

THE ENDOSCOPY CENTER

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Towson, Maryland 21204
410-494-1846
x 114

THE ENDOSCOPY CENTER

at BEL AIR
620 W. MacPhail Road, Suite 104
Bel Air, Maryland 21014
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COLONOSCOPY instructions - Magnesium Citrate / Fleet Phospho-soda Prep

Your colonoscopy is scheduled on _____, _____

LOCATION: The Endoscopy Center - Towson St. Joseph's DDC
 The Endoscopy Center - at Bel Air Good Samaritan DDC
 Franklin Square Outpatient

Arrival Time: _____ am/pm Procedure Time: _____ am/pm

**PLEASE arrive at your scheduled ARRIVAL TIME or your procedure
may be postponed or cancelled.**

PURCHASE NOW:

two (2) 1 1/2 ounce bottles of Fleet Phospho-soda (Ginger-Lemon flavor or
Unflavored) and one (1) bottle Magnesium Citrate at any pharmacy.
Do not exceed the recommended dosage given in instructions,
as serious side effects may occur.

In preparation for your procedure, we ask that you observe the following instructions:

THE WEEK BEFORE

Avoid taking aspirin or medications containing aspirin. Stop taking anticoagulants (i.e. coumadin) five (5) days before the procedure if approved by your Primary Care Physician.

THREE DAYS BEFORE

Avoid any foods with corn or grapes until after the colonoscopy.

TWO DAYS BEFORE - CLEAR LIQUIDS ONLY, 1 bottle Magnesium Citrate at approximately 1 p.m.
It is recommended that you drink 16 (8 oz.) glasses of fluids during the two days before your procedure.

THE DAY BEFORE - REGULAR FLEET PREP

DRINK ONLY clear liquids for the entire day before the procedure.

.....NO SOLID FOODS.....NO MILK OR MILK PRODUCTS.....NO RED OR PURPLE DYES.....

Clear liquids include:

- Water
- Strained fruit juices without pulp (apple, white grape, lemonade)
- Coffee or tea (NO MILK)
- Clear broth or bouillon (No fats)
- Carbonated and non-carbonated soft drinks (7-Up, Sprite, Ginger Ale, Coke, Gatorade (NO RED OR PURPLE))
- Kool-Aid or fruit flavored drinks (NO RED OR PURPLE)
- Plain Jello (NO RED OR PURPLE & no added fruits or toppings)
- Ice Popsicles (NO RED OR PURPLE)

AT 4:00 P.M. OR 5:00 P.M., add 1 1/2 ounce Fleet Phospho-soda to one-half glass of cool water and drink. Follow with one full glass of clear liquids. Drink at least three (3) more full glasses of clear liquids before retiring; more if desired.

TAKE your regular medications.

THE DAY OF THE PROCEDURE

3 HOURS BEFORE YOU LEAVE FOR YOUR APPOINTMENT

add 1-1/2 ounces Fleet Phospho-soda to one-half glass of cool water or iced tea and drink. Follow with one full glass of clear liquids.

TAKE HEART MEDICATIONS AND BLOOD PRESSURE MEDICATION

with water in the morning one hour after taking Fleet Phospho-soda.

IMPORTANT- Do not exceed recommended dosage of Fleet phospho-soda as serious side effects may occur.

NOTE: Individual responses to laxatives vary. This prep may cause multiple bowel movements. It often works within 30 minutes or it may take as long as 3 hours. Please remain within easy reach of toilet facilities.

- You may drink up to 8 oz. of water, 7-Up, Sprite, Ginger Ale or White Grape Juice 2 hours prior to your procedure.
- Do not take diuretics (fluid pills), insulin or other diabetic agents! **Diabetics:** bring your diabetic medication with you.
- You must have someone with you or scheduled to pick you up after the procedure is over. If not, your procedure will be cancelled. This is for your safety!
- You cannot drive a car, operate machinery, drink alcohol, or make any legal decisions for the entire day of your procedure.

REMEMBER:

- **TAKE HEART AND BLOOD PRESSURE MEDICATIONS AS DIRECTED ABOVE.**
- **FOLLOW DIRECTIONS CAREFULLY.**
- **ARRIVE PROMPTLY AT SCHEDULED ARRIVAL TIME.**
- **SOMEONE MUST DRIVE YOU HOME.**
- **BRING YOUR MEDICATIONS OR A LIST OF MEDICATIONS AND DOSAGES WITH YOU TO RECORD IN YOUR CHART.**

If you encounter any problems with these instructions or have any questions regarding the procedure, please do not hesitate to call. We are always happy to answer any questions for you.

If you are having difficulty with the prep: *Vomiting

* Prep is not clearing the bowel, OR...

If you have questions or need to cancel your appointment, please call ASAP.

Your return appointment is on _____ at _____ am/pm

at the TOWSON WHITESQUARE BEL AIR Office

No follow-up appointment is scheduled. Schedule follow-up with your physician.