

UPPER ENDOSCOPY WITH COLONOSCOPY DOUBLE PREP

Purchase the following supplies for **DOUBLE PREP** at www.mngi.com and click on **Purchase Prep Kit** three weeks prior to your procedure. Gatorade is not included in the prep kit and must be purchased separately at a local grocery store.

2 - Bisacodyl tablets

(Dulcolax® laxative NOT Dulcolax® stool softener) each tablet contains 5 mg of bisacodyl

2 - 8.3 ounce bottle of Polyethylene Glycol (PEG) 3350 Powder

(MiraLAX, SmoothLAX, ClearLAX or generic equivalent)

128 oz. Gatorade® /Powerade® (No red colored flavors)

Regular Gatorade®, Gatorade G2®, Powerade®, Powerade Zero®, Pedialyte or Propel®, Liquid IV, and other electrolyte beverages are acceptable. Red flavors are not allowed; all other colors (yellow, green, orange, purple, blue) are okay. It is also okay to buy two 2.12 oz packets of powdered Gatorade that can be mixed with water to a total volume of 64 oz of liquid.

1 - 10 oz. bottle Magnesium Citrate (No red colored flavors)

It is also okay for you to use a 0.5 ounce package of powdered magnesium citrate (17 grams) mixed with 10 ounces of water.

Simethicone 80 mg or 125 mg tablets, chewables, or softgels

- Simethicone is available over the counter in a variety of forms and dosages. Capsules, chewable tablets, and liquid are all acceptable forms.
- If you are buying 125 mg tablets, purchase enough simethicone to take 4 tablets.
- If you are buying 80 mg tablets, purchase enough to take 6 tablets.

For your safety, **STOP** consuming all liquids and nothing by mouth 3 hours prior to your procedure or your procedure will be cancelled and rescheduled. Please follow detailed instructions below.

Cancel or Reschedule Your Appointment:

If you are having flu-like symptoms (such as fever, cough, shortness of breath) within 14 days of your appointment please call to reschedule. If you have any newly diagnosed medical condition (like diverticulitis, heart problems, breathing problems), please call our office. If you need to cancel or reschedule for any other reason, call 612-871-1145 at least 72 hours prior to your appointment.

Responsible Person:

Please remember a responsible person needs to check in with you on your procedure day, go with you after discharge, drive you home after your procedure and assist you with follow up care. This takes approximately 2 hours from check-in to discharge. You will not be able to drive

a car, operate machinery, or go to work until the following day. Failure to bring a responsible person may result in your appointment being rescheduled.

Some patients may experience temporary memory loss after the procedure due to use of monitored anesthesia care. You may wish to have a responsible person present during your discharge to take notes on your behalf and ask questions related to your follow up care.

If the patient is a minor or requires a legal guardian, the legal guardian must be present to check in the patient on the procedure day. If the legal guardian is not able to be present at check in, they will need to be available by phone for the duration of the procedure and through patient discharge.

7 days before:

- Discontinue fiber supplements and medications containing iron. This includes multivitamins with iron, Metamucil and Fibercon.

3 days before:

- Begin a Low-Fiber Diet. A low fiber diet helps make the cleanout more effective.
 - Examples of a low fiber diet include (but are not limited to): white bread, white rice, pasta, crackers, fish, chicken, eggs, ground beef, creamy peanut butter, cooked/boiled vegetables, canned fruit, bananas, melons, milk, plain yogurt, cheese, salad dressing and other condiments.
If you are on a gluten free diet, look for items with less than 2 grams of fiber per serving including bread, pasta, waffles, pancakes, cold cereals, rice cakes, rice crackers, and cream of rice.
 - The following are not allowed on a low fiber diet: seeds, nuts, popcorn, bran, whole wheat, corn, quinoa, raw fruits and vegetables, berries and dried fruit, beans and lentils.

For additional details on following a low fiber diet, please see www.mngi.com/conditions/low-fiber-diet

2 days before:

- Stop eating solid foods in the morning.
- Begin Clear Liquid Diet (clear liquids include things you can see through).
 - Examples of a clear liquid diet include: water, clear broth or bouillon (gluten free options available), Gatorade, Pedialyte or Powerade, carbonated and non-carbonated soft drinks (Sprite, 7-Up, Gingerale), strained fruit juices without pulp (apple, white grape, white cranberry), Jell-O, popsicles, and up to one cup of black coffee or tea (no milk or cream) each day.
 - The following are not allowed on a clear liquid diet: red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice with pulp, products containing oil and chewing tobacco.

- For additional details on following a clear liquid diet, please see <https://www.mngi.com/conditions/clear-liquid-diet>

- **Between 4-6pm:** Drink Miralax – Gatorade/Powerade preparation

-Mix 1 bottle of Miralax with 64 oz. of liquid (a minimum of 56 oz of electrolyte beverage should be used to mix Miralax and up to 8 oz of water can be added to achieve the desired 64 oz).
-Drink 1 – 8 oz. glass of the Miralax/electrolyte solution.
-Continue drinking 1 - 8 oz. glass every 15 minutes thereafter until the mixture is gone.

1 day before:

- Continue Clear Liquid Diet
- **At noon:** Take 2 Bisacodyl (Dulcolax) tablets
- **Between 4-6pm:** Drink Miralax – Gatorade/Powerade preparation

-Mix 1 bottle of Miralax with 64 oz. of liquid (a minimum of 56 oz of electrolyte beverage should be used to mix Miralax and up to 8 oz of water can be added to achieve the desired 64 oz).
-Drink 1 – 8 oz. glass of the Miralax/electrolyte solution.
-Continue drinking 1 - 8 oz. glass every 15 minutes thereafter until the mixture is gone.
-With the last glass of Miralax – Gatorade solution: take 400-500 mg of simethicone.

Simethicone 80 mg or 125 mg tablets, chewables, or softgels

- Simethicone is available over the counter in a variety of forms and dosages. Capsules, chewable tablets, and liquid are all acceptable forms.
- If you are buying 125 mg tablets, purchase enough simethicone to take 4 tablets.
- If you are buying 80 mg tablets, purchase enough to take 6 tablets.

Colon Cleansing Tips: Drink adequate amounts of fluid before and after your colon cleansing to prevent dehydration. Stay near a toilet because you will have diarrhea. Even if you are sitting on the toilet, continue to drink the cleansing solution every 15 minutes. If you feel nauseous or vomit, rinse your mouth with water, take a 15 to 30-minute break and then continue drinking the solution. You will be uncomfortable until the stool has flushed from your colon (in about 2-4 hours). You may feel chilled.

Day of your procedure:

You may take all of your morning medications including blood pressure medications, blood thinners (if you have not been instructed to stop these by our office), methadone, anti-seizure medications with sips of water **3 hours prior to your procedure or earlier**. Do not take any chewable vitamins or supplements. If you have diabetes, contact your monitoring provider for further direction on insulin and/or blood sugar management.

Continue the Clear Liquid Diet up to **3 hours prior to your procedure**, then stop drinking. As a reminder, continue to avoid red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice

with pulp, products containing oil, chewing tobacco and illicit drugs. Use of these will result in your procedure being cancelled.

- **4 hours prior to your procedure time** (Example: 3:30am for a 7:30am procedure)
 - Drink 10 oz magnesium citrate
- **3 hours prior to your procedure time** (Example: 4:30am for a 7:30am procedure)
 - STOP consuming all liquids.
 - Do not take anything by mouth during this time.
 - Allow extra time to travel to your procedure as you may need to stop and use a restroom along the way.

You are ready for the procedure if you followed all instructions and your stool is no longer formed, but clear or yellow liquid. If you are unsure whether your colon is clean, please call our office at 612-871-1145 before you leave for your appointment.

DESCRIPTION OF COLONOSCOPY AND UPPER ENDOSCOPY

What is colonoscopy?

Colonoscopy is the most accurate test to detect colon polyps and colon cancer, and the only test where polyps can be removed. During this procedure, a doctor examines the lining of your large intestine and rectum through a flexible tube called a colonoscope. The colonoscope is inserted into the anus and advanced slowly through the colon.

To produce the best results, you will drink a bowel cleansing preparation to help clean out your colon. Even if your stools are clear, it is important to take all of the colon prep as directed because your body is always making fluid and small polyps can hide behind this fluid.

What is an upper endoscopy?

An upper endoscopy is a procedure performed to evaluate symptoms of upper abdominal pain, bleeding, nausea, vomiting or difficulty swallowing. During the procedure, the physician examines the lining of your esophagus, stomach and the first part of your small intestine through a thin, flexible tube called an endoscope. If growths or other abnormalities are found, the physician may remove the abnormal tissue for further examination, or biopsy. If you have difficulty swallowing, it may be possible for the area to be expanded during the procedure.

What happens during the procedures?

Plan to spend up to 2 hours at the endoscopy center the day of your colonoscopy. The colonoscopy itself takes about 20 to 40 minutes to complete and the upper endoscopy takes about another 15 minutes.

Before the procedures:

Your medical history will be reviewed with you by your health care team including a nurse, your gastroenterology physician and an anesthesia provider and an IV line will be placed.

During the procedures:

During your procedure the anesthesia provider will administer medications and monitor vital signs which is a process known as Monitored Anesthesia Care (MAC). While most patients sleep through the procedure, some remain awake and aware. The anesthesiologist and/or certified registered nurse anesthetist (CRNA) will help determine the appropriate type of drug to be used during the procedure to keep you safe and comfortable. If abnormal tissue or polyps are found, the physician may remove them through the scope for closer examination or biopsy.

What happens after the procedures?

The physician will talk with you about the initial results of your procedure and will prepare a full report for the healthcare provider who referred you for the colonoscopy and upper endoscopy. You may have some cramping or bloating after the colonoscopy which is normal and should disappear quickly by passing gas. Your throat may feel sore for a short time after the upper endoscopy. Any tissue samples or polyps removed during the procedure will be sent to a lab for evaluation. It may take 5-7 working days for you to be notified of the results by mail or through the Patient Portal.

You may resume most of your regular activities the day after the procedure. However, medication given during the procedure will prohibit you from driving for the rest of the day. You are also advised to avoid air travel for 24 hours following your procedure. You may resume your normal diet, but alcohol should be avoided until the next day after your procedure.

Are there possible complications with colonoscopy or upper endoscopy?

Although serious complications are rare, any medical procedure has the potential for risks. Risks from the procedure include perforation, or a tear through the lining of the colon, stomach or esophagus, bleeding from a biopsy site, reactions to medications, heart and lung problems, and dental or eye injuries.