





## Getting Ready for Your Colonoscopy

Exam Arrival Date and Time: \_\_\_\_\_

Exam performed by Dr. \_\_\_\_\_

 Brigham and Women's Hospital  
Endoscopy Center  
75 Francis Street  
Amory Building, 2<sup>nd</sup> Floor  
Boston, MA 02115

 Brigham and Women's Outpatient  
Endoscopy Center  
850 Boylston Street (Route 9)  
2<sup>nd</sup> Floor, Suite 202  
Chestnut Hill, MA 02467

### CANCELLATION

Scheduling procedures requires careful planning between the staff, doctors, and hospital. To help avoid delays, it is important that you follow the schedule. If you must reschedule or cancel, please call us at least **3 days prior to procedure** at (617) 732-7426. Thank you for your help and consideration.

This guide covers how you need to prepare so we can get the best exam of your colon. Please complete all of the steps in this guide so you can have your colonoscopy on the scheduled day.

This guide includes:

- List of tasks to complete before you schedule your procedure
- Shopping List
- Prep Instructions
- Patient Survey

**Please read all instructions at least 2 weeks before your exam**

These instructions and instructional videos can be found at  
**[brighamandwomens.org/prep](http://brighamandwomens.org/prep)**



## Medical Words Used in this Guide

Some words in this guide may be new to you. Let's go over what these words mean.

### Colon

When food is turned into solid waste, the solid waste passes through the colon. The colon removes salt and water from the solid waste. Tumors and other health conditions can affect the colon.

### Colonoscopy

A test to look inside your body at the colon to see if you have tumors or other health conditions that are affecting the proper functioning of your colon.

### Laxative

A medication that helps you move your bowels.

## Why Proper Colon Cleaning Is Needed

Food and liquids can stay in your body for a long time. If there is food still in your system when you get your colonoscopy, the food can get in the way of seeing any problems that may exist, like tumors.

***The doctor will get the best pictures of your colon when it is completely empty.***

The doctor will be able to tell right away if your colon is empty. If your colon is not completely empty, you will not be able to complete the exam. You will need to reschedule the exam and go through the preparation steps again.

## Important Contact Info

- If you have questions about the prep instructions or your procedure Monday-Friday (excluding holidays) between 8:00 am and 4:30 pm, please call **617-525-6814**.
- If you are calling Monday-Friday after 4:30pm, during the weekend or on a holiday, please call **617-732-7426 and select option 2**. Before calling, please review our Frequently Asked Questions (FAQ) at [brighamandwomens.org/prep](http://brighamandwomens.org/prep).
- If you need to reschedule your exam for any reason, please call **617-732-7426**.
- If you need medical help now, call **911** or go to the nearest **Emergency Room**.



## What You Need to Do Before You Arrive For Your Colonoscopy

### One Week Before Your Colonoscopy

- Update your registration information by calling 866-489-4056.
- Call your insurance company to find out if your colonoscopy will be covered. If your insurance requires a referral, please contact your Primary Care Physician and have the referral faxed to 857-282-5652.
- If you answer **yes** to anything in the “Medical History” section of your survey, please call the endoscopy nurse at **617-525-6814**.

### Medications

- If you have diabetes, ask your doctor about how to take your insulin and other diabetes medications.
- If you take blood thinners (Coumadin, Plavix, Pradaxa, Lovenox, etc), ask your doctor if you should stop these medications before your colonoscopy. Please notify the endoscopy nurse at 617-525-6814 if your doctor has recommended you **not** stop this for your colonoscopy.

### Transportation

- You will not be permitted to drive or take other transportation, such as a taxi, Uber or Lyft, by yourself after your exam for your safety. You must arrange for a responsible adult to accompany you as you leave the Endoscopy Center by any form of transportation. If you do not make appropriate transportation arrangements, the procedure cannot be performed with sedation.
- Please be aware that the 75 Francis Street Endoscopy Center closes at 6 pm and the 850 Boylston Street Endoscopy Center closes at 4:30 pm. Please make sure that your ride is available to escort you home no later than the closing time.

### What to Bring to Your Colonoscopy

- Completed “Patient Survey” (please make sure to record the last time you took each of your medications)
- Name and phone number of the person who will take you home. They should be available to pick you up within 30 minutes of being called.
- Photo identification
- DO NOT bring jewelry other than wedding rings

### When Your Colonoscopy is completed

- In most cases, you will spend 2 to 3 hours in the Endoscopy Unit from the time you arrive. We try to start your exam on time, but medical care can result in unavoidable delays.
- You cannot drive or drink alcohol for 12 hours after your procedure.



## Colonoscopy Shopping List

### What to Buy At the Grocery Store

For clear liquids (examples below):




**1 box Chicken Bouillon/broth**  
(No noodles or solids in the broth)




**1 box "Jell-o"/gelatin**  
(No flavors with red coloring)




**1 bottle Ginger Ale or Clear Juice**  
(Any brand)




**2 bottles (32oz each) of Gatorade**  
(needed for preparation)  
(No flavors with red coloring)

### What to Buy At the Pharmacy

Medications you will need:




**2 bottles of magnesium citrate**




**1 box Dulcolax or  
generic bisacodyl pills**




**1 bottle of Miralax or  
generic polyethylene glycol**  
**8.3 oz (238 grams)**




**1 box of Gas-X or  
generic simethicone pills**




**1 saline Fleet enema or  
generic saline enema**



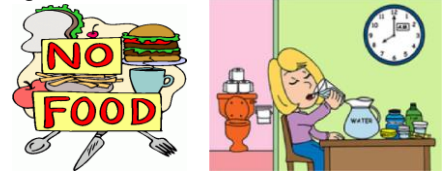
## Colonoscopy 2 day MiraLax Preparation Instructions

### Three Days Before Your Exam

- Eat a low fiber diet: avoid nuts, seeds, corn and raw (uncooked) fruits and vegetables.

### Two Days Before Your Exam

- No solid food for the entire day
- You can only have clear liquids, such as Jell-o, popsicles, broth, tea, black coffee and juice
- You cannot eat solid food until AFTER your exam



### Two Days Before Your Exam

1. Drink 2 bottles of magnesium citrate
2. After each bottle drink 3 glasses (24oz) of water



**When to start your bowel preparation depends on the start time of your colonoscopy, please follow the instructions below:**

### Morning exams (7-11:30am)

#### Day before exam at 2 PM

1. Take 2 Dulcolax (or generic brand bisacodyl) pills with a full glass of water

#### Day before exam at 5 PM

1. Mix 1 bottle (238 g) of MiraLax and 2 bottles of Gatorade in a big pitcher
  2. Drink 1 glass of the Gatorade/ MiraLax mixture every 15 minutes until you have finished HALF (½) of the mixture
- This will cause you to have loose stools. Loose stool may not start until after you finish the next step of the prep
  - Continue drinking even if you have diarrhea. You may have nausea but keep drinking to be sure your colon is clean.

#### 5 hours before your exam

1. Take 1 Gas-X (or generic brand simethicone) pill
2. Drink second half of the Gatorade/MiraLax every 15 minutes until you have finished the entire mixture. You have 2 hours to finish drinking. **Do not drink anything including preparation for 3 hours before your exam**

### Afternoon exams (12-4:30pm)

#### Day of exam at 6 AM

1. Take 2 Dulcolax (or generic brand bisacodyl) pills with a full glass of water



#### Day of exam at 7 AM

1. Take 1 Gas-X (or generic brand simethicone) pill
  2. Mix 1 bottle (238 g) of MiraLax and 2 bottles of Gatorade in a big pitcher
  3. Drink 1 glass of the Gatorade/ MiraLax mixture every 15 minutes until you have finished the ENTIRE mixture
- This will cause you to have loose stools.
  - Continue drinking even if you have diarrhea. You may have nausea but keep drinking to be sure your colon is clean.
  - **Do not drink anything including preparation for 3 hours before your exam**



### All exams

#### 3 hours Before Your Exam

1. **Look at your stool.** If your stool is still not clear or yellow (the color of urine), then use 1 saline fleet enema following the instructions on the box
2. Take your regular medications unless instructed otherwise by a doctor with a small sip of water





## Endoscopy Center: Patient Survey

Please complete this survey before your scheduled procedure and bring a copy with you on the day of your procedure.

NAME \_\_\_\_\_

NAME of person bringing you home \_\_\_\_\_ Tel# \_\_\_\_\_

- I am having: Colonoscopy [ ] Sigmoidoscopy [ ] Upper Endoscopy [ ]  
Other [ ] \_\_\_\_\_
- Did you follow the prep instructions? yes [ ] no [ ]
- Type of prep: Miralax [ ] 2 day prep (magnesium citrate/Miralax) [ ] GoLyteLy [ ] None [ ]  
Other [ ] \_\_\_\_\_

Reason for Procedure \_\_\_\_\_

**Current Medications (including prescription and over the counter)**

Medication Name	Dose	Last Time Taken	Medication Name	Dose	Last Time Taken
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Medical History (Please check if you have any of the following):**

Internal Defibrillator	yes [ ]	no [ ]	Difficult Airway Intubation	yes [ ]	no [ ]
Restricted Neck Movement	yes [ ]	no [ ]	Facial Deformities	yes [ ]	no [ ]
Chronic constipation	yes [ ]	no [ ]	Bleeding Disorder	yes [ ]	no [ ]
Glutaraldehyde/Cidex Allergy	yes [ ]	no [ ]	Propofol allergy	yes [ ]	no [ ]

**If you answered YES to any of the above Medical History, please call the Endoscopy Nurse at 617-525-6814**



**Medical History Continued**

**Allergies** \_\_\_\_\_

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**If checked, please explain**

**High Blood Pressure** [ ] \_\_\_\_\_      **Liver Disease** [ ] \_\_\_\_\_

**Diabetes** [ ] \_\_\_\_\_      **Kidney Disease** [ ] \_\_\_\_\_

**Angina/Heart Attack** [ ] \_\_\_\_\_      **Thyroid Disease** [ ] \_\_\_\_\_

**Heart Problems** [ ] \_\_\_\_\_      **Anemia** [ ] \_\_\_\_\_

**Lung Disease** [ ] \_\_\_\_\_      **Arthritis** [ ] \_\_\_\_\_

**Sleep Apnea** [ ] \_\_\_\_\_      **Cancer** [ ] \_\_\_\_\_

**Stroke** [ ] \_\_\_\_\_      **Seizures** [ ] \_\_\_\_\_

**Other** [ ] \_\_\_\_\_

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**Surgical History**

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Please use this space to share any additional information you feel is important:

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**Thank you for completing the Patient Survey. Please remember to bring it with you on the day of your procedure. We look forward to caring for you!**