

MAGNESIUM CITRATE - COLONOSCOPY PREPARATION INSTRUCTIONS

You are scheduled for a colonoscopy: Estimated arrival time: _____

Date: _____ (Time of arrival will be confirmed the day before the procedure)

- You must have a friend or family member (18 years or older) to provide transportation to and from the procedure. If you plan to take a bus, taxi, or medical transport, an adult must accompany you.
- Dress comfortably. Do not wear jewelry or bring any valuables with you. You will need a picture ID and your insurance card.
- After your arrival, anticipate being at the procedure center for 2-3 hours.

OBTAIN SUPPLIES

Two bottles of **Magnesium Citrate** 10-ounce solution (no prescription needed)

One package of **Dulcolax (Bisacodyl)** 5 mg laxative tablets (no prescription needed)

ONE WEEK BEFORE THE PROCEDURE

- Stop taking any iron and fiber supplements.
- DO NOT eat salads, nuts, large seeds, corn, or popcorn. Avoiding these foods will ensure your colon is cleaned out for your procedure.
- Increase fluid intake to stay well-hydrated.

MEDICATIONS:

- Take all of your regular medications except:
- If you are on **diabetes or weight loss medications**, please refer to the last 2 pages.
- You should discuss the management of **blood thinner medications** with your prescribing doctor (Warfarin [*Coumadin*], Apixaban [*Eliquis*], Rivaroxaban [*Xarelto*], Clopidogrel [*Plavix*], Ticagrelor [*Brilinta*], Prasugrel [*Effient*], Dabigatran [*Pradaxa*], etc.).
- Continue taking daily Aspirin if prescribed by your doctor.
- Hold the following BLOOD PRESSURE medications the **morning of the procedure**:
 - Lisinopril (*Prinivil*, *Zestril*), Benazepril (*Lotensin*), Captopril (*Capoten*), Enalapril (*Vasotec*)
 - Losartan (*Cozaar*), Valsartan (*Diovan*), Irbesartan (*Avapro*), Olmesartan (*Benicar*)
 - Any other angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARB) blood pressure medications not listed above.

DAY BEFORE THE PROCEDURE

Diet:

- You need to follow a **clear liquid diet** ALL DAY. No solid food. Stay well-hydrated.
- Examples of clear liquid diet (no RED or PURPLE color):
 - Clear or clear flavored drinks ONLY and without pulp (e.g. apple juice, white cranberry juice, white grape juice, iced tea, Vitamin water, Snapple, Gatorade, etc.). No orange juice.
 - Black coffee or tea (with sugar or sweetener is okay). No milk, cream, or powdered creamer.
 - Clear soup or broth only. No solids.
 - Italian ice, popsicles, or plain Jell-O without fruits or toppings. No sherbets or fruit bars.
 - Avoid carbonated drinks if possible. If soft drinks consumed, ensure regular or diet sodas (e.g. ginger ale, cola, Sprite, 7-Up, etc.).

Preparation:

- At **noon**, take four **Dulcolax (Bisacodyl)** tablets with an 8-ounce glass of water.
- At **5:00 PM**, drink one bottle of **Magnesium Citrate** with an 8-ounce glass of water.

Medications:

- Take your regular medications other than the ones specified (see the last two pages).

DAY OF THE PROCEDURE

Preparation:

- **5 hours** before your scheduled arrival time, drink the **second** bottle of **Magnesium Citrate** with an 8-ounce glass of water.
- As a result of the preparation, your stool will be clear, yellow, and liquid.

Diet:

- You should **not have ANYTHING by mouth (other than your prep solution)** after midnight. No candy or chewing gum. Strictly avoid consuming anything by mouth for 4 hours prior to your procedure.

Medication:

- Take your regular medications with a **sip** of water other than the ones specified (see the last two pages).

During **weekday hours** (8 a.m. - 4:30 p.m.), if you have problems with the preparation and/or have questions, call **(860) 679-3238** and ask to speak with the GI nurse.

In the **evening or weekend hours**, if you experience difficulties with the preparation and/or have questions, call the on-call GI fellow at **(860) 679-2626**.

On the **day of the procedure**, if you need help with directions, call **(860) 679-1252**.

Frequently Asked Questions (FAQ): <https://health.uconn.edu/gastroenterology/patient-care/patient-resources/colonoscopy-frequently-asked-questions/>

General Guidance	
Medications	When to Hold
Metformin (<i>Glucophage, Glumetza, Fortamet</i>)	Continue the day before procedure. Hold on the day of procedure.
Sulfonylureas (Glyburide, Glipizide, Glimepiride)	
Thiazolidinediones (Pioglitazone / <i>Actos</i> , Rosiglitazone / <i>Avandia</i>)	
Glinides (Repaglinide / <i>Prandin</i> , Nateglinide / <i>Starlix</i>)	
DPP-4 Inhibitors (Sitagliptin / <i>Januvia</i> , Saxagliptin / <i>Onglyza</i> , Linagliptin / <i>Tradjenta</i> , Alogliptin / <i>Nesina</i>)	
Alpha-glucosidase Inhibitors (Acarbose / <i>Precose</i> , Miglitol / <i>Glyset</i>)	Hold for 7 days prior to procedure.
Phentermine	

SGLT-2 Inhibitors	
Medications	When to Hold
SGLT-2 Inhibitors: <i>Jardiance</i> (Empagliflozin), <i>Farxiga</i> (Dapagliflozin), <i>Invokana</i> (Canagliflozin)	Hold for 3 days prior to procedure.
Combination medications with SGLT-2 Inhibitors: <i>Glyxambi</i> (Empagliflozin-Linagliptin), <i>Qtern</i> (Dapagliflozin-Saxagliptin), <i>Synjardy</i> (Empagliflozin-Metformin), <i>Invokamet</i> (Canagliflozin-Metformin), <i>Xigduo</i> (Dapagliflozin-Metformin)	
SGLT-2 Inhibitors: <i>Steglatro</i> (Ertugliflozin)	Hold for 4 days prior to procedure.
Combination medications with SGLT-2 inhibitors: <i>Steglujan</i> (Ertugliflozin-Sitagliptin)	

GLP-1 Agonists	
Medications	When to Hold
Exenatide IR (<i>Byetta</i>)	Taken daily to twice daily. Continue the day before procedure. Hold the medication on the day of procedure.
Liraglutide (<i>Victoza, Saxenda</i>)	
Lixisenatide (<i>Adlyxin</i>)	
Pramlintide (<i>Symlin</i>)	
Semaglutide Oral Daily (<i>Rybelsus</i>)	
Insulin Glargine-Lixisenatide (<i>Soliqua</i>)	Taken weekly, hold the weekly dose for at least 7 days before the procedure so that you have not taken it for at least 7 days .
Insulin Degludec-Liraglutide (<i>Xyltropy</i>)	
Dulaglutide (<i>Trulicity</i>)	
Exenatide ER (<i>Bydureon</i>)	
Semaglutide (<i>Ozempic, Wegovy</i>)	
Tirazepatide (<i>Mounjaro, Zepbound</i>)	

For patients taking **insulin**, please see the guidance below:

GUIDANCE FOR PATIENTS TAKING INSULIN		
Insulin Type	DAY BEFORE Procedure	MORNING OF Procedure
SHORT/RAPID-Acting Insulin (a.k.a. Bolus) E.g. Novolog, Fiasp (<i>Aspart</i>), Humalog (<i>Lispro</i>), Apidra, Humulin R (<i>Regular</i>)	Take usual doses .	HOLD - Do not take any insulin.
INTERMEDIATE-Acting Insulin (<i>taken twice daily</i>) E.g. Novolin-N, Humulin-N (NPH)	Take usual doses .	Take 50% of the usual morning dose.
LONG-Acting Insulin [aka Basal] E.g. Lantus or Basaglar (<i>Glargine</i>), Levemir (<i>Determir</i>), Tresiba (<i>Degludec</i>), Tuojeo (<i>Glargine</i>)		
<ul style="list-style-type: none"> • Taken once daily in the MORNING 	Take usual morning dose .	<ul style="list-style-type: none"> • Type 1 DM - Take full morning dose. • Type 2 DM - Take 50% of morning dose.
<ul style="list-style-type: none"> • Taken once daily in the EVENING 	Type 1 DM - Take full evening dose . Type 2 DM - Take 50% of evening dose .	Do not take any insulin.
<ul style="list-style-type: none"> • Taken TWICE DAILY 	Take usual doses .	<ul style="list-style-type: none"> • Type 1 DM - Take full morning dose. • Type 2 DM - Take 50% of morning dose.
<ul style="list-style-type: none"> • If on [Basal only] OR [Basal + oral meds] AND • Basal dose greater than 50 units 	<ul style="list-style-type: none"> • If takes in the morning → Take usual dose. • If takes in the evening → Decrease dose by 50%. 	<ul style="list-style-type: none"> • Type 1 DM - Take full morning dose. • Type 2 DM - Take 50% of morning dose. AND • Hold any oral diabetes meds.
Pre-Mixed Insulins (e.g. 70/30; 75/25; 50/50) (<i>taken twice daily</i>)	Take usual doses (<i>last evening dose should be taken before 6 PM and NOT missed</i>).	<ul style="list-style-type: none"> • Type 1 DM - Obtain a plan from a primary prescriber. • Type 2 DM - HOLD pre-mixed insulins.
Insulin Pump* (<i>Must have a clear plan from a primary endocrinologist and bring adequate supplies</i>)	Maintain usual meal plan and basal rate .	<ul style="list-style-type: none"> • HbA1c >7: Maintain basal rate on day of procedure. • HbA1c <7: Decrease basal rate to 50% on day of procedure.

For **insulin pump patients, the above guidelines should be **individualized** and they should **receive instructions from their endocrinologist**.*