

COLONOSCOPY INSTRUCTIONS

PRINCETON GASTROENTEROLOGY ASSOCIATES
TO SCHEDULE CALL #609-924-1422 FAX #609-924-7473

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** eat any **seeds, nuts, corn, quinoa, or whole grain breads with visible nuts/seeds.**
- **Continue** taking your **aspirin** daily.

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)

SUPREP Bowel Prep Kit is a split-dose (2-day) regimen. Both 6-ounce bottles are required for a complete prep.

FIRST DOSE: Begin Step 1 at **5:00** PM the evening before your procedure and proceed as shown below:

You must complete Steps 1 through 4 using one (1) 6-ounce bottle before going to bed:

STEP 1



Pour **ONE (1)** 6-ounce bottle of SUPREP liquid into the mixing container.

STEP 2



Add cool drinking water to the 16-ounce line on the container and mix.

NOTE: Dilute the solution concentrate as directed prior to use.

STEP 3



Drink **ALL** the liquid in the container.

STEP 4



You **must** drink two (2) more 16-ounce containers of water over the next 1 hour.

SECOND DOSE: Begin Step 1 **6 hours before** your procedure and proceed as shown above:

For this dose, repeat Steps 1 through 4 shown above using the other 6-ounce bottle.

NOTE: You **must** finish drinking the final glass of water at least **4 hours before your colonoscopy, then DO NOT eat or drink.**

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 gum, NO mints, NO cough drops within 6 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 the University Medical Center of Princeton at Plainsboro).

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).

If you are a DIABETIC:

___ 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.

___ Please obtain specific insulin instructions for the day before & the day of the procedure from your primary care doctor or endocrinologist.

If you take a BLOOD THINNER/ANTI-COAGULANT:

___ You should **NOT** take _____ for _____ days **BEFORE** the procedure unless you are instructed otherwise.

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

___ 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** your procedure.

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.

University Medical Center at Princeton-Plainsboro
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.**

Nursing Notes: _____

