

PREPARING FOR YOUR COLONOSCOPY

Dulcolax plus Miralax 64 oz Prep

PRINCETON GASTROENTEROLOGY ASSOC. PA

To Schedule Call # 609-924-1422

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 if necessary.
- Do **NOT** eat any seeds, nuts, corn or whole grain breads with visible nuts/seeds for 7 days before your procedure.

ON THE DAY BEFORE YOUR COLONOSCOPY:

- **Drink only CLEAR liquids all day.**
- **Drink CLEAR broth or bouillon (chicken, beef, or vegetable) for meals & throughout the day**
- **Do NOT eat any solid food or dairy products – no milk, orange juice or creamy foods.**
- 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 cranberry, 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 5 PM** take four (4) Dulcolax oral laxative tablets with an 8 ounce glass of water
- **Next, mix** the entire bottle of **Miralax** with **2 Quarts of any of the following: water, apple juice, iced tea, or diluted Gatorade.** Stir until dissolved and refrigerate.

***** **If your procedure is scheduled BEFORE 10:30 AM:** *****

-At 7 PM drink one quart of the mixture at a rate of one 8 ounce glass **every 30 minutes**, for a total of 4 glasses.

___ 7PM ___ 7:30PM ___ 8PM ___ 8:30PM

-At 10 PM drink the remaining quart of the mixture at a rate of one 8 oz glass **every 30 minutes**, for 4 more glasses.

___ 10PM ___ 10:30PM ___ 11PM ___ 11:30PM

Drink a few more glasses of any clear liquids if you are not clear by 12AM MIDNIGHT.
Do **not** have anything to eat or drink, not even water **after 2:00 AM** (day of procedure).

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

-At 7PM drink one quart of the mixture – one 8 ounce glass **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 5AM (the morning of the procedure) drink the remaining quart of the mixture – one 8 oz glass **every 30 minutes**, for 4 more glasses.

___ 5AM ___ 5:30AM ___ 6AM ___ 6:30AM

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

YOUR PROCEDURE IS SCHEDULED AT:

Princeton Endoscopy Center
Princeton Plaza, Suite # 104, 731 Alexander Rd,
Princeton, NJ 08540
Tel: 609-452-1111
Parking & Entrance are at the rear of the building

University Medical Center at Princeton-Plainsboro
Medical Arts Pavilion, 5 Plainsboro Road, 2nd Fl.
Plainsboro, NJ 08536
609-853-7500

ON THE DAY OF THE PROCEDURE:

- Check in either at the **PRINCETON ENDOSCOPY CENTER SUITE 104**, (not the Princeton Gastroenterology office), or the **MAP building at the University Medical Center at Princeton-Plainsboro**.
- Be sure to bring your insurance card and PHOTO ID
- Bring a referral for the facility, if your insurance plan requires one
- **DO NOT DRIVE for 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 gum, NO mints, NO 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 the procedure.
- Please bring the completed forms (2 page questionnaire and medication reconciliation) to the Princeton Endoscopy Center. (If your procedure is at the hospital, bring your completed medication form).

Please take all of your usual medications including your blood pressure and heart medication upon awakening with a SMALL sip of water, except for medications you were specifically told to stop.

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 Endoscopy 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.

_____ You can **take** your asthma medication AND please **bring** your asthma medication to your procedure.

_____ Day of procedure, take vitamins and supplements AFTER the procedure.

The procedure generally takes about **40 minutes**, but you should plan on being present for about **1 ½- 2 hours**.

*****If you have questions, please read the “FAQs about colonoscopy” on our website @ www.princetongi.com.**

Nurse's Notes: _____
