

Your Colonoscopy Prep Guide

Everything You Need to Know — Prep Types, Timing, Medications, Clear Liquids, and Troubleshooting

Why Bowel Preparation Matters

A clean colon saves lives. Your doctor needs to see every inch of your colon clearly to find and remove polyps before they become cancer. Poor bowel prep misses up to 40% of polyps (Johnson DA et al., *Gastroenterology* 2014), which may mean a shorter interval to your next colonoscopy or even a repeat procedure.

Your Prep Timeline

5-7 days before: Stop iron supplements, fiber supplements, and multivitamins with iron. Stop fish oil and flaxseed oil. Confirm your prep solution prescription is filled.

3-5 days before: Start the low-residue diet. Avoid raw vegetables, whole grains, seeds, nuts, popcorn, dried fruit, and tough meats. (See our separate Low-Residue Diet Guide for detailed food lists.)

1 day before (prep day): Clear liquids ONLY — all day, starting from when you wake up. Begin your prep solution at the time specified below.

Day of procedure: Complete morning prep dose on schedule. Then NOTHING by mouth until your procedure.

Split-Dose Timing: Based on Your Procedure Time

Split-dose preparation is the evidence-based standard of care (ASGE/ACG 2024). You drink half the evening before and half the morning of. The timing of your morning dose depends on when your procedure is scheduled.

Your Procedure Time	Evening Dose (Day Before)	Morning Dose (Day Of)	STOP Drinking (NPO After)
7:00 - 8:00 AM	Start at 6 PM Finish by 8 PM	Start at 2 AM Finish by 4 AM	5:00 AM (2 hrs before)
8:00 - 9:00 AM	Start at 6 PM Finish by 8 PM	Start at 3 AM Finish by 5 AM	6:00 AM (2 hrs before)
9:00 - 10:00 AM	Start at 6 PM Finish by 8 PM	Start at 4 AM Finish by 6 AM	7:00 AM (2 hrs before)
10:00 - 11:00 AM	Start at 6 PM Finish by 8 PM	Start at 5 AM Finish by 7 AM	8:00 AM (2 hrs before)
11:00 AM - 12 PM	Start at 7 PM Finish by 9 PM	Start at 6 AM Finish by 8 AM	9:00 AM (2 hrs before)
12:00 - 1:00 PM	Start at 7 PM Finish by 9 PM	Start at 7 AM Finish by 9 AM	10:00 AM (2 hrs before)
1:00 - 2:00 PM	Start at 8 PM Finish by 10 PM	Start at 8 AM Finish by 10 AM	11:00 AM (2 hrs before)

NPO Rule: Nothing by Mouth

After completing your morning prep dose, you may sip **SMALL** amounts of clear liquids up until 2 hours before your scheduled arrival time. After that — **absolutely nothing by mouth**. This includes water, gum, candy, and mints. This is a safety requirement to prevent aspiration during sedation (ASA Pre-Procedure Fasting Guidelines 2023).

If you drink or eat anything within 2 hours of your procedure, your procedure WILL be cancelled. Do not risk it.

Common Prep Solutions

Prep Solution	Volume	Tips
GoLYTELY / NuLYTELY (PEG-based)	4 liters (split)	Safest for kidney/heart disease. Mild taste. REFRIGERATE — cold is much easier to drink. Add Crystal Light (lemon or orange) for flavor.
MiraLAX + Gatorade (off-label)	238g + 64oz	Most tolerable taste. Widely used. Mix full bottle into 64oz Gatorade. REFRIGERATE. Use lemon-lime or yellow Gatorade.
Suprep (sodium sulfate)	Two 6-oz bottles + water	Low volume. Berry flavor. Mix each bottle with cold water to 16oz. Drink 2 more cups of water after each dose. Avoid if kidney problems (GFR <30).
Sutab (tablets)	24 tablets (12+12)	No liquid prep — just tablets + water. Swallow 12 tablets with 16oz water over 15-20 min. Then drink 16oz water over next 30 min. Repeat for morning dose.
Clenpiq (sodium picosulfate)	Two 5.4-oz bottles	Smallest volume. Cranberry flavor. Drink 5 x 8oz clear liquids after each dose. Avoid if kidney problems.

REFRIGERATE your liquid prep. Cold prep is significantly easier to drink. Put it in the refrigerator as soon as you get it from the pharmacy.

Your provider chose your specific prep based on your medical history. Do NOT substitute without asking your GI office.

If You Are Prone to Constipation

Your provider may prescribe **bisacodyl (Dulcolax) tablets** to take the afternoon BEFORE starting your liquid prep. This stimulant laxative gets things moving before the prep solution arrives.

- **Typical protocol:** 2-4 bisacodyl tablets (10-20mg) at 2-3 PM the day before, THEN start liquid prep at 5-6 PM
- Do NOT use bisacodyl suppositories — oral tablets only for this purpose
- Bisacodyl causes cramping — this is expected and means it is working

If you have fewer than 3 bowel movements per week, tell your GI office when scheduling. They may prescribe a more aggressive prep regimen.

Managing Gas and Bloating During Prep

Simethicone (Gas-X) is safe to take during your prep and can help with bloating and gas pain.

- **Dose:** 125-250mg (1-2 Gas-X Extra Strength) as needed during prep
- Simethicone breaks up gas bubbles — it is NOT absorbed into your body
- Some providers routinely add simethicone to the prep regimen
- Walking around during your prep also helps move gas through

Medications Before Your Procedure

Managing your medications around colonoscopy is critical. Follow these general guidelines AND your provider-specific instructions.

Medication	Instructions
Blood pressure meds (lisinopril, amlodipine, metoprolol, etc.)	TAKE on the morning of your procedure with a small sip of water (before NPO cutoff). Do NOT skip heart/BP meds.
Diabetes medications (metformin, insulin, glipizide, etc.)	HOLD metformin and oral diabetes meds on prep day and day of procedure. Reduce insulin dose by 50% on prep day. Check glucose frequently. Call if <70 or >300.
Blood thinners (warfarin, Eliquis, Xarelto, Plavix)	VARIABLES — your GI doctor will give specific instructions based on your clotting risk. Do NOT stop on your own without direction.
Aspirin (81mg or 325mg)	Usually CONTINUE unless your GI doctor says otherwise. Low-dose aspirin is generally safe for colonoscopy with polypectomy.
Iron supplements	STOP 5-7 days before. Iron darkens stool and coats the colon, reducing visibility.
GLP-1 medications (Ozempic, Wegovy, Mounjaro, Zepbound)	HOLD per your GI provider instructions. ASA 2023: consider holding weekly GLP-1s 1 week before procedures with sedation. GLP-1s delay gastric emptying = aspiration risk.
Fiber supplements (Metamucil, Benefiber)	STOP 5-7 days before.
Seizure medications	TAKE as scheduled with a small sip of water.
Thyroid medications (levothyroxine)	TAKE as scheduled with a small sip of water.

When in doubt, call your GI office before stopping or changing any medication.

What Counts as "Clear Liquids"

YES — Clear Liquids	NO — Not Clear Liquids
Water, ice chips	Milk, cream, coffee creamer
Clear broth (chicken, beef, vegetable)	Smoothies, protein shakes
Apple juice, white grape juice	Orange juice (pulp), tomato juice
Gatorade, Pedialyte (NO red/purple)	Any RED or PURPLE liquids
Black coffee, plain tea (no cream)	Coffee with cream or milk
Sugar-free gelatin (NO red/purple)	Jell-O with fruit or whipped cream
Sugar-free popsicles (NO red/purple)	Pudding, yogurt, ice cream

Clear hard candy, honey	Chocolate, gum, mints (day of)
Strained lemon/limeade	Alcohol of any kind

NO RED OR PURPLE LIQUIDS — they stain the colon lining and can be mistaken for blood during the procedure.

Tips for Getting Through the Prep

- **Refrigerate** — cold prep tastes significantly better than room temperature
- **Use a straw** — bypasses your taste buds
- **Suck on lemon/lime slices** or hard candy between glasses
- **Drink steadily** — 8oz every 10-15 minutes rather than chugging
- **Stay near the bathroom** — effects start within 30-60 minutes
- **Apply barrier cream** — vaseline, zinc oxide, or Calmoseptine to prevent skin irritation
- **Use wipes** — baby wipes or medicated pads (Tucks) are gentler than toilet paper
- **Drink extra clear fluids** between prep doses to prevent dehydration
- **Walk around** — gentle movement helps the prep work and reduces cramping

How to Know Your Prep Is Working

Your stool should progressively become looser and lighter. The goal is clear or light yellow liquid with no solid pieces — like urine.

- **First 1-2 hours:** Loose stool, then watery
- **By end of evening dose:** Mostly liquid, may still have color
- **After morning dose:** Clear or light yellow liquid — this is the goal

If your output is still brown or has solid pieces after completing both doses, call your GI office. You may need additional prep.

When to Call for Help

Call your GI office or nurse line if you experience any of the following during prep:

- Persistent vomiting — you cannot keep the prep solution down after trying the tips above
- Severe abdominal pain that is different from normal cramping
- Rectal bleeding (bright red blood, not just irritation)
- Signs of dehydration: dizziness when standing, dark urine, rapid heartbeat, confusion
- Chest pain or shortness of breath — call 911
- Your stools are still brown/solid after completing BOTH doses
- You accidentally ate solid food on clear liquid day
- You are unsure about a medication

Nausea during prep is common. Try: slowing down, taking a 30-minute break, sipping ginger ale or sucking on ginger candy, and taking simethicone for bloating. If vomiting persists, call before skipping the rest of your dose.

Need Help With Your Prep?

MilenAi Digestive Health offers telehealth consultations with a registered nurse who specializes in gastroenterology and endoscopy. Get real answers — not a Google search.

Prep Support Call — \$35 (15 min)

Pre-Procedure Consultation — \$65 (30 min)

Ongoing GI Nursing Support — \$95 (45 min)

Book at milenai.health or email consult@milenai.health

Licensed RN — Nevada, California, New York, Florida

What to Expect on Procedure Day

- **Arrive** at the time specified (usually 30-60 minutes before procedure)
- **Bring:** Photo ID, insurance card, medication list, driver (you CANNOT drive after sedation)
- **Leave at home:** Jewelry, valuables, contact lenses
- **Wear:** Comfortable loose clothing, easy-on shoes
- You will change into a gown and have an IV placed
- The procedure takes 15-45 minutes; you will be sedated and comfortable
- Recovery takes 30-60 minutes until sedation wears off
- Your driver MUST be present to take you home — no Uber/Lyft alone
- You may feel bloated or pass gas after — this is normal (they inflate your colon during the procedure)
- Your doctor will discuss initial findings before you leave; biopsy results take 5-10 business days

Disclaimer: This guide is for educational purposes only and supplements — but does not replace — the specific instructions from your GI provider. Always follow YOUR doctor or nurse instructions. If they differ from this guide, follow theirs. If you are experiencing a medical emergency, call 911.

References: ASGE/ACG Guidelines on Bowel Preparation (2024), ASA Pre-Procedure Fasting Guidelines (2023), Johnson DA et al. *Gastroenterology* 2014, Saltzman JR et al. *Gastrointest Endosc* 2015.

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