



2 DAY COLONOSCOPY PREPARATION: MAG CITRATE AND SUPREP		
PLEASE PURCHASE	 SUPREP Kit (by prescription) Magnesium Citrate 10 oz bottle (over the counter) Dulcolax (bisacodyl) 5 mg pills x 3 (over the counter) 	
7 DAYS BEFORE	Stop fiber supplements and iron supplements, including multivitamins	
4 DAYS BEFORE	 Begin a LOW FIBER Diet including: White or sour dough bread White Rice, Pasta Eggs, Chicken, Turkey, Fish Cheese, Yogurt, Milk, Ice Cream, Pudding Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes) Pureed fruits/vegetables (smoothies, strained puree soups) Teamy peanut or almond butter High Fiber Foods to AVOID: Raw fruits/vegetables with seeds, skin, membranes Cooked/canned fruit/vegetables with skin/seeds/peel Whole wheat or multigrain bread or crackers Nuts, Seeds Popcorn Oatmeal, bran cereal Brown rice, quinoa 	
3 DAYS BEFORE	Continue LOW FIBER DietAvoid solid foods after midnight	
2 DAYS BEFORE	 Begin FULL LIQUID Diet: Smoothies Pureed soups Milk and milk products (yogurt without fruit, pudding, ice cream, sherbet) Clear liquids (see list below under "1 day before") 6PM: Take Dulcolax 3 tablets with sips of water 7PM: Take Magnesium Citrate Drink the 10 oz bottle of magnesium citrate Next drink at least three 8 oz glasses of water or other clear liquid Drink ALL of this liquid within an hour 	
1 DAY BEFORE	 MORNING: Start a Clear liquid diet Apple, White Grape, White Cranberry Juices without Pulp Clear Soup/Broth Tea or Black coffee (no milk/creamer) Gatorade/Powerade (no red, purple or orange color) Jello (no red, purple, or orange color) Popsicles (no red, purple, or orange color) 6PM: Take SUPREP Dose 1 Pour one bottle of SUPREP liquid into the mixing container. 	

 Add cold drinking water to the 16-ounce container and mix. Drink ALL the liquid in the container. 			
O Drink ALL the liquid in the container			
You MUST drink two more 16-ounce containers of water over t	he		
next hour.			
Bowel movements should begin 1-2 hours after starting SUPREP but ef	fect		
can sometimes be delayed by up to 4-6 hours			
DAY OF COLONOSCOPY			
Take SUPREP Dose 2			
5 HOURS BEFORE • Follow the same instructions as outlined for Dose 1	 Follow the same instructions as outlined for Dose 1 		
By the end of the cleanse your stool should be a clear liquid with	By the end of the cleanse your stool should be a clear liquid with		
yellow or green tinge			
Stop drinking/eating clear liquids			
Before Do not chew gum or mints			
Take regular medications with a small sip of water the morning of your			
procedure unless otherwise instructed by your physician			
Arrive at endoscopy suite 30 MIN PRE PROCEDURE (no later)			
Bring list of current medications including doses			
30 MIN BEFORE • Bring a Photo ID and Insurance Card			
Bring any applicable Referrals	-		
Please do not bring any valuables			
GENERAL INSTRUCTIONS:			
• If you are a premenopausal woman, you will need to			
URINE PREGNANCY TESTING If you are a premenopausar woman, you will need to submit a urine sample upon office check in			
• Contact your primary care doctor or endocrinologist for	or		
instructions regarding your medications			
• Contact your gastroenterologist for further instruction	s at		
(212) 427-8761			
• Medications include but are not limited to: • Heparin, Lovenox, Warfarin (Coumadin),			
THIN YOUR BLOOD • Heparin, Lovenox, Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis),			
Edoxaban (Lixiana, Savaysa), Betrixaban			
(Bevyxxa), Clopidigrel (Plavix), Prasugrel			
(Effient), Brilinta (Ticagrelor)			
IF YOU TAKE WEIGHT LOSS • Alert your GI provider to discuss holding your			
MEDICATIONS medication(s) prior to your procedure			
IF YOU TAKE ASPIRIN OR BLOOD • You may continue to take these medications			
PRESSURE MEDICATIONS			
Please ensure that you have an escort (responsible adult)	lt		
ESCORT over the age of 18) to pick you up at the end of the			
procedure			