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I. Questions About Medications

Do I need to stop my blood thinner (ie. Coumadin, Plavix, Pradaxa, Lovenox, etc)?

You should plan to stop taking your blood thinner temporarily before your procedure, but only if it is safe to do so. Please contact the doctor who prescribes your blood thinner to discuss whether it is safe to stop, and when to stop. Our physicians will tell you when to resume your medication after your procedure is finished.

I take iron pills. Do I need stop taking this medication?

Please stop taking iron supplementation at least 5 days before your procedure.

I had a knee replacement 3 years ago. Do I need to take antibiotics?

You do not need to take antibiotics before your procedure.

I had a heart valve replaced. Should I take antibiotics?

In general, you do not need to take antibiotics to prevent an infection of the heart valves prior to undergoing your procedure. Please check with your cardiologist if you think that your situation may be different.

Do I take diabetes medications?

A general guideline is provided below, **but it is important that you ask your primary care doctor or diabetes doctor about how to take your diabetes medication before your procedure.**

For patients taking **oral** diabetes medications (pills) :

- On the **day before** your procedure, take only half your usual dose of oral diabetes pill in the morning. DO NOT take your dose in the evening.
- Please note this exception: If you are taking exenatide (Byetta), liraglutide (Victoza) or pramlintide (Symlin), take your normal dose the **day before** your procedure.
- On the **day of** your procedure, DO NOT take your morning dose. After your procedure, if you are eating, you can take your normal evening dose.

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For patients taking **insulin**:

- On the **day before** your procedure:
 - For Humalog, Novolog, Apidra, Regular, NPH, or any pre-mixed insulin, take half your usual dose in the evening.
 - For Lantus, Levemir, or if you use an insulin pump, take your full dose or continue your basal rate.
- On the **day of** your procedure:
 - For Humalog, Novolog, Apidra, Regular, NPH, or any pre-mixed insulin, DO NOT take your morning dose. After your procedure, if you are eating, you can take your normal evening dose.
 - For Lantus, Levemir, or if you use an insulin pump, take your full dose or continue your basal rate.

Please note the following:

- If you check your blood glucose daily at home, check it more often the day before and day of your procedure, as the preparation process may cause changes in blood glucose. Please contact your PCP or endocrinologist (diabetes doctor) if you notice any concerning changes.
- If you have low blood glucose while taking the prep, you should take clear juices, regular soda, glucose tablets or gel.

Should I take my anti-hypertensive and anxiety medications?

In general, we recommend you take these regular medications when possible. However, you should contact your primary care provider if you think your situation may be different.

II. Questions About your Prep

What type of Prep am I taking?

Your gastroenterologist or primary care physician should have discussed which prep type you should take before your procedure. There are different prep types including the Miralax Prep, the Go-Lytely Prep, SuPrep, and the Extended Prep. The majority of our patients take the Miralax prep which does not require a prescription. If you are not sure which prep type you should take, please call the endoscopy nurse at the phone number included in your preparation instructions.

What is a clear liquid diet?

Clear liquids are fluids that you can see through. If you can read words on a printed piece of paper through the liquid, it is clear. Some examples of clear liquid are water, apple juice, clear broth and gelatin (not red). Black coffee and soda are also considered clear liquids. Milk, cream and juices with pulp, like orange juice, are not. Do not drink any artificially-dyed red liquids as they stain the fluid in the colon which can be mistaken for blood.

What colored liquids am I not supposed to drink during the prep process?

You should not drink any red-colored liquids during the prep process. You can drink blue and purple colored liquids

I don't have a prescription in my packet. What do I do?

If you have been given a prep that requires a prescription, your prescription will be sent electronically to your pharmacy so you should not expect to see a paper prescription in your packet. If your pharmacy does not have the prescription, please call our endoscopy nurse for prescriptions.

My pharmacy hasn't received the prescription yet. What do I do?

Call the endoscopy nurse at for the prescription. The endoscopy nurses' phone number is included in your preparation instructions.

I haven't gone to the bathroom yet, and I already took the first half of the prep. What should I do?

This can happen. You should remember to drink the second half of the prep 5 hours before your scheduled examination, which should start your bowel movements going. Make sure you are drinking plenty of other clear liquids.

What if I've taken all of the preparation but haven't started moving my bowels yet?

If you can, walking around helps the bowels to move. Drinking clear liquids, black coffee or tea may also help. After doing all this, if you have questions about the prep instructions or your procedure Monday-Friday (excluding holidays) between 8:00 am and 4:30 pm, please call 617-732-7426. If you are calling Monday-Friday after 4:30pm, during the weekend or on a holiday, please call 617-732-7426 and follow the prompts to speak with the GI Fellow on call. Before calling, please review our Frequently Asked Questions (FAQ).

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What if I've taken all my preparation and am still passing solid stool on the day of my exam?

In this case, your procedure will need to be rescheduled. You may be prescribed a different preparation for your next procedure. Please call the triage nurse to reschedule your procedure with a different preparation.

When will I stop moving my bowels?

Most people stop moving their bowels about 2 – 3 hours after finishing the solution. People are different and some have liquid movements until the time of the procedure. The instrument used during the colonoscopy will suction out any liquid left in the bowel. You will not have an “accident” during the procedure.

Do I really have to do half the prep tonight and half tomorrow?

We recommend drinking half the prep the evening before your procedure and half the morning of your procedure as splitting the prep this way leads to better cleaning of your colon, and makes it easier for your doctor to fully examine your colon and not miss things.

Do I really have to get up at 3am to finish the prep?

You should finish drinking the prep 4-5 hours before your scheduled arrival time. This may require you to wake up very early in the morning to complete the prep. Although inconvenient, the correct timing of drinking the prep is critical to obtaining a good colon preparation.

Can I drink all the prep the night before?

Following the correct timing of drinking the prep is important. Drinking the second dose closer to the time of your procedure rather than drinking the whole preparation the night before produces better results and a cleaner colon for your procedure.

Do I need to drink all of the preparation?

Yes. It is important to drink all of the preparation as the wall of the colon must be completely rinsed clean to see polyps. If the colon is not rinsed clean, the doctor can't see polyps clearly and your procedure may need to be rescheduled.

What do I do when I have to go to the bathroom in the morning? I have a long drive.

You may need to wake up earlier to drink the second half of the preparation. We recommend drinking the second half 5 hours before your scheduled arrival time. But if you have a 2 hour drive or greater, you may start the second half 6-7 hours before your scheduled arrival time to minimize the chance that you will need to use the bathroom frequently during your drive to the endoscopy center.

I can't stomach the prep. What can I do to make it go down easier?

Many patients say that the preparation is easier to drink when cold so put it in the refrigerator after mixing. Using a straw to drink the prep can help. Chewing gum or sucking on lemons or hard candy in between cups can help mask the taste. If you are nauseated, take a break for 30

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minutes, walk around, and then resume the prep with longer intervals between cups and sip the prep more slowly.

It is common to feel nausea during the preparation for colonoscopy. You may try to add some fruit juice, crystal lite, or ice to improve the flavor (nothing red). If you vomit, rest for 30 minutes, walk around, and try to resume drinking the preparation. The goal of the preparation is to clean out your colon completely. If you do not have clear stools after the preparation, your doctor will find it difficult to complete the exam.

If you feel the amount of prep has been a problem for you in the past or think it may be a problem, please discuss this with your primary care provider or doctor who ordered your colonoscopy. There are options with smaller volumes of prep, however, they are not appropriate for all patients.

I started vomiting after taking the prep. Can I still have my procedure?

It depends on how much of the prep you kept down and how well it worked. If you were able to keep down about 75% of the solution and your movements are clear, light yellow or tan liquid, the preparation is probably OK. If you are passing any solid stool and less than 50-75% stayed down, your procedure will probably need to be rescheduled.

Can I continue to drink clear liquids after I have started taking the preparation?

Yes. We want you to drink plenty of liquids during the preparation as long as they are clear. You may have clear liquids until 4 hours before your procedure. Do not eat any solid food for the whole day of your preparation or on the day of your procedure. You will be able to eat normally after you are discharged to go home.

I ate solid food on the day before my colonoscopy. Can I still have my procedure?

This depends on the results of your preparation. Solid stool may be leftover in your colon. But if you are passing clear liquid with no solid material, your procedure may still be able to be done.

I took mag citrate the last time. Can I do that this time?

We no longer recommend Magnesium Citrate as a bowel prep for our patients for our one-day prep. Other preparations produce a better cleansing effect with fewer risks and side effects.

Will the preparation irritate my hemorrhoids or skin?

Using moist wipes instead of toilet paper may help prevent irritation. Vaseline or Desitin may be applied to the anal area to protect the skin.

I currently have my period. Is this a problem?

No, it is safe to take the prep and have your procedure during your period. It will not interfere with the exam.

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I am severely constipated. I do not feel the prep was adequate last time or I feel I will not be cleaned out with the prep. What do I do?

Please contact your GI provider at least two weeks before your procedure to discuss the most appropriate prep and diet for you. There are other options if you have severe constipation or problems getting a clean prep before.

My directions say to stop eating fiber-containing food for 3-5 days before I start my prep. What can I eat?

You can eat foods like mashed potato, yogurt, bananas, eggs, white bread, white pasta, lean meats, ground beef, pizza without seeds or vegetables, creamy peanut butter, and low fiber cereals like Cream of Wheat, Rice Krispies and Special K. The important thing to remember is not to eat high fiber foods like whole grs, seeds, nuts, vegetables and fruits.

III. Questions about your Escort

In general, how long will I spend in the endoscopy unit and what time should I be picked up?

You should expect to spend approximately 3-4 hours in the Endoscopy Unit. Your escort cannot be in our waiting room during this time due to COVID restrictions, but should be available to pick you up within 30 minutes of being called.

How long is my procedure?

The length of the procedure depends on the type of procedure that you will have and the care that is required during the procedure. The colonoscopy procedure should take approximately 30-45 minutes. A flexible sigmoidoscopy or upper endoscopy generally takes 15-20 minutes

Why do I need an escort?

You will need an escort after the procedure because it is not safe to travel alone or drive after receiving sedation. This rule is strictly enforced to ensure safety. If your escort does not accompany you to the procedure, you must provide his/her name and phone number so we can verify that he/she will accompany you from the unit and provide transportation. **Your procedure will be cancelled and rescheduled if we cannot confirm that you have an escort prior to the procedure.**

I do not have a ride home. Can I still have my procedure?

In order for you to receive sedation, an adult relative or friend must drive you home. A taxi, Uber, or Lyft cannot do this for you. If an adult is with you, it is OK to take a taxi or bus together, but this person must stay with you until you are safely home. If you are planning to have sedation and do not have a ride, your procedure must be rescheduled to when someone can take you home.

IV. Pre-Procedure Questions

Why do I need to arrive at the GI Endoscopy unit 45 minutes before my test?

To prepare you properly for your test, we need to have you change into a gown and have an intravenous placed. Some paperwork will also need to be completed. If you come late to the unit, this will not only delay you, but also other patients.

What is moderate sedation? Will I be going to sleep?

It is combination of sedatives and narcotics. If you are getting moderate sedation, our goal is not for you to go to sleep but for you to feel comfortable during the exam. You will feel the effects of the medications for several hours after the procedure. Therefore, you cannot drive for 12 hours after the procedure.

I am taking pain pills. Will the moderate sedation medicines work for me?

The usual medicines given for procedures may not work well for people who take pain pills, medicines like Ativan (lorazepam), Klonopin (clonazepam), Valium (diazepam), or drink large amounts of alcohol. Stronger medicine given by anesthesia doctors works better in these cases. This type of sedation must be arranged when your procedure is scheduled. If your exam is already scheduled, and you will need stronger medicine for sedation, please call the endoscopy nurse. Tell the endoscopy nurse that you will need anesthesia for stronger sedation.

What are common complications that arise from colonoscopy or endoscopy?

The common complication from these procedures is related to moderate sedation. Many patients feel sleepy and tired after the procedures. After colonoscopy, bloating and cramps is common. The more serious complications include bleeding or perforation (a hole in the wall of your intestine). Bleeding may occur after a polyp is removed. With significant bleeding, you will see fresh, red blood in your stool. A perforation of your bowel will cause severe abdominal pain, hard, swollen abdomen, and fever. For these serious complications, it is important for you to be evaluated quickly in the emergency department.

V. Post-Procedure Questions

What if I haven't received my results from my procedure after 14 days?

Please contact your doctor's office via patient gateway or telephone.

What if I am still having pain after my procedure?

Some mild gas pain may be expected after your colonoscopy. Walking can be helpful. If pain is persistent and accompanied by fever, chills, blood in stools, hard abdomen, abdominal swelling or inability to pass gas, you should seek urgent medical attention.

What is a biopsy and how do I get the report?

A biopsy is a sample of tissue taken during a procedure. Biopsies are often taken of ulcers, tumors, polyps, and abnormal tissue in order to examine the samples with a microscope. The reports are usually available in 10-14 days, and can be seen on Patient Gateway. You may reach out to your doctor with questions about the biopsies.

Will I see my physician after the procedure?

Since you will be receiving sedatives for your procedures, you may not remember much of the test or the discussions afterwards. Because of this, many physicians ask that patients be informed of the procedure results with a written statement. This will help you remember what was found during the procedure. All reports are sent to the referring physician(s) after the procedure.