

Preparing for your Colonoscopy Procedure

Please read all the instructions in this packet at least 1 week before your colonoscopy.

Thank you for choosing the Gastroenterology Associates at Mass General Hospital for your colonoscopy. All instructions must be followed, or your colonoscopy may be canceled. For more information, review the Frequently Asked Questions section of our website:

www.massgeneral.org/medicine/gastroenterology/about/frequently-asked-questions

Informed Consent: https://www.youtube.com/watch?v=AtpbIg_G0HM&feature=youtu.be

MGH Gastroenterologist name:

Patient name:

Date and arrival time:

If the procedure is rescheduled, this date and time will no longer be accurate.

Procedure Location:

Location--

Please note: There is more than one location for MGH colonoscopy procedures.

If you must cancel, please call us **at least 1 week before** your appointment at 617-726-7663. If you cancel late, we may not be able to reschedule your appointment.

Table of Contents:

Page 1: Date, time, and location of procedure

Page 2: Plan ahead/ Medications

Page 3: Shopping List

Page 4-5: Preparation Instructions

Page 6: Day of procedure/ after procedure

Plan ahead

- Call and check with your health insurance company directly if your procedure will be covered.
- **For your safety, you must have a responsible adult, 18 years old or older, to take you home after your procedure or your procedure will be canceled.**
Public transit, the RIDE, taxi, or rideshare services (Uber, Lyft, etc.) are not acceptable.
- If you use home oxygen, use CPAP daily, or have an implantable cardiac defibrillator you must be scheduled at the Blake building

Call 617-726-7663 if you are scheduled at a different location.

- MGH policy recommends that women, ages 11-55 years old have a pregnancy test before having a colonoscopy. This will be done when you arrive for your procedure.

Medications

- **Aside from the medications below, we recommend you take all home medications as usual** with water, at least 2 hours before your arrival time
- If you take blood thinners, we recommend you continue them unless your Gastroenterologist tells you to stop
- Contact your prescribing doctor about the suggested changes below
 - Continue taking Metformin or Metformin XR as prescribed.

Stop 7 days before	<ul style="list-style-type: none"> • Liraglutide (Victoza, Saxenda) • Exenatide (Byetta, Bydureon BCise) • Dulaglutide (Trulicity) • Semaglutide (Ozempic, Wegovy, Rybelsus) • Tirzepatide (Mounjaro) • Lixisenatide (Adlyxin) • Albiglutide (Tanzeum)
Stop 5 days before	<ul style="list-style-type: none"> • Iron containing vitamins (Ferrous Gluconate, Multivitamins) • Liquid antacids (Gaviscon, Gelusil, Maalox, Mylanta, Rolaids, Pepto-Bismol)
Stop 4 days before	<ul style="list-style-type: none"> • Etugliflozin (Steglarto, Steguian, Segluromet)
Stop 3 days before	<ul style="list-style-type: none"> • Canagliflozin (Invokana, Invokamet) • Dapagliflozin (Farxiga, Xigduo XR) • Empagliflozin (Jardiance)
Day of procedure	<ul style="list-style-type: none"> • If you take insulin, only take ½ of dose

Items you will need to buy:

- **Prescription Laxative.** Do not mix it with water until the afternoon before your procedure.



- **Clear liquids.** Items that are see through and liquid at room temperature. Examples: Water, tea, black coffee, broth, apple juice, white grape juice, sodas, sports drinks like Gatorade, and Jell-O. Avoid any red, purple, or orange liquids.



- **Milk of Magnesia (If needed).** Buy one bottle of Milk of Magnesia if you do not move your bowels (poop) daily. Any brand is fine including generic or brand name Phillips.



- **Products to help with anal irritation (optional).** including baby wipes and Vaseline. If you have hemorrhoids, you can use hemorrhoid cream or Tucks pads.



Two (2) days before your procedure:

If you do not move your bowels (poop) daily: At **7pm**, take 4 tablespoons of milk of magnesia.

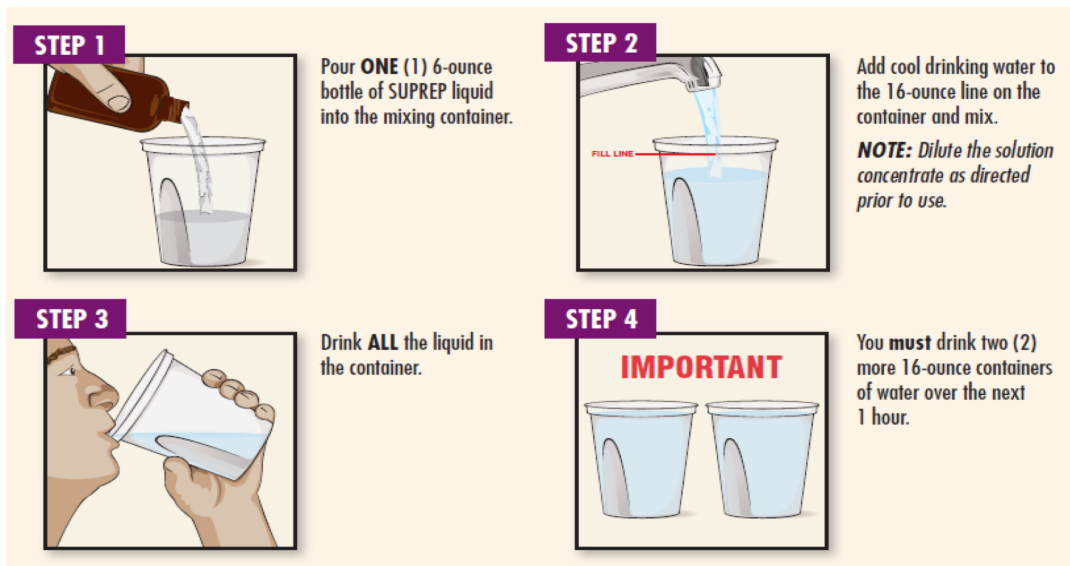
One (1) day before your procedure:

- **Follow a clear liquid diet only for breakfast, lunch, dinner, and snacks!**
- **Eat only items that you can see through for the entire day.**
- **Do not eat or drink solid food, dairy products, or alcohol.**
- **Patients who do not follow this diet often need to return in a few months to repeat their colonoscopy.**

6 pm (the day before your procedure):

- Drink 1st part of laxative per instructions.
- You may not start moving your bowels for 2 to 3 hours.

Instructions for Mixing Medication



STEP 1
Pour **ONE (1)** 6-ounce bottle of SUPREP liquid into the mixing container.

STEP 2
Add cool drinking water to the 16-ounce line on the container and mix.
NOTE: Dilute the solution concentrate as directed prior to use.

STEP 3
Drink **ALL** the liquid in the container.

STEP 4
IMPORTANT
You **must** drink two (2) more 16-ounce containers of water over the next 1 hour.

10 pm (the day before your procedure):

- **Stop eating Jell-O or Broth**, okay to continue all other clear liquids

Day of your procedure:

- It is very important to follow these timing instructions even though you may have to wake up in the middle of the night.
- If you finish the laxative prep too early, fluid from your digestive system can build back up, which will affect the quality of your procedure.

6 hours before your scheduled arrival time:

- Start drinking the 2nd laxative prep mixture.

Arrival Time	Start Prep	Finish Prep
6AM	12AM	2AM
7AM	1AM	3AM
8AM	2AM	4AM
9AM	3AM	5AM
10AM	4AM	6AM
11AM	5AM	7AM
12PM	6AM	8AM
1PM	7AM	9AM
2PM	8AM	10AM
3PM	9AM	11AM

2 hours before your scheduled arrival time:

- **Stop drinking all liquids (including your laxative prep)**
- Don't chew gum or eat any food.
- **Your procedure will be postponed or cancelled if you drink liquids, chew gum, eat hard candy or eat food within 2 hours of your scheduled procedure.**



Comfort tips

- If you feel sick to your stomach, wait 30 minutes then start drinking smaller amounts of the laxative prep.
- Try drinking the laxative through a straw.
- If you don't like the taste of the laxative, try chewing gum or sucking on hard candy in between drinks.
- Use baby wipes, Vaseline, or hemorrhoid cream if you get sore from moving your bowels.

The Day of Your Colonoscopy Procedure

Bring these things with you to your colonoscopy procedure:

- Your photo identification.
- The name and phone number of your escort.
- You may wear your wedding rings but no other jewelry.

The day of your procedure:

- Before the procedure, we will review the procedure with you and ask you to sign a consent form.
- Most procedures take about 3 hours. We make every effort to keep on time, but sometimes there are delays.
- We will call your escort 30 minutes before you are ready to leave.

After your procedure:

- Most people need to rest at home for the rest of the day. Don't drive or operate any machines on the day of your procedure. Avoid making any important decisions. Avoid drinking alcohol.
- You can go back to eating and taking medications as you normally do right away.
- If you have a Patient Gateway account, you will see your procedure summary and pathology results as soon as they are ready. Your doctor will explain the results in a letter 2-3 weeks after the procedure. You can find this under the Letters tab in Patient Gateway.
- If you do not have Patient Gateway, a letter will be mailed to your home.

Remember

- You cannot drive after your procedure.
- **We will have to cancel your procedure if you do not have an adult escort to meet you in the endoscopy unit and bring you home.**
- Your escort should be able to pick you up within 30 minutes after we call them.

For any questions about this information call 617-726-7663.

Hospital: _____

CONSENT FOR PROCEDURE

Patient Identification Area

PATIENT MUST BE IDENTIFIED BY:

NAME: _____

DOB: _____ (MM/DD/YY)

MEDICAL RECORD NUMBER: _____

I allow _____ to perform the procedure

Operative Site: _____

If laterality applies: Right Left Both Sides NA

I have been told the risks and benefits of the procedure. I also know that there are other choices. I understand the risks and benefits of these other choices. I understand what could happen if I do not have the procedure.

I understand that medicine and surgery are not exact. I understand there are no guarantees for the outcome of this procedure.

I understand that loss of blood, infection, or pain may happen with any procedure.

My care team explained the risks below:

Sometimes patients need to be put to sleep for a procedure. This is called sedation. My doctor discussed the risks of sedation. These risks include slower breathing and low blood pressure. If these happen, I might need treatment. I understand there may also be other risks.

I understand that I might lose blood during the procedure. If that happens, I may need blood products. This could be during or after the procedure. If I do not want blood products, I will fill out a separate form.

I understand that other people may be in the room during my procedure. This includes observers or people who work for medical equipment and device companies. They will be observing or giving advice.

The hospital may take photos or recordings of my procedure. These photos or recordings will be used for education, research, and other healthcare operations. My identity will not be revealed when these are used.

The hospital may throw away blood or other samples taken from me during the procedure. The hospital or its partners may also use the samples. They may be used for activities that support research, education, or other parts of the hospital's mission.

Hospital: _____

PATIENT MUST BE IDENTIFIED BY:

NAME: _____

DOB: _____ (MM/DD/YY)

MEDICAL RECORD NUMBER: _____

CONSENT FOR PROCEDURE

A team will work together to do my procedure. My doctor told me about the senior attending and others who might help. The team might have doctors, advanced practice providers, or students. I know that other people besides the senior attending might do parts of the procedure. This includes but is not limited to:

- Opening or closing the surgery spot.
- Collecting grafts.
- Removing or moving tissue.
- Doing exams like breast, pelvic, prostate, or rectal exams, if needed.

The roles and names of other people in the procedure are listed below. I know that other medical staff not listed might also be part of my surgery. I will learn their names later.

Role of Practitioner (check all that apply)	Name of Practitioner if known
<input type="checkbox"/> Fellow.	
<input type="checkbox"/> Resident. Specify Year: _____	
<input type="checkbox"/> Physician Assistant	
<input type="checkbox"/> Advanced Practice Nurse	
<input type="checkbox"/> Other, please specify: _____	
<input type="checkbox"/> Other, please specify: _____	

My doctor has told me that my procedure will overlap with another procedure they are doing. I understand that my doctor will be in the operating room during the most important parts of my procedure. I understand that they may not be there for the whole procedure. I understand that my doctor or another qualified doctor will be available immediately, if needed, during my procedure.

I had a chance to ask questions about the risks, benefits, and side effects of the procedure. I was also able to ask questions about the chances of achieving the goals of the procedure and other options. All my questions were answered. I agree to the procedure.

 Patient/Legal Surrogate Decision Maker Signature Printed Name Date Time AM
 PM

 Practitioner Obtaining Consent Signature Printed Name Date Time AM
 PM

Attending Physician/Primary Practitioner Attestation

I confirm that I explained all relevant parts of this procedure. This includes the indications, risks, and benefits. I compared other approaches with the patient or legal surrogate decision maker. I answered their questions. I provided information about other medical professionals who will be present during the surgery.

 Attending/Practitioner Signature Printed Name Date Time AM
 PM

If interpreter was used provide name or number of interpreter: _____

Telephone/Verbal Consent (applicable if the patient is incapacitated)

Date: _____ Time: _____ AM PM Reason for Telephone/Verbal Consent: _____

Legal Surrogate Decision Maker Name: _____

Consent Received by: _____

Consent Witnessed by: _____