



Bowel preparation: options and practical tips

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Your Glycoprep plan

I usually use standard Glycoprep. The exact product, amount, mixing instructions and timing may differ for each person. Follow the current instructions for your appointment. Let our team know about constipation, a previous poor preparation, kidney or heart disease, diabetes or a fluid restriction. A standard course commonly uses about 3 to 4 litres of prepared solution.

Before the preparation

Your service will usually ask you to follow a short low-residue diet first, choosing lower-fibre foods and avoiding foods such as wholegrains, nuts and seeds as instructed. Some plans also include bisacodyl. Take it only when it is included in your own appointment instructions.

Other options

I usually start with Glycoprep. If a lower-volume alternative is appropriate, I generally prefer Plenvu, which usually contains 1 litre of preparation drink plus additional clear fluids. Moviprep, PicoPrep and combination kits are other options for selected people. Contact us before changing products.

Make it easier to drink

Chill the correctly mixed preparation if allowed and try a straw. Drink at the instructed pace. A short pause may help mild nausea or fullness, but keep within your schedule and fluid cut-off. Ask our team beforehand whether an anti-nausea medicine would help.

Fluids and comfort

Use the allowed clear fluids, including water and options such as clear broth or a suitable electrolyte drink. Avoid red or purple drinks, milk and smoothies. Follow individual advice for diabetes or fluid restriction. Stay near a toilet. Barrier cream and gentle cleaning can reduce a sore bottom.

Medicines and finishing the course

Follow your individual medicine plan, including whether each blood thinner is withheld and when to restart it if withheld. Complete the prescribed preparation even if poo looks clear, unless advised otherwise. Do not add laxatives, change dose times or reduce mixing water yourself.

Call us if you are struggling

Contact our endoscopy team to discuss an alternative regimen or if you cannot finish, keep vomiting, cannot keep fluids down or the bowel has not cleared. Marked dizziness or very little urine also needs prompt advice. Severe pain, marked swelling with vomiting, fainting or confusion need urgent assessment.





Why different volumes?

Your prescribed course may be 3 or 4 litres; a larger course, sometimes 6 litres, is reserved for selected people with constipation or a previous poor preparation. More is not automatically better. Check whether the stated volume means preparation solution or total fluid including extra clear drinks. Follow your own product, sachet count, mixing water and timetable.

What should the output look like?

Aim for watery bowel motions you can see through, without solid pieces. Finish the prescribed course even if the output clears early, unless the team tells you to stop. Keep the drinking cut-off and do not add laxatives yourself.

		
Solid pieces or thick brown liquid Stool remains. More clearing is needed.	Cloudy liquid You cannot see through it. More clearing is needed.	See-through, often pale yellow Watery, without solid pieces. This is the aim.

Illustrative examples. It need not be colourless. Appearance cannot confirm that the whole colon is clean.

If the preparation is not clear enough

If you are unsure whether the preparation is adequate and cannot reach anyone, for example with an early-morning appointment, attend at the booked time and tell the team. They will assess whether the examination can proceed or whether additional preparation, such as an enema or further bowel-cleansing medicine, can be provided if time allows. If you feel unwell, seek medical advice rather than waiting for the appointment. Severe or increasing tummy pain, a swollen tummy with vomiting, fainting or confusion need urgent assessment. In an emergency call 111.

Call 111 if you collapse, have severe breathing difficulty or are too unwell to travel safely.

