

DIGESTIVE ENDOSCOPY CENTER  
PREPARING FOR YOUR COLONOSCOPY- PLEASE READ AT LEAST 7 DAYS PRIOR TO PROCEDURE

Procedure Date and Arrival Time: \_\_\_\_\_

Provider / MA Phone Number: \_\_\_\_\_

**Location for your scheduled procedure:**

\_\_\_\_\_ 4340 Clyn Rd. Dayton, 45459      \_\_\_\_\_ 5697 Shull Rd. Huber Heights, 45424      \_\_\_\_\_ 77 W. Eleanor Dr. Springboro, 45066  
\_\_\_\_\_ Miami Valley Hospital SOUTH, 2400 Miami Valley Dr. Centerville, 45459      \_\_\_\_\_ Kettering Medical Center – 3535 Southern Blvd. Kettering, 45429

---

**\*\*\*Check off the list of steps on your instruction map as you get ready and bring with you the day of your procedure to review with the nurse.\*\*\***

- \_\_\_ Arrange for a licensed driver to bring you to the center and stay (1 ½ - 2 hours) until you are discharged after your procedure.
- \_\_\_ Stop blood thinner medications (anticoagulants or anti platelet), per instructions from your doctor. You do not need to stop taking aspirin or NSAIDS.
- \_\_\_ Purchase Bowel Prep from your pharmacy. Purchase clear liquids for the clear liquid diet. Clear liquids only the full day before the procedure.
- Clear Liquid Diet: **Avoid anything red or purple.** You may drink Plain water, Vitamin water, Broth/bouillon, Jell-o, Coffee or Tea (no cream /milk), Apple or White grape juice, Sports drinks, Popsicles, Pop/soda. **No alcohol.**

**7 Days Prior to prepping for your Colonoscopy:**

- \_\_\_ **Hold GLP-1 medications** if you are currently taking them (Ozempic, Zepbound, Byetta, Mounjaro, Wegovy, Trulicity, etc.). This is for a total of 7 days prior to your procedure. If you have any questions, please contact the Medical Assistant at the number listed at the top of the instruction page.
- \_\_\_ If you are taking oral chemotherapy medication, such as Tasigna or Sprycel, please call the office at 937-534-7330 for further instruction.

**5 Days Prior to Procedure:**

- \_\_\_ Stop taking oral iron or vitamins that contain iron.

**The Day before the Procedure:**

- \_\_\_ **Start Clear Liquid Diet only. No solid foods.** \*\*See the clear liquid diet list above for approved fluids.
- \_\_\_ If you are diabetic taking **Insulin** or on an **Insulin Pump:** Take ½ of the normal dose this morning. Hold your insulin dose tonight and again in the morning. If you are taking **Oral** diabetic medications: Take ½ of your normal dose this morning but hold your evening/ night dose tonight.

**Continued Instructions for the Day before the Procedure:**

- \_\_\_ Locate the prep highlighted for you on page **3** or **4**. Prepare and start the prep using our written instructions. **(Do not use prep box directions).**

DIGESTIVE ENDOSCOPY CENTER  
PREPARING FOR YOUR COLONOSCOPY- PLEASE READ AT LEAST 7 DAYS PRIOR TO PROCEDURE

**24 Hours prior to Procedure Time:**

\_\_\_ **No smoking/ Ingesting/ Vaping/ Marijuana** – this is extremely important for anesthesia purposes, **your procedure will be canceled.**

**PROCEDURE DAY:**

\_\_\_ **Do not eat solid food;** Continue only taking your prep from our written instructions highlighted for you on pages 3 or 4.

\_\_\_ If you are diabetic, hold your oral diabetic medication. Check your blood sugar often. If your blood sugar gets low, you may drink 2 oz. of clear fruit Juice (no orange juice) or take glucose tabs.

\_\_\_ If you are on blood pressure, seizure, or heart medications take as usual, using small sip of water unless you have been instructed to “hold” the medication prior to the procedure by your physician.

\_\_\_ If you have asthma, please bring your inhaler with you.

\_\_\_ If you have an implanted cardiac defibrillator, or pacemaker, bring the card identifying the device manufacture, model and serial number. If you have a spinal cord stimulator, please bring the remote control.

\_\_\_ Bring a list of your current medications and a list of any allergies you may have.

\_\_\_ Bring your insurance card/s and driver’s license/picture ID.

**4 Hours prior to your Procedure Arrival time:**

\_\_\_ **STOP drinking all liquids.** Nothing by mouth, including gum, hard candy, or chewing tobacco.

**\*\*\*\*\* It is very important to follow all the steps in your map of instructions to avoid cancellation of your procedure. \*\*\*\*\***

**Signature (optional): \_\_\_\_\_ You are finished! We look forward to seeing you!**

**After your procedure:**

- You will receive discharge instructions from your doctor and your nurse after the procedure before you go home.
- For your safety, **Do Not:** Drink Alcohol, Drive a car, Go back to work or Sign legal documents until the day AFTER your procedure.
- If polyps are removed, you will receive an information letter in the mail. For abnormal results you will be contacted directly.

**DIGESTIVE ENDOSCOPY CENTER**  
**PREPARING FOR YOUR COLONOSCOPY. PLEASE READ AT LEAST 7 DAYS PRIOR TO PROCEDURE DATE.**

<b>MIRALAX PREP</b>	<b>SUFLAVE PREP</b>	<b>SUTAB PREP (PILL PREP)</b>
<p><input type="checkbox"/> Purchase 1 Bottle of MiraLax (238 gms) (can be purchased over the counter)</p> <p><input type="checkbox"/> 112 oz of Gatorade or may use other clear liquids. <b>NO RED OR PURPLE LIQUIDS.</b></p> <p><b>At 12 PM on Day Prior to Procedure</b></p> <p><input type="checkbox"/> Take 2 Bisacodyl (Dulcolax) laxative tablets</p> <p><b>At 4 PM on Day Prior to Procedure</b></p> <p><input type="checkbox"/> Drink an 8-ounce glass with a capful of MiraLax every 15 minutes (total of 7 glasses over 2 hours).</p> <p><input type="checkbox"/> After consuming 7 glasses of Miralax, you may continue clear liquids until bedtime.</p> <p><b>6 Hours Before Arrival Time</b></p> <p><input type="checkbox"/> Drink an 8 -ounce glass with a capful of MiraLax every 15 minutes again as you did at 4 pm totaling 7 glasses over 2 hours.</p> <p><b>The entire MiraLax bottle should be consumed.</b></p> <p><b>NOTHING ELSE BY MOUTH 4 HOURS PRIOR TO YOUR ARRIVAL TIME.</b></p>	<p>By prescription only.  <input type="checkbox"/> Purchase Suflave Prep</p> <p><b>At 12 PM Day Prior to Procedure</b>  <input type="checkbox"/> Take 2 Bisacodyl (Dulcolax) laxative tablets</p> <p><b>At 4 PM Day Prior to Procedure</b></p> <p><input type="checkbox"/> 1. Open 1 flavor-enhancing packet and pour the contents into 1 bottle (provided)  -OPTION- may replace flavor packet with own desired packet.</p> <p><input type="checkbox"/> 2. Fill the bottle with lukewarm water up to the fill line. Cap the bottle and shake until all powder has dissolved.  -OPTION: may refrigerate 1 hour before drinking. <b>DO NOT FREEZE.</b></p> <p><input type="checkbox"/> 3. Drink 8 ounces of solution every 15 minutes until the bottle is empty.</p> <p><input type="checkbox"/> 4. Drink an additional 16 ounces of water during the evening.</p> <p><b>6 Hours Before Arrival Time:</b>  -Repeat steps 1-3 above.  -Drink an additional 16 ounces of water over 2 hours</p> <p><b>NOTHING ELSE BY MOUTH 4 HOURS PRIOR TO YOUR ARRIVAL TIME.</b></p>	<p>By prescription only.  <input type="checkbox"/> Purchase Sutab Prep</p> <p><b>At 12 PM Day Prior to Procedure</b>  <input type="checkbox"/> Take 2 Bisacodyl (Dulcolax) laxative tablets</p> <p><b>At 4 PM Day Prior to Procedure</b>  <input type="checkbox"/> 1. Open 1<sup>st</sup> bottle (12 tabs)</p> <p><input type="checkbox"/> 2. Fill the container with 16 ounces of water (to fill line). Swallow each tablet with a sip of water, one at a time 1-2 mins apart, and drink the entire amount over 15-20 minutes. (if you become uncomfortable take the tablets and water slowly.</p> <p><input type="checkbox"/> 3. Approximately 1 hour after the last tablet is swallowed: Fill the container a second time with 16 ounces of water (to fill line) and drink the entire amount over 30 minutes.</p> <p><input type="checkbox"/> 4. Approximately 30 minutes after finishing the second container of water: Fill the container a second time with 16 ounces of water (to fill line) and drink the entire amount over 30 minutes.</p> <p>May have clear liquids until bedtime.</p> <p><b>6 Hours Before Arrival Time:</b>  -Repeat steps 1-4 using the second bottle of tablets (12 tabs) for over 2 hours.</p> <p><b>NOTHING ELSE BY MOUTH 4 HOURS PRIOR TO ARRIVAL TIME.</b></p>

DIGESTIVE ENDOSCOPY CENTER  
PREPARING FOR YOUR COLONOSCOPY. PLEASE READ AT LEAST 7 DAYS PRIOR TO PROCEDURE DATE.

<p><b>OCL (Nulytely, Gavilyte, Trilyte, Golytely)</b></p> <p>By prescription only. __Purchase OCL Prep</p> <p><b>At 12 PM on Day Prior to Procedure</b> __Take 2 Bisacodyl (Dulcolax) laxative tablets</p> <p><b>At 4 PM on Day Prior to Procedure</b> __Mix the prep solution by adding water to the fill line. Drink eight, 8 ounce glasses of the prep. <b>6 Hours Before Arrival Time</b> __Drink another eight, 8 ounce glasses of the prep over the next 2 hours.</p> <p><b>NOTHING ELSE BY MOUTH 4 HOURS PRIOR TO YOUR ARRIVAL TIME.</b></p>	<p><b>PLENVU OR SUPREP</b></p> <p>By prescription only. __Purchase Plenvu Prep or Suprep</p> <p><b>At 12 PM on Day Prior to Procedure</b> __Take 2 Bisacodyl (Dulcolax) laxative tablets</p> <p><b>At 4 PM on Day Prior to Procedure</b> __Mix dose 1 pouch for PLENVU or bottle for SUPREP with 16 ounces of water in container provided. Mix well. __Drink the first dose of your prep. - 16 ounces over 30 minutes - Then 32 ounces of a clear liquid of your choice.</p> <p>__Continue clear liquids until bedtime.</p> <p><b>6 Hours Before Arrival Time</b> __Mix dose 2 pouches for PLENVU or 1 bottle for SUPREP with 16 ounces of water in container. Mix well. __Drink the second dose of your prep. - 16 ounces over 30 minutes - Then 32 ounces of a clear liquid of your choice.</p> <p><b>NOTHING BY ELSE BY MOUTH 4 HOURS PRIOR TO YOUR ARRIVAL TIME.</b></p>	<p><b>CLENPIQ PREP</b></p> <p>By prescription only. __Purchase Clenpiq Prep (do not refrigerate prep)</p> <p><b>At 12 PM on Day Prior to Procedure</b> __Take 2 Bisacodyl (Dulcolax) laxative tablets</p> <p><b>At 4 PM on Day Prior to Procedure</b> __Drink the first bottle of Clenpiq followed by five, 8 ounce glasses of clear liquids within 5 hours.</p> <p><b>6 Hours Before Arrival Time</b> __Drink the second bottle of Clenpiq followed by drinking 8 ounces of clear liquids every 15 minutes until you have finished a total of 3 glasses.</p> <p><b>NOTHING ELSE BY MOUTH 4 HOURS PRIOR TO YOUR ARRIVAL TIME.</b></p>
<p><b>MOVIPREP</b></p> <p>By prescription only. __Purchase MOVIPREP</p> <p><b>At 12 PM on Day Prior to Procedure</b> __Take 2 Bisacodyl (Dulcolax) laxative tablets</p> <p><b>At 4 PM on Day Prior to Procedure</b> __Mix 1 pouch of A and B into container provided. Add water to the top line. Drink over 1 hour.</p> <p><b>6 Hours Before Procedure Time</b> __Repeat prep as done at 4 pm.</p> <p><b>NOTHING BY ELSE BY MOUTH 4 HOURS PRIOR TO YOUR ARRIVAL TIME.</b></p>		