

AFFILIATES IN GASTROENTEROLOGY, P. A.

Preparation for Colonoscopy- Citrate of Magnesia (afternoon appt)

No **ASPRIN, IBUPROFIN, IRON, or VITAMIN E** should be taken for at least 7 days prior to colonoscopy. Patients on **COUMADIN, PLAVIX, PERSANTINE** should discontinue it 3 to 5 days prior to the colonoscopy, **WITH THE CONSENT** of their cardiologist/internist. **IF THERE ARE QUESTIONS, PLEASE CHECK WITH OUR OFFICE.** If you are unsure of other medications you may be taking, **CHECK WITH OUR OFFICE. TYLENOL AND/OR MULTIVITAMINS ARE ALLOWED.**

ASK YOUR PHARMACIST FOR:

- TWO 10 oz. bottles of Citrate of Magnesia (DO NOT PURCHASE CHERRY FLAVOR)
- Dulcolax Laxative Tablets 5 MG – you need 4 tablets

Note: Individual responses to laxatives vary. This Prep may cause multiple bowel movements. It often works within 30 minutes, but may take as long as 4 – 6 hours. Please remain within easy reach of toilet facilities.

1. The day before your procedure, you may have a light breakfast until 10 AM, then start your liquid diet. Your liquid diet may consist of: strained fruit juices without pulp (apple, white grape, lemonade), Gatorade, carbonated and non-carbonated soft drinks, Kool-Aid (or other fruit-flavored drinks), clear broth or bouillon, plain Jello (without added fruits or toppings), ice popsicles, coffee or tea and water. Milk shakes, ice cream, plain or frozen yogurt are permitted until the Dulcolax tablets are taken. Do not take red or purple liquids or Jello. Do not take tomato juice or strawberry ice cream. Nothing should contain seeds or nuts.

2. At 5 PM, take four (4) Dulcolax tablets. At 6 PM, take one bottle of Citrate of Magnesia. **DRINK AT LEAST A QUART OF CLEAR LIQUIDS THROUGHOUT THE EVENING.** Milk, milk products and yogurt are no longer permitted at this time in the preparation.

3. The day of your appointment, six hours prior to the procedure, take another bottle of Citrate of Magnesia. **WITHIN THE NEXT TWO HOURS, DRINK A QUART OF CLEAR LIQUIDS.**

4. **NOTHING MAY BE TAKEN BY MOUTH FOR 4 HOURS PRIOR TO PROCEDURE.**

NOTE: Since you will be unable to drive after the procedure, please have a driver accompany you.

NAME: _____

DATE: _____

REPORT TO:

_____ Florham Park Endoscopy Center, 195 Columbia Turnpike, Florham Park, N.J.
(across from Crescent Plaza, Starbucks and Kings) (973-410-1800)

_____ Hanover Endoscopy Center of Northern NJ 91 S. Jefferson Road Whippany, NJ
973-929-6800

_____ St. Barnabas Medical Center, 1300 Short Stay Unit, Old Short Hills Rd, Livingston, N.J.
(973-322-5062)

_____ St. Barnabas Ambulatory Care Center, Main Entrance, 200 South Orange Avenue,
Livingston, N.J. (opposite Livingston Mall) (973-322-7723)

_____ West Orange office 101 Old Short Hills Road, Suite 217 (973-731-4600)

_____ Morristown Memorial Hospital 100 Madison Avenue Morristown, NJ (973-971-5088)

_____ Morristown Surgical Center 111 Madison Avenue 4th floor Morristown, NJ (973-971-6970)

REGISTER AT: _____ A.M. P.M.

PROCEDURE AT: _____ A.M. P.M.

Morristown Office
Drs. Samach, Wallach
Rosen, Morton
973-455-0404

Morristown Office
Dr. Stein
973-410-0960

West Orange Office
Drs. Sloan, Schrader,
Schuman, Askin,
Rosenthal
973-731-4600