

2 DAY COLONOSCOPY PREPARATION: MAG CITRATE AND SUPREP			
PLEASE PURCHASE	<ul style="list-style-type: none"> • SUPREP Kit (by prescription) • Magnesium Citrate 10 oz bottle (over the counter) • Dulcolax (bisacodyl) 5 mg pills x 3 (over the counter) 		
7 DAYS BEFORE	<ul style="list-style-type: none"> • Stop fiber supplements and iron supplements, including multivitamins 		
4 DAYS BEFORE	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>Begin a LOW FIBER Diet including:</p> <ul style="list-style-type: none"> • White or sour dough bread • White Rice, Pasta • Eggs, Chicken, Turkey, Fish • Cheese, Yogurt, Milk, Ice Cream, Pudding • Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes) • Pureed fruits/vegetables (smoothies, strained puree soups) • Creamy peanut or almond butter </td> <td style="vertical-align: top; width: 50%;"> <p>High Fiber Foods to AVOID:</p> <ul style="list-style-type: none"> • Raw fruits/vegetables with seeds, skin, membranes • Cooked/canned fruit/vegetables with skin/seeds/peel • Whole wheat or multigrain bread or crackers • Nuts, Seeds • Popcorn • Oatmeal, bran cereal • Brown rice, quinoa </td> </tr> </table>	<p>Begin a LOW FIBER Diet including:</p> <ul style="list-style-type: none"> • White or sour dough bread • White Rice, Pasta • Eggs, Chicken, Turkey, Fish • Cheese, Yogurt, Milk, Ice Cream, Pudding • Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes) • Pureed fruits/vegetables (smoothies, strained puree soups) • Creamy peanut or almond butter 	<p>High Fiber Foods to AVOID:</p> <ul style="list-style-type: none"> • Raw fruits/vegetables with seeds, skin, membranes • Cooked/canned fruit/vegetables with skin/seeds/peel • Whole wheat or multigrain bread or crackers • Nuts, Seeds • Popcorn • Oatmeal, bran cereal • Brown rice, quinoa
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3 DAYS BEFORE	<ul style="list-style-type: none"> • Continue LOW FIBER Diet • Avoid solid foods after midnight 		
2 DAYS BEFORE	<ul style="list-style-type: none"> • Begin FULL LIQUID Diet: <ul style="list-style-type: none"> ○ Smoothies ○ Pureed soups ○ Milk and milk products (yogurt without fruit, pudding, ice cream, sherbet) ○ Clear liquids (see list below under “1 day before”) • 6PM: Take Dulcolax 3 tablets with sips of water • 7PM: Take Magnesium Citrate <ul style="list-style-type: none"> ○ Drink the 10 oz bottle of magnesium citrate ○ Next drink at least three 8 oz glasses of water or other clear liquid ○ Drink ALL of this liquid within an hour 		
1 DAY BEFORE	<ul style="list-style-type: none"> • MORNING: Start a Clear liquid diet <ul style="list-style-type: none"> ○ Apple, White Grape, White Cranberry Juices without Pulp ○ Clear Soup/Broth ○ Tea or Black coffee (no milk/creamer) ○ Gatorade/Powerade (no red, purple or orange color) ○ Jello (no red, purple, or orange color) ○ Popsicles (no red, purple, or orange color) • 6PM: Take SUPREP Dose 1 <ul style="list-style-type: none"> ○ Pour one bottle of SUPREP liquid into the mixing container. 		

	<ul style="list-style-type: none"> ○ Add cold drinking water to the 16-ounce container and mix. ○ Drink ALL the liquid in the container. ○ You MUST drink two more 16-ounce containers of water over the next hour. <ul style="list-style-type: none"> ● Bowel movements should begin 1-2 hours after starting SUPREP but effect can sometimes be delayed by up to 4-6 hours
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DAY OF COLONOSCOPY

5 HOURS BEFORE	<ul style="list-style-type: none"> ● Take SUPREP Dose 2 <ul style="list-style-type: none"> ○ Follow the same instructions as outlined for Dose 1 ● By the end of the cleanse your stool should be a clear liquid with yellow or green tinge
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3 HOURS BEFORE	<ul style="list-style-type: none"> ● Stop drinking/eating clear liquids ● Do not chew gum or mints ● Take regular medications with a small sip of water the morning of your procedure unless otherwise instructed by your physician
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30 MIN BEFORE	<ul style="list-style-type: none"> ● Arrive at endoscopy suite 30 MIN PRE PROCEDURE (no later) ● Bring list of current medications including doses ● Bring a Photo ID and Insurance Card ● Bring any applicable Referrals ● Please do not bring any valuables
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GENERAL INSTRUCTIONS:

URINE PREGNANCY TESTING	<ul style="list-style-type: none"> ● If you are a premenopausal woman, you will need to submit a urine sample upon office check in
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IF YOU HAVE DIABETES	<ul style="list-style-type: none"> ● Contact your primary care doctor or endocrinologist for instructions regarding your medications
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IF YOU TAKE MEDICATION TO THIN YOUR BLOOD	<ul style="list-style-type: none"> ● Contact your gastroenterologist for further instructions at (212) 427-8761 ● Medications include but are not limited to: <ul style="list-style-type: none"> ○ Heparin, Lovenox, Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Edoxaban (Lixiana, Savaysa), Betrixaban (Bevyxxa), Clopidigrel (Plavix), Prasugrel (Effient), Brilinta (Ticagrelor)
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IF YOU TAKE WEIGHT LOSS MEDICATIONS	<ul style="list-style-type: none"> ● Alert your GI provider to discuss holding your medication(s) prior to your procedure
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IF YOU TAKE ASPIRIN OR BLOOD PRESSURE MEDICATIONS	<ul style="list-style-type: none"> ● You may continue to take these medications
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ESCORT	<ul style="list-style-type: none"> ● Please ensure that you have an escort (responsible adult over the age of 18) to pick you up at the end of the procedure
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