

| <b>FLEXIBLE SIGMOIDOSCOPY PREP WITH MAGNESIUM CITRATE</b>                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |
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| <b>PLEASE PURCHASE</b>                                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>● <b>Over the counter at the pharmacy</b> <ul style="list-style-type: none"> <li>○ Magnesium citrate 10oz bottle</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |
| <b>7 DAYS BEFORE</b>                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>● <b>Stop fiber supplements and iron supplements, including multivitamins</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |
| <b>3 DAYS BEFORE</b>                                                                                                                                                                                                                                                                                                                                                                                                   | <table border="1"> <thead> <tr> <th><b>Begin a LOW FIBER diet including:</b></th> <th><b>High Fiber Foods to AVOID:</b></th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>● White or sour dough bread</li> <li>● White Rice, Pasta</li> <li>● Eggs, Chicken, Turkey, Fish</li> <li>● Cheese, Yogurt, Milk, Ice Cream, Pudding</li> <li>● Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes)</li> <li>● Pureed fruits/vegetables (smoothies, strained puree soups)</li> <li>● Creamy peanut or almond butter</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>● Raw fruits/vegetables with seeds, skin, membranes</li> <li>● Cooked/canned fruit/vegetables with skin/seeds/peel</li> <li>● Whole wheat or multigrain bread or crackers</li> <li>● Nuts, Seeds</li> <li>● Popcorn</li> <li>● Oatmeal, bran cereal</li> <li>● Brown rice, quinoa</li> </ul> </td> </tr> </tbody> </table> | <b>Begin a LOW FIBER diet including:</b> | <b>High Fiber Foods to AVOID:</b> | <ul style="list-style-type: none"> <li>● White or sour dough bread</li> <li>● White Rice, Pasta</li> <li>● Eggs, Chicken, Turkey, Fish</li> <li>● Cheese, Yogurt, Milk, Ice Cream, Pudding</li> <li>● Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes)</li> <li>● Pureed fruits/vegetables (smoothies, strained puree soups)</li> <li>● Creamy peanut or almond butter</li> </ul> | <ul style="list-style-type: none"> <li>● Raw fruits/vegetables with seeds, skin, membranes</li> <li>● Cooked/canned fruit/vegetables with skin/seeds/peel</li> <li>● Whole wheat or multigrain bread or crackers</li> <li>● Nuts, Seeds</li> <li>● Popcorn</li> <li>● Oatmeal, bran cereal</li> <li>● Brown rice, quinoa</li> </ul> |
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| <b>2 DAYS BEFORE</b>                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>● <b>Continue LOW FIBER Diet</b></li> <li>● Avoid solid foods after midnight</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |
| <b>1 DAY BEFORE</b>                                                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>● <b>MORNING: Start a CLEAR LIQUID Diet</b> <ul style="list-style-type: none"> <li>○ Water</li> <li>○ Apple, White Grape, White Cranberry Juices without Pulp</li> <li>○ Clear Soup/Broth</li> <li>○ Tea or Black coffee (no milk/creamer)</li> <li>○ Gatorade/Powerade (no red, purple or orange color)</li> <li>○ Jello (no red, purple, or orange color)</li> <li>○ Popsicles (no red, purple, or orange color)</li> </ul> </li> <li>● <b>6PM: Take Magnesium Citrate</b> <ul style="list-style-type: none"> <li>○ Drink the 10 oz bottle of magnesium citrate</li> <li>○ Next drink at least three 8 oz glasses of water or other clear liquid</li> <li>○ Drink ALL of this liquid within an hour</li> </ul> </li> <li>● <b>Bowel movements should begin 1-2 hours after starting Magnesium Citrate but effect can sometimes be delayed by up to 4-6 hours</b></li> </ul>                                              |                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |

| <b>DAY OF SIGMOIDOSCOPY</b> |                                                                                                                                                                                                                                                                                                                          |
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| <b>3 HOURS BEFORE</b>       | <ul style="list-style-type: none"> <li>● <b>Stop drinking/eating clear liquids</b></li> <li>● Do not chew gum or mints</li> <li>● Take regular medications with a small sip of water the morning of your procedure unless otherwise instructed by your physician</li> </ul>                                              |
| <b>30 MIN BEFORE</b>        | <ul style="list-style-type: none"> <li>● <b>Arrive at endoscopy suite 30 MIN PRE PROCEDURE (no later!)</b></li> <li>● Bring list of current medications including doses</li> <li>● Bring a Photo ID and Insurance Card</li> <li>● Bring any applicable Referrals</li> <li>● Please do not bring any valuables</li> </ul> |

### **GENERAL INSTRUCTIONS:**

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| <b>URINE PREGNANCY TESTING</b>                           | <ul style="list-style-type: none"> <li>● If you are a premenopausal woman, you will need to submit a urine sample upon office check in</li> </ul>                                                                                                                                                                                                                                                                                                |
| <b>IF YOU HAVE DIABETES</b>                              | <ul style="list-style-type: none"> <li>● Contact your primary care doctor or endocrinologist for instructions regarding your medications</li> </ul>                                                                                                                                                                                                                                                                                              |
| <b>IF YOU TAKE MEDICATION TO THIN YOUR BLOOD</b>         | <ul style="list-style-type: none"> <li>● Contact your gastroenterologist for further instructions at (212) 427-8761</li> <li>● Medications include but are not limited to: <ul style="list-style-type: none"> <li>○ Heparin, Lovenox, Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Edoxaban (Lixiana, Savaysa), Betrixaban (Bevyxxa), Clopidigrel (Plavix), Prasugrel (Effient), Brilinta (Ticagrelor)</li> </ul> </li> </ul> |
| <b>IF YOU TAKE ASPIRIN OR BLOOD PRESSURE MEDICATIONS</b> | <ul style="list-style-type: none"> <li>● You may continue to take these medications</li> </ul>                                                                                                                                                                                                                                                                                                                                                   |
| <b>IF YOU TAKE WEIGHT LOSS MEDICATIONS</b>               | <ul style="list-style-type: none"> <li>● Alert your GI provider to discuss holding your medication(s) prior to your procedure</li> </ul>                                                                                                                                                                                                                                                                                                         |
| <b>ESCORT</b>                                            | <ul style="list-style-type: none"> <li>● Please ensure that you have an escort (responsible adult over the age of 18) to pick you up at the end of the procedure.</li> </ul>                                                                                                                                                                                                                                                                     |