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

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 of 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.

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) 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 (Clopdogrel), 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
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