

HAMPSHIRE GASTROENTEROLOGY ASSOCIATES, LLC
10 Main Street, Florence, Massachusetts 01062 (413) 586-8910 FAX (413) 584-7270
PRACTICE LIMITED TO GASTROENTEROLOGY AND LIVER DISEASE
www.hampshiregi.com

Jaya Agrawal, MD, MPH
David A. Berkman, MD

Michal Ganz, MD
David Kalman, MD
Joseph P. Tassoni, JR, MD

SPLIT COLONOSCOPY PREPARATION USING MAGNESIUM CITRATE

PLEASE FOLLOW ALL INSTRUCTIONS: Please complete the prep as directed. An incomplete prep can lead to a poor exam. If you experience vomiting repeatedly (more than twice) please stop drinking the prep and call our office for further instructions. If nauseous, take 30 minute break, drink warm liquids, walk around, slowly resume.

TWO DAYS before the test: Avoid raw fruits, raw vegetables, raw or cooked corn, salads, red Jell-O, beets, granola, nuts, and seeds.

***At least two days before test you will need to obtain the following items from your pharmacy:**

- four (4) bisacodyl 5 mg tablets
- two (2) 10-ounce bottles of magnesium citrate (refrigerate)

ONE DAY before the test:

Light breakfast prior to 10:00 am (i.e. eggs, piece of toast, cup of black coffee or tea –no milk) **THEN Clear liquids only after 10:00 am** (water, seltzer, tea or coffee (without milk or non-dairy creamer), Gatorade, broth, clear/non-citrus fruit juices, soda, popsicles, and Jell-O. Drink at least 64 ounces of clear liquids.

à **At 2 p.m.** take all four bisacodyl tablets with at least 8 ounces of clear liquid. Continue drinking clear liquids throughout the day.

à **At 4pm** drink full ten ounce bottle of magnesium citrate. Expect multiple loose stools.

Continue drinking 8 ounces of clear liquid every 30-45 minutes until bowel movements stop.

****PLEASE AVOID red, blue and purple liquids, dairy and soy products, and juices with pulp or sediment.****

THE MORNING of the test:

à **Prior to procedure time:**, drink the second dose of magnesium citrate (at _____).

For this morning's dose, drink half of the second 10 ounce bottle (5 ounces) of magnesium citrate. There will be 5 ounces left over afterwards (which can be discarded).

Stop **all** liquids **4 hours** prior to the procedure time (nothing after _____)

Please avoid all gum or hard candy 4 hours prior to the exam.

Instructions for diabetics:

PLEASE NOTE: In order for this procedure to be performed, **MUST HAVE A RIDE HOME**. You will not be discharged from the Endoscopy Unit unless you are accompanied by a responsible adult who will either drive you home or accompany you home by taxi or bus.

REPORT TO: ___ Cooley Dickinson Hospital, Endoscopy unit (Emergency Entrance)
___ Valley Medical Group, 31 Hall Drive, Amherst (Ambulatory Surgical Center Main Floor)

***Do not take any Advil or Aleve the morning of the procedure**

PROCEDURE DATE: _____

à ARRIVAL TIME: à _____

***STOP Coumadin on _____**