeton Endoscopy Center**

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

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, 2<sup>nd</sup>

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