

PREPARING FOR YOUR COLONOSCOPY
Dulcolax plus Miralax Prep- Split dose
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 (buy box of 10). NOT the suppositories!
- Miralax Laxative Powder 238 gm bottle
- 2 Quarts of either water, apple juice, iced tea, Crystal light, or diluted Gatorade (1 quart Gatorade and 1 quart water)--**NO RED OR PURPLE COLORS**

7 DAYS BEFORE YOUR PROCEDURE:

- **Do NOT take aspirin or 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 or nuts (7 days before your procedure).

ON THE DAY BEFORE YOUR COLONOSCOPY:

- **Do NOT eat any solid food or dairy products. Drink only clear liquids all day---about one 8 ounce glass every hour.**
- You **can have** any of the following as long as they are **NOT RED OR PURPLE colored.**
 - Clear juices **without** pulp: apple, white grape, lemonade, white cranberry
 - Water, clear broth or bouillon (chicken, beef, or vegetable), clear soda (7-Up, Sprite, ginger-ale...No cola), Gatorade, Powerade, plain Jell-O, 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.
- **At 8 PM** drink 1 quart of the mixture --- one 8 ounce glass every 30 minutes, for a total of four 8 ounce glasses. Refrigerate the remaining quart.
- **If your procedure is scheduled BEFORE 10:30 AM**--- drink the remaining quart of mixture---one 8 ounce glass every 30 minutes **immediately** after the first quart is finished. **Continue drinking clear liquids after finishing your bowel prep.** Do **not** have anything to eat or drink, not even water **after 2:00 AM** (day of procedure).

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- **If your procedure is scheduled AT 10:30 AM or LATER**--- drink the remaining quart of mixture --- one 8 ounce glass every 30 minutes **at 5:00 AM** (day of procedure). **Continue drinking clear liquids after finishing your bowel prep.** Do **not** have anything to eat or drink, not even water **after 7:00 AM** (day of procedure).

OVER→

Pre-Op Testing:

- If the doctor has requested you to obtain any special testing or pre-procedure clearance prior to the procedure, follow up with our office to make sure we have received the results. **Failure to do so may result in you not being able to receive anesthesia.**
- **Testing requested:** _____ EKG _____ CBC _____ Comp. Met. Panel

YOUR PROCEDURE IS SCHEDULED AT:

**Princeton Endoscopy Center, LLC, First Floor
Princeton Plaza, 731 Alexander Rd, Princeton
Telephone : 609-452-1111**

**University Medical Center at Princeton
Go directly to the 3rd floor Surgical waiting
room**

ON THE DAY OF THE PROCEDURE:

- Be sure to bring your insurance card and PHOTO ID
- Bring a referral for the facility, if your insurance plan requires one
- 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.
- **DO NOT** drive for the entire day
- **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.

____ **If you usually take blood pressure or cardiac medication: take it AS USUAL, at least 4 hours before the arrival time with a small sip of water.**

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 or Plavix or Aspirin:

____ You should **not** take Coumadin for _____ days before the procedure unless you are otherwise instructed.

____ You should **not** take your Plavix 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 of your vitamins and supplements **AFTER THE PROCEDURE.**

____ Day of procedure, you can **take** your asthma medication(s) also please **bring** your asthma medication(s) to the Endoscopy Center / Hospital.

The procedure generally takes about **20 minutes**, but you should plan on being present for about **1 ½- 2 hours**.

Nurse's Notes:
