

Preparation for Balloon-Assisted Lower Endoscopy

What is the purpose of a balloon-assisted lower endoscopy?

This procedure allows us to carefully look at your small intestine, which can help diagnosis and treat many conditions that affect the small intestine.

Planning for the procedure

- **You must have a driver** who is 18 years or older with you at check in and discharge. If you do not have a driver with you at check in, we will need to reschedule your appointment.
 - This person must stay in the unit during your entire visit so that they are available as soon as you are ready to be discharged (cleared to leave the clinic or hospital). You will not be discharged unless this person is in the unit. Because your judgment may be impaired after this procedure, you will not be released to take public transportation, a taxicab, or even to walk home without another responsible adult to go with you.
- The entire procedure appointment may take at least 3-4 hours to complete. Please tell your driver that they must stay in the unit during your entire visit.
- **Please leave all jewelry and personal items at home.** If you bring jewelry to your appointment, we may have to ask you to remove it.
- **Please do not wear contact lenses.**
- If you have not received a bowel prep, call the Endoscopy Call Center at (734) 936-9250 or toll-free at (877) 758-2626.
- If you have diabetes, ask your health care provider for diet and medicine instructions.
- If you must cancel or reschedule your appointment, please call the Endoscopy Call Center as soon as possible at (734) 936-9250 or toll-free at (877) 758-2626.

What supplies do I need to prepare before my procedure?

Fill your prescription for PEG/Electrolyte-Generic, NuLYTELY®, GoLYTELY®, or CoLyte® at your local pharmacy.

What are my instructions for taking medication and preparing my colon for the procedure?

The timeline table below will help you figure out the days of the week for your prep. First, figure out what day of the week your appointment is. Then highlight or circle the correct row to see your other prep days.

- If you reschedule your appointment, you must redo the timeline table to match your new date.

My appointment is: _____
(Date, day, and time)

Timeline table:

My appointment is on:	7 days before is:	4 days before is:	3 days before is:	2 days before is:	1 day before is:
Monday	Monday	Thursday	Friday	Saturday	Sunday
Tuesday	Tuesday	Friday	Saturday	Sunday	Monday
Wednesday	Wednesday	Saturday	Sunday	Monday	Tuesday
Thursday	Thursday	Sunday	Monday	Tuesday	Wednesday
Friday	Friday	Monday	Tuesday	Wednesday	Thursday
Saturday	Saturday	Tuesday	Wednesday	Thursday	Friday

Follow the instructions below carefully to ensure a successful procedure.

7 days before your endoscopy	Day: _____ (Fill in the day according to the timeline table)
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- If you take aspirin or NSAIDs, such as Advil®, Motrin®, Celebrex®, or ibuprofen, you may continue to take them as usual.

- If you take a blood thinner, such as Plavix®, Pradaxa®, Clopidogrel®, Coumadin®, warfarin, Effient®, Prasugrel®, or Lovenox®, ask your health care provider for specific instructions.
- Stop taking iron supplements (ferrous sulfate or polysaccharide iron complex).
- Stop taking phentermine (Adipex-P®, Lomaira™, Fastin®, Phentercot®) and phentermine and topiramate (Qsymia®). These are weight loss medications.
- If you take semaglutide (Ozempic®, Wegovy®), dulaglutide (Trulicity®) or tirzepatide (Mounjaro®) once a week, stop taking it a week before your procedure.

4 days (96 hours) before your endoscopy	Day: _____ (Fill in the day according to the timeline table)
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- **96 hours before your endoscopy**, stop taking the following diabetic/weight loss medications: ertugliflozin (Steglatro®), ertugliflozin and metformin (Segluromet™), and ertugliflozin and sitagliptin (Steglujan®).
 - If you do not stop taking these medications exactly 96 hours before your endoscopy, your procedure may need to be cancelled and rescheduled.

3 days (72 hours) before your endoscopy	Day: _____ (Fill in the day according to the timeline table)
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- Stop eating popcorn, corn, beans, nuts, fruits with small seeds, tomatoes, and celery.
- **72 hours before your endoscopy**, stop taking the following diabetic/weight loss medications: bexagliflozin (Brenzavvy®), empagliflozin (Jardiance®), dapagliflozin (Farxiga®), canagliflozin

(Invokana®), dapagliflozin and saxagliptin (Qtern®), dapagliflozin and metformin (Xigduo® XR), canagliflozin and metformin (Invokamet®, Invokamet® XR), empagliflozin and metformin (Synjardy®, Synjardy® XR), and empagliflozin and linagliptin (Glyzambi®).

- If you do not stop taking these medications exactly 72 hours before your endoscopy, your procedure may need to be cancelled and rescheduled.

2 days before your endoscopy	Day: _____ (Fill in the day according to the timeline table)
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Stop eating solid food. Begin a clear liquid diet. Drink at least 8 glasses of water during the day to avoid dehydration. Look at the table below to check which liquids and drinks are allowed on a clear liquid diet.

You may drink these liquids:	Do not drink these liquids:
<ul style="list-style-type: none"> • Water • Gatorade®, Pedialyte®, or Powerade® • Coffee or tea (without milk, cream, or non-dairy creamer) • Carbonated or non-carbonated soda • Fruit-flavored drinks • Apple juice, white cranberry juice or white grape juice • Jell-O (gelatin) or popsicles • Broth 	<ul style="list-style-type: none"> • Any red or purple liquids • Alcohol • Milk, cream, or non-dairy creamer • Juice with pulp • Any liquid you cannot see through

**1 day before
your endoscopy**

Day: _____
(Fill in the day according to the timeline table)



Continue the clear liquid diet throughout the day. No solid foods.



At 8:00 AM: Drink one 8 ounce (oz) glass of PEG/Electrolyte-
Generic, NuLYTELY®, GoLYTELY®, or CoLyte® solution and continue
drinking one 8 oz glass every 15 minutes until 2 liters (64 oz) of the
prep solution is gone.

- Do not drink any other liquids while you are drinking the
PEG/Electrolyte-Generic, NuLYTELY®, GoLYTELY®, or CoLyte®
solution.



Between 5:00 and 6:00 PM: Drink 2 liters (64 oz) of the prep
solution over the course of 2 hours. This completes the first 4-liter
container of prep solution.

**The day of
your endoscopy**

Day: _____
(Fill in the day according to the timeline table)

- **Starting at 12:00 AM (midnight), don't eat any solid foods, broth, or
Jell-O (gelatin).**
- If you take semaglutide (Rybelsus®) or liraglutide (Saxenda®) every day,
do not take it on the day of your procedure.



5 hours before you need to leave for your procedure, drink
another 2 liters (64 oz) of prep solution. Afterward, you will have 2

liters of prep solution left in the container, which you can throw away.

- You may take all your morning medicines (except for oral diabetes medicine) as usual with 4 oz of water **up to 4 hours before your procedure.**
- **2 hours before your procedure,** stop chewing gum and stop drinking all liquids.
- Bring a list of all your current medicines with you, including over-the-counter medicines.

You are ready for the procedure if you followed all instructions and your stool (poop) is a clear or yellow liquid.

Colon cleansing tips:

- Stay near a toilet! You will have diarrhea, which can be quite sudden. This is normal.
- Continue to drink the prep solution, as directed.
- Rarely, people may have nausea or vomiting with the prep. If this happens, give yourself a 30-to-90-minute break, rinse your mouth or brush your teeth, then continue drinking the prep solution.
- It is common to experience abdominal (stomach) discomfort until the stool has been flushed from your colon (this may take 2-4 hours and sometimes much longer).
- You may have anal skin irritation or a flare of hemorrhoid inflammation. If this happens, treat it with over-the-counter treatments, such as hydrocortisone cream, baby wipes, Vaseline®, or TUCKS® pads. Don't use products containing alcohol. If you have a prescription for hemorrhoid cream, you may use it. Do not use suppositories.

When should I call the call center?

If you have been sick and have had any of the following symptoms within 48 hours of your appointment, please call the Endoscopy Call Center at (734) 936-9250:

- Fever greater than 100.6° Fahrenheit
- Productive cough (your cough brings up a thick fluid)
- Diarrhea or vomiting (that is not related to taking the bowel prep)

→ Turn the page to learn about the benefits, risks, and alternatives for a balloon-assisted lower endoscopy.



What are the Benefits, Risks and Alternatives for Balloon-Assisted Lower Endoscopy?

Before starting the procedure, a member of our team will ask you to sign a consent form. By signing this form, you are agreeing that we have given you information and you understand the procedure, its benefits and risks, and the alternatives (other options) for balloon-assisted lower endoscopy. Read this handout or view the video at: bit.ly/MM-BAE to understand your informed consent.

What are the benefits of a balloon-assisted lower endoscopy?

The endoscopy allows for a deep look at the small intestine to diagnose or treat many conditions, including:

- Sources of intestinal bleeding
- Ulcers (sores)
- Inflammation, such as Crohn's disease
- Small bowel polyps (bits of extra tissue)
- Narrowing of the small bowel
- Celiac disease
- Retrieval of foreign objects (removing things that aren't supposed to be in your body)

What are the risks of a balloon-assisted lower endoscopy?

The risks of having a balloon-assisted endoscopy are low but may include:

- Reaction to the sedation medication (the medication used to relax you during the procedure), including breathing or heart problems
- Bleeding (which occurs in less than 1 in 100 people)
- Perforation, meaning a tear or hole in the bowel (which occurs in less than 1 in 100 people)

- Infection (which occurs in less than 1 in 100 people)
- Aspiration, where the contents of the stomach get into the lungs, which may lead to a lung infection called pneumonia (this occurs in less than 1 in 100 people)
- Pancreatitis, or inflammation of the pancreas (which occurs in less than 1 in 100 people)
- Blood transfusion or surgery may be needed to treat the conditions above (this is rare)

Is there anything that increases my risk?

- Risks are higher if you are taking steroids or blood thinners, or if you have certain serious diseases such as heart failure or severe lung disease.
- Risks may also be higher when the procedure involves removing or expanding tissue.

What are the alternatives to a balloon-assisted lower endoscopy?

- Surgery, which is more invasive
- Other imaging tests such as x-rays or CT scans

Disclaimer: This document contains information and/or instructional materials developed by University of Michigan Health for the typical patient with your condition. It may include links to online content that was not created by U-M Health and for which U-M Health does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition, or your treatment plan.

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