MANHATTAN GASTROENTEROLOGY

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# FLEXIBLE SIGMOIDOSCOPY PREP WITH MAGNESIUM CITRATE

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| **PLEASE PURCHASE** | • Over the counter at the pharmacy<br>  ○ Magnesium citrate 10oz bottle | |
| **7 DAYS BEFORE** | • **Stop any GLP-1 medications** (injection or oral)<br>• **Stop fiber supplements and iron supplements** (including multivitamins)<br>• Cease smoking any marijuana, tobacco, or nicotine products | |
| **3 DAYS BEFORE** | **Begin a LOW FIBER diet including:**<br>• White or sourdough bread<br>• White Rice, Pasta<br>• Eggs, Chicken, Turkey, Fish<br>• Cheese, Yogurt, Milk, Ice Cream, Pudding<br>• Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes)<br>• Pureed fruits/vegetables (smoothies, strained puree soups)<br>• Creamy peanut or almond butter | **High Fiber Foods to AVOID:**<br>• Raw fruits/vegetables with seeds, skin, membranes<br>• Cooked/canned fruit/vegetables with skin/seeds/peel<br>• Whole wheat or multigrain bread or crackers<br>• Nuts, Seeds<br>• Popcorn<br>• Oatmeal, bran cereal<br>• Brown rice, quinoa |
| **2 DAYS BEFORE** | • **Continue LOW FIBER Diet**<br>• Avoid solid foods after midnight | |
| **1 DAY BEFORE** | • **MORNING: Start a CLEAR LIQUID Diet**<br>  ○ Water<br>  ○ Apple, White Grape, White Cranberry Juices without Pulp<br>  ○ Clear Soup/Broth<br>  ○ Tea or Black coffee (no milk/creamer)<br>  ○ Gatorade/Powerade (no red, purple or orange color)<br>  ○ Jello (no red, purple, or orange color)<br>  ○ Popsicles (no red, purple, or orange color)<br>• **6 PM: Take Magnesium Citrate**<br>  ○ Drink the 10 oz bottle of magnesium citrate<br>  ○ Next, drink at least three 8 oz glasses of water or other clear liquid<br>  ○ Drink ALL of this liquid within an hour<br>• **Bowel movements should begin 1-2 hours after starting Magnesium Citrate, but the effect can sometimes be delayed by up to 4-6 hours** | |

| DAY OF FLEX SIGMOIDOSCOPY | |
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| **3 HOURS BEFORE** | • **Stop drinking/eating clear liquids**<br>• Do not chew gum or mints<br>• Take regular medications with a small sip of water the morning of your procedure unless otherwise instructed by your physician |
| **30 MIN BEFORE** | • **Arrive at endoscopy suite 30 MIN PRE PROCEDURE (no later!)**<br>• **If you are a premenopausal female, you will need to submit a urine sample upon office check-in**<br>• Bring list of current medications including doses<br>• Bring a Photo ID and Insurance Card<br>• Bring any applicable Referrals<br>• Please do not bring any valuables |

## GENERAL INSTRUCTIONS:

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| **IF YOU HAVE DIABETES** | • Contact your primary care doctor or endocrinologist for instructions regarding your medications |
| **IF YOU TAKE MEDICATION TO THIN YOUR BLOOD** | • Contact your gastroenterologist for further instructions at (212) 427-8761<br>• Medications include but are not limited to:<br>  ○ Heparin, Lovenox, Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Edoxaban (Lixiana, Savaysa), Betrixaban (Bevyxxa), Clopidogrel (Plavix), Prasugrel (Effient), Brilinta (Ticagrelor) |
| **IF YOU TAKE ASPIRIN OR BLOOD PRESSURE MEDICATIONS** | • You may continue to take these medications |
| **ESCORT** | • Please ensure that you have an escort (responsible adult over the age of 18) to pick you up at the end of the procedure. |