



Colonoscopy Preparation

NURSE FROM SURGICAL DEPARTMENT WILL CALL WITH TIME OF ARRIVAL 1-2 DAYS PRIOR

You will receive automated procedure date confirmation via phone/text 7 days prior

**** Please notify us if you or a family member has a diagnosis of Malignant Hyperthermia ****

IF PRESCRIBED PHENTERMINE, GLP-1, GLP-2 , OR BLOOD THINNER:

See page 3-4 for recommendations to hold medications/injections.

5 DAYS PRIOR TO PROCEDURE

- Stop NSAIDs [Ibuprofen, Aleve, Meloxicam]

THE DAY OF THE PROCEDURE

- Hold all diabetic pills. you can take ½ of your insulin dose.
- No smoking or vaping per anesthesia.
- You will need a responsible party over age 18 to drive you home.

What to Purchase from Store/Pharmacy:

4 tablets Dulcolax
7-day supply (119 grams) of MiraLAX
14-day supply (238 grams) of MiraLAX
3 - 28 oz bottles of Gatorade

See page 2 for specific colonoscopy prep instructions

COLONOSCOPY PREP INSTRUCTIONS

THE DAY BEFORE THE PROCEDURE

- You may have a light breakfast of 1 egg and 1 slice of toast before 9:00 am. You are then on a **Clear Liquid Diet until after your procedure** is completed. No solid foods or dairy products. Avoid any liquids with red or purple food coloring. See clear liquids list below.
- Drink as much fluid as you can throughout the day.
- **2:00 PM: take all 4 Dulcolax tablets with a full glass of water. Mix the 7 - day supply bottle of MiraLAX with 28 oz. of Gatorade and drink the solution.**
- Next, mix the 238g bottle of MiraLAX(14-day supply) with two (2) 28oz bottles of Gatorade in a large pitcher/container. Mix to dissolve completely and refrigerate.
- **6:00 PM: drink the first half of the mixed solution** beginning at 6:00 PM and finishing before 10:00 PM.

DAY OF PROCEDURE

- **7 hours prior to your arrival time: drink the second half of the mixed solution and finish at least 4 hours prior to arrival time.**

**** STOP ALL CLEAR LIQUIDS AFTER MIDNIGHT OTHER THAN MIRALAX MIXTURE****

BELOW IS A LIST OF ACCEPTABLE CLEAR LIQUIDS:

Water Plain, carbonated, flavored	Fruit juice - NO pulp Apple, white grape, white cranberry	Soda Sprite, Ginger Ale, Coca-Cola, Dr. Pepper
Gatorade/Powerade	Black coffee	Ensure Clear Nutrition Drink
Pedialyte	Tea	Broth/Bouillon
Jell-O Plain	Popsicles or Italian Ice Cups Without fruit or dairy	

DRINK A GALLON OR MORE TO STAY HYDRATED

DO NOT HAVE RED OR PURPLE DYES

DO NOT HAVE ANY DAIRY PRODUCTS

**** Please note: if instructions are not followed correctly, your procedure MAY be cancelled/rescheduled.**

IF YOU ARE PRESCRIBED A BLOOD THINNER:

Permission to hold your blood thinner/anticoagulant will be obtained from your prescribing physician's office to include the exact amount of time to hold the medication (s).

*If you have not been notified by our office 7 business days PRIOR to your scheduled procedure regarding instructions for holding your blood thinner, please contact our office at 540-839-8132 or our surgical department at 540-839-7049

**** RECOMMENDATIONS ONLY **** (unless instructed otherwise by prescribing provider)

HOLD 2 DAYS PRIOR	HOLD 3 DAYS PRIOR	HOLD 7 DAYS PRIOR
Eliquis [Apixaban]	Coumadin [Warfarin]	Aspirin
Xarelto [Rivaroxaban]		Effient [Pasugrel]
Lixiana [Edoxaban]		Ticlid [Ticlopidine]
Pradaxa [Debigatran]		Brilinta [Ticagrelor]
		Plavix [Clopidogrel]

PLEASE FOLLOW PROVIDER'S INSTRUCTIONS FOR RESTARTING BLOOD THINNERS AFTER THE PROCEDURE

DIABETES/WEIGHT LOSS MEDICATIONS :

IF YOU ARE TAKING ANY OF THESE LISTED BELOW, PLEASE HOLD PRIOR TO PROCEDURE:

GLP-1 Receptor Agonist

HOLD 24 HOURS PRIOR:	HOLD 7 DAYS PRIOR:
Exenatide [Byetta] Twice daily injection	Dulaglutide [Trulicity]
Liraglutide [Victoza, Saxenda]	Exenatide (Bydureon Boise)
Lixisenatide [Adlyxin]	Semaglutide [Ozempic, Wegovy]
Semaglutide [Rybelsus] Once daily tablet	Tirzepatide [Mounjaro,Zepbound]

GLP-2 Inhibitors

HOLD 3 DAYS PRIOR:	HOLD 7 DAYS PRIOR:
Brenzavvy [Bexagliflozin]	Adepex-P
Ivokan [Canagliflozin]	Contrave
Farxiga [Dapagliflozin]	Didrex
Jardiance [Empagliflozin]	Fastin
Steglatro (Ertugliflozin)	Lonamin
Phentermine	Phen-Pro

PLEASE HOLD 24 HOURS TO SCHEDULED PROCEDURE **

<u>ACE Inhibitors</u>	<u>ARBs</u>
Aceon (Perindopril)	Atacand (Candesartan)
Accupril (Quinapril)	Atacand HCT (Candesartan/HCTZ)
Accuretic (Quinapril/HCTZ)	Avalide (Irbesartan/HCTZ)
Altace (Ramipril)	Avapro (Irbesartan)
Benazepril	Azor (Olmesartan/Amlodipine)
Capoten (Captopril)	Benicar (Olmesartan)
Capozide (Captopril/HCTZ)	Benicar HCT (Olmesartan/HCTZ)
Captopril	Candesartan
Enalapril	Cozaar (Losartan)
Fosinopril	Diovan (Valsartan/HCTZ)
Lexxel (Enalapril/felodipine)	Diovan HCT (Valsartan/Amlodipine)
Lisinopril Lotensin (Benazepril)	Eprosartan
Lotrel (Amlodipine/Benazepril)	Exforge (Valsartan/Amlodipine)
Mavik (Trandolapril)	Exforge HCT (Valsartan/HCTZ/Amlodipine)
Moexipril	Hyzaar (Losartan/HCTZ)
Monopril (Fosinopril)	Irbesartan
Monopril HCT (Fosinopril/HCTZ)	Losartan
Perindopril	Micardis (Telmisartan)
Prinivil (Lisinopril)	Micardis HCT (Telmisartan/HCTZ)
Quinapril	Olmesartan
Ramipril	Telmisartan
Tarka (Trandolapril/HCTZ)	Teveten (Eprosartan)
Trandolipril	Teveten HCT (Eprosartan/HCTZ)
Unirectic (Moexipril/HCTZ)	Valsartan
Univasc (Moexipril)	
Vaseretic (Enalapril/HCTZ)	
Vasotec (Enalapril)	
Zestoretic (Lisinopril/HCTZ)	
Zestril (Lisinopril)	

Vasodilators

Viagra [Sildenafil] ** HOLD 1 DAY PRIOR **

Cialis [Tadalafil] ** HOLD 4 DAYS PRIOR **