Digestive Health Specialists, P.A.
Caring for You, Close to Home.

SUPERMAG (2 DAY) WITH CLEAR LIQUID DIET
PROCEDURE PLANNING AND TIP SHEET

DO NOT FOLLOW THE INSTRUCTIONS INSIDE THE SUPREP BOX

YOUR PERTINENT PROCEDURE INFORMATION

Medications to be Adjusted/Stopped

Please call with any changes to your medications or new medical conditions.

- If you take a medication to thin your blood and have not already discussed this with our office, please call us at (336) 768-6211. If you take aspirin, you may continue to do so.

OTHER INSTRUCTIONS

- Bring your insurance cards and co-payment, if you have one.
- Wear comfortable clothing. Do not wear jewelry or bring valuables.
- If you are or may be pregnant, please discuss the risks and benefits of this procedure with your doctor.

WAYS TO MAKE PREP EASIER

- Patients can use Desitin, Anusol, Tucks pads, or Vaseline to coat the rectal area to avoid irritation during the prep.
- Patients can drink the prep solution with a straw or hold their nose when drinking.
- Patients should slow down between doses if feeling nauseous.
- Patients who vomit the prep should take a break and then continue drinking the prep slowly once vomiting passes.

WHAT TO EXPECT

- Expect to have frequent bowel movements and diarrhea within1-4 hours, but if you do not have a bowel movement, continue to take the bowel prep as instructed. Be patient and try walking around to stimulate bowel motility. Remain near a restroom.
- Expect to pass clear or yellow fluid at the completion of your prep.
- You must complete all doses of your prep even if you are passing clear or yellow fluid early in the process.
- Patients should continue drinking clear liquids up to 4 hours before the procedure. **During the 4 hours before your procedure, consume nothing by mouth, not even water, chewing gum, or candy**.
- Your procedure may be cancelled under the following circumstances: failure to fully complete the prep or inadequate prep (not passing clear or yellow fluid); consuming anything by mouth within 4 hours of the procedure.

SUPERMAG (2 DAY) WITH CLEAR LIQUID DIET

PRE-PROCEDURE INFORMATION | ONE WEEK PRIOR

For colonoscopy or colonoscopy/EGD

PLEASE REVIEW 1 WEEK PRIOR TO YOUR PROCEDURE

MEDICATIONS

Take your usual prescription medications (except iron and/or any other stopped medications).

* If you have DIABETES: you should take your oral medications at one-half the usual dose on prep day and none the day of your procedure. Monitor your blood sugar at your usual times. Consult your endocrinologist or Primary Care Physician for specific instructions on insulin dosing for prep days and day of procedure.
* Reminder: Please review medications to be adjusted/stopped on front page.

ILLICIT DRUG USE

- No consumption of marijuana of any method (vapes, joints, gummies, etc.) after midnight the day prior to the procedure.
- No cocaine or methamphetamine use for at least 3 days prior to the procedure.

Failure to abstain from the above, as instructed, will result in cancellation of the procedure.

TRANSPORTATION

Some activities, such as driving, are not permitted until the day after your procedure. Arrange for a ride from someone who can take responsibility for your care (over the age of 18). They will need to park and enter the facility to escort you in and out of the building. They are also expected to stay on the premise for the entirety of the procedure. Ride services such as Uber, Lyft, taxi service, etc. are not permitted unless you are also accompanied by an adult (over the age of 18). The same applies for public transportation, such as buses.

CANCELLATION

Our practice requires notification of cancellation at least one (1) week prior to your scheduled appointment. If you need to cancel, please call (336) 768-6211.

NOTE: Repeated cancellations or failures to show up to your appointment may result in dismissal from the practice.

SUPERMAG (2 DAY) WITH CLEAR LIQUID DIET

PRE-PROCEDURE INFORMATION | WEEK LEADING TO YOUR PROCEDURE

For colonoscopy or colonoscopy/EGD

7 DAYS BEFORE THE PROCEDURE

You MUST STOP taking any appetite suppressant/weight loss medications. This includes certain injectable diabetes medications, such as Ozempic, Wegovy, Zepbound, Mounjaro, Victoza, Trulicity, and the oral medication Rybelsus.

5 DAYS BEFORE THE PROCEDURE

PHARMACY

Pick up the following supplies:

- Your prep solution prescription
- 10-ounce bottle of Magnesium Citrate (no red color)
- If desired: over-the-counter items to relieve rectal irritation, which may develop during your prep. These may include Desitin, Anusol, Tucks pads, or Vaseline.

Adjust your diet:

Stop eating hard fiber foods such as; seeds, nuts, corn, and popcorn.

4 DAYS BEFORE THE PROCEDURE

- Stop taking iron supplements and/or any vitamins that contain iron.
- Discontinue any fiber supplements such as Metamucil, Citrucel, or similar.

SUPERMAG (2 DAY) WITH CLEAR LIQUID DIET

PRE-PROCEDURE INFORMATION | WEEK LEADING TO YOUR PROCEDURE

For colonoscopy or colonoscopy/EGD

Please keep in mind that the cleansing process will take 4-8 hours or longer, so plan accordingly.

2 DAYS BEFORE THE PROCEDURE

Maintain a clear liquid diet all day. **DO NOT EAT SOLID** food or dairy products of any kind. Follow the instructions on when to start and when to stop your preparations. **Failure to follow instructions may result in the cancellation of your procedure - this is for your safety.**

DO NOT FOLLOW THE INSTRUCTIONS INSIDE THE SUPREP BOX!

CONSUME CLEAR LIQUIDS ONLY

Upon awakening it is important to drink as many clear liquids as possible throughout the day to avoid dehydration during the evening prep.

ALLOWED*

- Water, apple juice, white grape and white cranberry juice, broth, tea, black coffee (without milk, creamer, or substitutes)
- Jell-O, Italian ice, popsicles, sodas, Kool-Aid, Gatorade

***None of these may be the color red or contain fruit pulp**

NOT ALLOWED

- Red-colored liquids or products
- Milk, cream, or non-dairy substitutes (such as artificial creamer, soy, or nut milks)
- Juices containing pulp (eg. orange, grapefruit, pineapple, tomato, and V-8 juice)
- Alcoholic beverages
- Solid Foods

At 4 PM drink 10-ounce bottle of Magnesium Citrate (no red).

- Continue to drink clear liquids after drinking the Magnesium Citrate. The more you drink, the better the prep.

Individual responses to laxatives vary. This preparation will cause multiple bowel movements, so stay close to a bathroom.

Take your usual prescription medications (except iron and/or any other stopped medication.

1 DAY BEFORE THE PROCEDURE

Maintain a clear liquid diet all day.

DO NOT EAT SOLID FOOD.

See diet above.

SUPERMAG (2 DAY) WITH CLEAR LIQUID DIET

PRE-PROCEDURE INFORMATION | AFTERNOON/EVENING BEFORE

For colonoscopy or colonoscopy/EGD

DO NOT FOLLOW THE INSTRUCTIONS INSIDE THE SUPREP BOX!

4-6 PM THE DAY BEFORE THE PROCEDURE: FIRST DOSE

Instead, follow these instructions below:

STEP 1
Pour ONE (1) 6-ounce bottle of SUPREP liquid into the plastic cup provided.

STEP 2
Add cool drinking water to the 16-ounce line on the plastic cup and mix.
NOTE: Be sure to dilute SUPREP before you drink it.

STEP 3
Drink ALL the liquid in the plastic cup over the next 30 minutes.

STEP 4
You MUST drink two (2) more 16-ounce plastic cups of water over the next 1-2 hours.

SIX (6) HOURS BEFORE THE PROCEDURE: SECOND DOSE

STEP 1
Pour ONE (1) 6-ounce bottle of SUPREP liquid into the plastic cup provided.

STEP 2
You must dilute SUPREP before you drink it. Add cool drinking water to the 16-ounce line on the plastic cup and mix.

STEP 3
Drink ALL the liquid in the container over the next 30 minutes.

STEP 4
Drink two more 16-ounce containers of water over the next 1-2 hours.

- You must finish drinking 4 hours before your procedure time.
- **Do not consume anything by mouth 4 hours before your procedure time.**

IF YOU DRINK WITHIN THIS 4-HOURS TIMEFRAME, THE PROCEDURE MAY BE POSTPONED OR CANCELLED.

MEDICATIONS

- **Take your medications such as blood pressure or heart medications.** Please take these medicatios 4 or more hours prior to the arrival time with only a small sip of water.
- If a physician has prescribed for you an inhaler for asthma, bring it with you to the procedure.

SUPERMAG (2 DAY) WITH CLEAR LIQUID DIET

PRE-PROCEDURE INFORMATION

For colonoscopy or colonoscopy/EGD

Colonoscopy

A colonoscopy is a procedure that enables your physician to conduct a visual examination of the colon (large intestine) with a small lighted flexible scope called a colonoscope that can be controlled to direct its safe passage through the colon.

The procedure enables an accurate and safe direct inspection of the inner lining of the colon. A channel through the middle of the scope permits insertion of other instruments to enhance the capabilities of the colonoscopy. Commonly, a biopsy may be taken by passing a biopsy forceps onto a particular area of the colon that is being examined. With a small pinch, tissue is removed with this device. This tissue is then sent to the pathology lab for microscopic examination by a physician that specializes in pathology. The result of these biopsies are then reported to the physician performing your procedure who will in turn report the results to you the patient, generally 10 to 14 days after the colonoscopy procedure. Material (for example, a stool specimen) can be collected from the inside of the colon for examination for infections or parasites, when appropriate.

A common finding during a colonoscopy is a polyp, which is a growth within the colon that can be a precursor to colon cancer. When polyps are detected at the time of colonoscopy, they can often be removed by passing a wire snare through the channel of the colonoscope and grasping the base of the polyp where it attaches to the colon wall. An electrical current is then applied to simultaneously cut the polyp free and to cauterize the site to minimize the risk of bleeding. The polyp tissue is then removed and sent to the pathology lab for microscopic examination. If you would like additional information on colon polyps and cancer, we have additional educational brochures and articles in our office or you can review information on this and other topics on our web site www.digestivehealth.ws.

Prior to the Examination

A thorough cleansing of the colon is essential and the examination is most successful if you follow the directions for preparation that we have provided to you. If you have any questions about the test or preparation, or problems during the prep, please do not hesitate to call our office. There is always someone "on call" to answer questions even if it is after the office closes.

Due to sedation you will not be able to drive after your procedure, therefore you must make arrangements for a ride home. You cannot drive, use a taxi, or a bus after the procedure. You must be accompanied by an adult that can take you home and assist you at home if necessary. Please confirm your ride several days prior to your procedure and ensure that your schedule is clear the day of the procedure. If you do not have a ride home, we will not be able to allow you to go through with the procedure.

You will also want to make appropriate arrangements to be off work or school for the entire day of your procedure. If you must cancel your procedure, we must receive notice 72 hours in advance, otherwise a No Show/Cancellation fee of $250 will be charged.

Please check with your insurance carrier to determine if you need pre-approval for the procedure and to understand your financial responsibility for the procedure. If you are having a colonoscopy for screening purposes (ie. having no problems, but having the exam for preventative purposes), verify with your insurance company that a "Screening Colonoscopy" is a covered benefit. There should be a number on your insurance card to call to verify your benefit and coverage.

Day of the Examination

Please plan on being with us for approximately **2 hours**. It will be very helpful if you have all paperwork completed prior to your arrival.

SUPERMAG (2 DAY) WITH CLEAR LIQUID DIET

PRE-PROCEDURE INFORMATION

For colonoscopy or colonoscopy/EGD

On the day of the examination, you may have clear liquids until 4 hours prior to your procedure unless otherwise instructed. Please see the preparation instructions for more specific instructions. When you arrive for your colonoscopy, we will review with you all of the paperwork you have completed and then you will change into an examination gown. The nurse will ask you additional questions regarding your history and medications. An I.V. will be started in your arm to provide you with I.V. fluids. A blood pressure cuff will be placed on your arm and an oxygen sensor on your finger, so that your vital signs can be carefully monitored throughout the procedure. You will then be brought into the room where the test will be performed, and you will have an opportunity to speak with the physician who will be performing the procedure. The physician will review with you the informed consent information and offer you an opportunity to ask any additional questions. Once all of your questions are answered and you agree to proceed, you will then be given I.V. medication by your doctor and a CRNA (Certified Registered Nurse Anesthetist) to keep you comfortable during the procedure. Propofol (a hypnotic agent) is the most common drug currently used for sedation. If you have allergies or sensitivities to any foods or medications, please make sure you let us know in advance. While under the influence of the medications, you are able to breathe on your own. After the test, most patients realize that they have little to no recollection of the time while under the sedation, thus causing a brief amnesia effect.

The colonoscopy itself usually lasts about 20-30 minutes, then you will be moved to a recovery area. The recovery period is usually between twenty (20) and thirty (30) minutes. Due to the sedation, you may not remember any conversation you may have with our nursing staff or your doctor after the colonoscopy. Please have a family member or friend stay with you so they can be available to speak with the doctor or nurses after the procedure as needed. By law, you cannot drive for the rest of the day after the colonoscopy. We advise you to take the entire day off work and maintain a light activity day.

THIS IS MANDATORY
YOU MUST HAVE A DRIVER TO DRIVE YOU HOME AFTER THE COLONOSCOPY - YOUR DRIVER SHOULD BE PREPARED TO REMAIN IN THE ENDOSCOPY WAITING AREA DURING YOUR ENTIRE PROCEDURE AND BE AVAILABLE AT THE TIME OF YOUR DISCHARGE.

Results
If no biopsies or polyps are taken out during the procedure, the final results of the examination may be given to you that day. Due to the sedative medications and amnesia effect, we will provide you with written results and instructions; however it is also preferable to have someone with you that the physician and staff can speak with. Biopsy results are generally available **within two weeks** and a letter is sent to you by mail with a copy sent to your primary physician. If at any time you have any questions regarding your test or results, we encourage you to call us directly for additional explanation and information. A typewritten report will be sent to your primary physician and any other physicians that may need a copy of the report for your files.

Benefits of Colonoscopy
A colonoscopy is performed to diagnose and/or treat many problems within the colon. Colonoscopy is felt to be, in almost all circumstances, "the gold standard test" given its high degree of accuracy. If a lesion, polyp or other abnormalities are found during a colonoscopy they can be removed for pathological evaluation, therefore colonoscopy has the ability to "treat" and not "just look". If there is a bleeding site identified, treatment can be given at that time to attempt to stop the bleeding. Other treatments (example - laser) are also available in specific circumstances.

Alternatives to Colonoscopy
Alternative tests to colonoscopy include Barium Enema (also known as lower GI X-Ray) examination of the colon. Stool specimens can be examined for the presence of problems, such as blood or infection. Flexible sigmoidoscopy is similar to colonoscopy, but the examination is limited to approximately the lower one-third of the colon (large intestine). No I.V.'s or sedatives are usually given for these examinations. "Virtual colonoscopy" is an X-ray technique using CT or MRI to image the colon. In its current form, it does not appear as sensitive to finding colon polyps as colonoscopy. If a lesion or polyp is seen, a biopsy cannot be taken, nor can the lesion or polyp be removed with this technique. The patient would then need to repeat the prep and schedule a colonoscopy to directly examine the colon and perform biopsy or removal. Virtual colonoscopy requires similar bowel prep as standard colonoscopy.

Side Effects and Risks of Colonoscopy
During the colonoscopy, air is used to inflate the colon to improve visualization. Prior to completion of the test, as much air as possible is suctioned out but usually cannot be completely removed. This may lead to some bloating, distention and/or discomfort after the procedure. The passage of gas after colonoscopy is often encouraged and lessens any discomfort. Serious risks with colonoscopy are uncommon (less than one in several thousand) but can include bleeding, perforation (making a hole in the bowel), infection or a reaction to one of the anesthesia medications. These rare events may require hospitalization for possible intravenous antibiotics, blood transfusions, and/or surgery. There is a rare risk that polyps, lesions or even a cancer may be missed. Other risks include a complication from an unrelated disease such as heart attack or stroke; death is extremely rare but remains a remote possibility.

Patients that remain on anticoagulants such as Plavix are at increased risk of bleeding if polyps are removed. In the event large polyps are found and you are taking an anticoagulant your physician will not be able to remove the large polyps. This could result in your need for a second procedure. To avoid the potential for a second procedure, you have the option of stopping your anticoagulant 4 days prior to the procedure; however this increases your risk of stroke or blood clots. Any decision to alter your anticoagulant medication should only be done in consultation with your cardiologists or prescribing physician.