Colonoscopy Instructions
MIRALAX & MAGNESIUM CITRATE*

*Magnesium Citrate and Miralax, although used frequently for bowel prep, are not approved for use by the FDA or GI professional organizations. Only use at the direction of your gastroenterologist.

Colonoscopy Checklist

10 Days Prior
- If you take medication that thins your blood (Plavix, Coumadin, etc.) or insulin call your prescribing doctor for instructions.
- Expect a phone call to confirm procedure, please return any missed phone calls.
- If you had a colonoscopy in the past with an inadequate prep, have any history of kidney disease or congestive heart failure- CALL your Gastroenterologist office NOW as your prep may change.
- Ensure no work after sedation the day of procedure.

7 Days Prior
- Confirm you have a responsible adult to drive you home. You cannot drive or walk. No taxi or Uber unless an adult is with you.
- Avoid any foods with seeds, peels, nuts, raw fruit, or vegetables/salads.
- Stop oral iron supplements (not infusions), multivitamin w/iron, fish oil, vitamin E.

3 Days Prior
- Ensure you have everything needed for the prep.
- Please complete enclosed history form, update the day of, and bring with you. This helps us greatly.

Day before procedure
- Enjoy a low residue breakfast & lunch (see instructions for details)
- Begin clear liquid diet after 1PM
- Begin laxatives as per printed instructions
- NO SOLID FOOD or FULL LIQUIDS by mouth AFTER 1PM

Procedure day
- Take final bowel prep per instructions – upon arrival stool should be clear/yellow, any extra fluid will be suctioned during the procedure.
- ABSOLUTELY NOTHING BY MOUTH 3 HOURS PRIOR TO ARRIVAL (NO GUM, WATER, CANDY)
- Take usual medications as prescribed unless otherwise noted
- Bring a copy of your medication list with doses and the last time taken (include over the counter meds)
Your procedure is scheduled for:

Date:___________  Arrival Time:_____________  Dr._______________

Location: 172 Kinsley Street, Nashua, NH – 2nd floor Endoscopy Department

Pre-registration is required **one week prior** to your procedure. Please call 603-598-3323 or register online at [http://www.stjosephhospital.com](http://www.stjosephhospital.com)

**Purchase**

- Miralax powder 250 gram bottle. Over the counter at most pharmacies.
- 1 - 10oz bottle of Magnesium Citrate. Over the counter at most pharmacies. Any flavor EXCEPT RED.
- Dulcolax 15mg (5mg tabs x3 tablets to take the day of procedure)

**MEDICATIONS**

- Diabetics: please consult prescribing provider for direction on all diabetic medications.
- Blood thinners (For example, Plavix, Coumadin/Warfarin, Eliquis, Pradaxa, etc.) consult prescribing provider. May take aspirin.
- Please take all other medications as prescribed the morning of the procedure with a small sip of water only.

**Day Before Procedure**

**Breakfast: Before 9AM**

- 2 eggs any style
- 2 slices of white bread or
- 1 plain bagel with butter, jelly or cream cheese
- OR
- 1 cup of yogurt
- 1 banana
- Coffee/Tea as desired
**Lunch: Before 1PM**

1 plain chicken or turkey sandwich on white bread with condiments. NO lettuce or tomato  
OR  
5 chicken tenders with condiments  
OR  
1 cup of macaroni and cheese  
OR  
½ chicken breast-baked with side of 1 cup cottage cheese

**After 1PM - NO SOLID FOOD OR FULL LIQUIDS – ONLY CLEAR LIQUIDS***

*CLEAR LIQUIDS INCLUDE* – Apple Juice, white grape juice, any flavor Ocean Spray, Gatorade, PowerAde, Kool-Aid, Crystal Light, fruit flavored water. Soda (regular or diet), clear broth, bouillon, popsicles, Jell-O (not red), coffee/tea (NO milk/cream)

**Starting at 5PM**

- Mix the entire bottle of 250 grams of Miralax into 2 liters of clear fluids such as Gatorade or Crystal Light. 2 liters = approximately 8 and ½ cups. Drink no faster than 8oz (1 cup) every 15 minutes.
- Bowel movements may be delayed. They may take time to start.
- Nausea is a common occurrence. Try to tolerate as much as possible. Vomiting is rare, but it does happen and is okay as long as you take as much as possible with lots of fluids.

**Day of the Procedure**

**4 Hours prior to ARRIVAL**

- Drink 10oz (1 bottle) Magnesium Citrate.
- Drink this amount over 20 min. Cold is best, straw helps.
- Take 3, 5mg tabs of Dulcolax tabs orally. (small pink pills)
- May drink clear liquids only* (see list of clear liquids)
- May brush teeth

**3 Hours prior to ARRIVAL time**

- Absolutely nothing by mouth –NO gum; candy; mints; smoking, water
- May use Chap Stick for dry lips.
- Bring:
  - Inhalers
  - CPAP/BiPap
  - Glasses, do not wear contacts
  - If menstruating, can use a tampon
  - Reading material or other items in case of unforeseen delays
  - Do NOT bring valuables including jewelry.
Important Insurance Information

Please check your insurance benefits. Questions to ask your insurance company:

1. What is my coverage for a Screening Colonoscopy (CPT Code Z12.11) with anesthesia administered by an anesthesiologist and potential pathology? Defined as patient having no current GI symptoms; over the age of 50; no personal or family history of GI colon polyps and/or cancer.

2. What is my coverage for a Surveillance/High Risk Screening colonoscopy (CPT Code Z86.010) with anesthesia administered by an anesthesiologist and potential pathology? Defined as patient having no GI symptoms; has a personal history of GI colon polyps and/or cancer OR family history of GI polyps and/or colon cancer.

3. What is my coverage if I have a Screening/Surveillance colonoscopy and polyps are found and removed? Ask if you are now subject to a deductible or have an out of pocket expense to include pathology.

4. What is my coverage/out of pocket expense for a Diagnostic colonoscopy with anesthesia administered by an anesthesiologist? Defined as a medical reason for having a colonoscopy; i.e. rectal bleeding, constipation, change in bowel habits or other symptoms.

5. If you are having an EGD and a Colonoscopy, please verify any possible out of pocket expenses for anesthesia administered by an anesthesiologist and or pathology.

6. If you insurance company has trouble finding the Facility in their directory here is the Tax ID number. St. Joseph Hospital 02-0222215.

Financial Assistance

Assistance or arrangements for payment can be made by contacting the provider of service individually at the phone numbers listed below:

Anesthesia Fee is Granit State Anesthesiology: 603-882-1501
- Anesthesia provided at SJH for endoscopy is not covered if you receive NH Health Access Network
- Other insurances MAY have restrictions on the coverage of anesthesia. We encourage you to review your individual benefits.

Facility, Pathology and Provider Fee is St. Joseph Hospital: 603-882-3000. Please ask for Financial Assistance Department

Your procedure will be submitted to your insurance carrier. All claims are billed out separately, by department (i.e anesthesia, pathology, provider and facility).
**Arrival and Preparation**
We ask that you arrive 1 hour prior to your procedure time for the admitting process. This includes meeting with an RN, an anesthesiologist and your gastroenterologist. Your medical history will be reviewed and a signature of consent form for the procedure, as well as, for anesthesia will be required. An IV will be started and your vital signs recorded. We are expert at starting IVs, however, we welcome your feedback on placement. You will be lying on your left side so we prefer the right, and we try and avoid the bend of the arm where blood is usually taken. Bruising is a normal occurrence after an IV and is to be expected.

Upon arrival you will complete a health history. This information may be in our computer system, however, is geared to gain as much updated knowledge as possible specific to this procedure and we thank you for your help.

Although we do everything possible to avoid delays, each procedure is variable and we will take the time needed for your procedure when it is your turn. Please bring items to occupy your time and keep you relaxed. Headphones or ear buds for listening to music is one suggestion.

**Sedation/Procedure**
An anesthesiologist will administer anesthesia via IV. Patients receiving deep anesthesia fall asleep quickly and awaken once the procedure is completed. The medications used are determined by our anesthesiologist after careful consideration of your health status. Any medication given will require precautions for the remainder of the day. For those patients whose insurance does not cover anesthesia nurses will administer sedating medication under the direction of the gastroenterologist. The goal of this type of sedation known as moderate sedation is comfort and reduced anxiety. The RN in your procedure room will aid in this process. The goal of the procedure is to examine your large intestine and remove polyps or tissue when needed for further evaluation in the lab. Generally, you will not feel when a polyp is removed or a biopsy taken.

**Recovery**
You will be monitored for at least 30 min by an RN in the recovery area. Once awake we will offer refreshments and ensure you are ready to leave then remove your IV. Your ride should meet you in the recovery area or waiting room to escort you home. The gastroenterologist will briefly see you in recovery to ensure you are medically stable and give a brief preliminary finding. Any biopsy or polyp pathology results will be shared with you via correspondence from the physician’s office. Your primary care physician or other referring physician will receive a copy of the results.

Most importantly, yes you can resume a normal diet after the procedure unless otherwise instructed. Feeling tired for the day is normal. Feeling slightly bloated, gassy or crampy is normal. A few drops of blood are normal. Any symptoms above and beyond should be reported to the gastroenterologist office right away. You will leave with discharge instructions and contact information.
Consent

You will have the opportunity to discuss the procedure with your gastroenterologist and the anesthesiologist regarding the sedation. They will each explain the nature of the procedure, its’ risks, benefits and alternatives and have you sign a consent form that you understand and agree to the care.

The risks included as part of the consent discussion are but are not limited to; bleeding, infection, injury and/or perforation colon or small intestine, or adjacent organs such as the liver or spleen, the risk of missing lesions such as cancer, polyps or sources of bleeding, aspiration, medication side effects or allergic reactions, and other unforeseen complications. These risks may lead to the need for emergency room evaluation and care, the need for hospitalization, the need for additional procedures including but not limited to surgery and repeat endoscopic procedures (colonoscopy) and in very rare cases lead to cardiac arrest and death.

Did You Know ??????

- Data shows we find polyps on average in 74% of screening colonoscopies performed.
- There are two types of polyps:
  - Hyperplastic – Typically benign (non-cancerous) and the most common found.
  - Adenomatous – Benign but have the potential to turn cancerous over time.
- One patient every 4 minutes is diagnosed with colon cancer in the U.S.
- For most people, colon cancer is preventable by having any and all polyps removed before they have a chance to become cancerous. This is very similar to watching moles or other growths on your skin.
- Most often there are no signs or symptoms that someone has developed colon cancer.
- Colon cancer is the 2nd leading cause of death from cancer in the U.S. today and it affects both men and women equally and all races. Colon cancer is found in all segments of the colon.
- A majority of people who get colon cancer have no family history, no symptoms and are over 50.
- A colonoscopy procedure is 96% accurate in the detection of polyps and colorectal cancer.
- For more information on your procedure go to www.nlm.nih.gov/medlineplus or call 1-877-572-7423 ext. 747