

# 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.
- Purchase **simethicone (Gas-X) 80 mg tablets** over-the-counter in the smallest quantity you can find.

## 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)

1. Take 2 simethicone tablets (160 mg total) by mouth.
2. Open 1 flavor packet and pour the contents into 1 bottle provided with the Suflave bowel prep kit.
3. Fill the provided bottle with lukewarm water up to the fill line. Cap the bottle and 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.
4. Drink 8 ounces of solution every 15 minutes until the bottle is empty.
5. Drink an additional 16 ounces of water during the evening.
6. 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 steps 1 through 4 listed above for dose 1.
- Drink an additional 16 ounces of water.
- 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.

**\*\*\*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  
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> 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