

Nothing by mouth including chewing gum, hard candy or mints
3 hours prior to procedure or risk delay or cancellation

MOVIPREP PREPARATION FOR COLONOSCOPY

Your Procedure is with Doctor _____ Date _____ @ _____

- 2550 Windy Hill Rd. Suite 302, Marietta (770-226-9070) Arrival Time: _____
- 880 Crestmark Dr. Suite 102, Lithia Springs (678-388-2040)
- 118 Mill St. Suite 100, Woodstock (678-819-4281) Scheduler: _____

The following are instructions for your procedure. **Please read both sides of your instructions carefully.** You must complete the entire checklist: You must be on clear liquids only the entire day before your procedure, No solid foods until after the procedure. **No clear liquids 3 hours prior to procedure or risk delay or cancellation.** Your stomach must be empty!

Seven (7) days prior to your procedure:

- **You will need to fill the prescription attached at any pharmacy.**
- Please stop taking iron supplements or any multi-vitamins containing iron.
- Please make arrangements for an adult to stay at the facility for the duration of your procedure and drive you home.
****NO Driver = NO Procedure!**
- If you have major health problems or an internal defibrillator you should discuss your health history with the anesthesiologist at the center. Please contact them as soon as possible by calling your assigned center at the phone number above.

Five (5) days prior to your procedure:

- ***If approved by the prescribing physician stop taking ANY BLOOD THINNERS such as: Aspirin, Plavix, Coumadin, Effient, Xarelto, Aggrenox, Brilinta, Lovenox, Arixtra, Pletal or Pradaxa.***
- **If you have not received instructions on managing these medications please call 678-741-5000 immediately.**

Three (3) days prior to your procedure:

- Review all the endoscopy consents and fill out health history, if you did not do so recently at the office.

One (1) day prior to your procedure:

- **Clear liquid diet for the entire day** (see attached list). **No solid foods until after the procedure.**
- **Do not follow the directions on box**, instead Empty 1 pouch A and 1 pouch B into the disposable container. Add lukewarm water to the top line on the container. Cap the container and shake to dissolve. Refrigerate until you are ready to drink it. Once mixed the solutions must be used within 24 hours.

If your procedure time is scheduled BEFORE 10am follow the instructions below:

- [] At 6:00 pm on the day BEFORE your procedure begin drinking the first liter of the Moviprep solution. Drink an 8oz glass every 15 minutes until all of the solution has been consumed (1 liter). Once completed, empty the 2nd pouch A and the 2nd pouch B into the disposable container and add lukewarm water to the top line on the container. Cap the container and shake to dissolve. Drink an 8oz glass every 15 minutes until all of the solution (1liter) has been consumed. You may continue to drink clear liquids upon completion of the prep. **No clear liquids or chewing gum 3 hours prior to procedure or risk delay and/or cancellation.**

If your procedure time is scheduled 10AM or LATER, follow the instructions below:

- [] Starting at 6:00 pm on the day BEFORE your procedure, drink the first mixed liter of preparation, 8oz every 15 minutes until complete. The other 1 liter will be consumed the following morning.

***** ***If you are on insulin, take only a half dose the evening before your procedure.*** *****

Continued on Back

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hours prior to procedure or risk delay or cancellation #

The day of your procedure:

- [] At 5:00 am, mix the second pouch A and pouch B into the 1 liter and add lukewarm water to the top line of the container. Cap and shake well. Drink an 8oz glass every 15 minutes until the entire solution consumed. Once completed you may drink clear liquids up to 3 hours prior to your procedure.

No clear liquids or chewing gum 3 hours prior to procedure or risk delay and/or cancellation.

- When finished with the prep, your bowel movements should be watery and see-through and free of solids (flecks are ok). The color may appear clear to yellow, green or tan.
- Take prescribed medications with a small sip of water with the exception of insulin and other diabetic medications.
- **Do not take any insulin** the morning of your procedure.
- If you use an inhaler, bring it with you to your procedure.
- Please do not wear jewelry, including body piercings, or lotion to the center.

*******Plan on a four (4) hour stay*******

A patient representative/responsible party is necessary because of the use of sedation. The doctor will not perform the procedure without knowing that a responsible party is in the waiting area.

The responsible party must:

- **Be at least 18 years of age**
- **Remain at the facility the entire time**
- **Receive discharge instructions and pertinent medical information**
- **Possibly need to assist the patient with dressing**
- **Drive the patient home**

***** ***If you have any questions, please contact our office at any time at 678-741-5000.*** *****

CLEAR LIQUID DIET INSTRUCTIONS

This diet provides foods which will leave minimal residue in the intestinal tract.

If you are having a colonoscopy or flexible sigmoidoscopy, please do not use any artificially colored red, purple or orange liquids such as Punch flavored Gatorade® or red Popsicles®.

<u>GROUP</u>	<u>LIQUIDS ALLOWED</u>
Fruit Juice	Apple juice, White grape juice.
Beverages	Black coffee, tea, carbonated beverages such as Sprite® or Coca-Cola®, Gatorade®, Powerade®, Kool-Aid®, strained lemonade. ** Make sure to AVOID all red, purple and orange coloring.
Protein	Clear broth or bouillon soups
Desserts/Sweets	Popsicles®, fruit flavored ices, flavored gelatin, Jell-O and clear hard candy. ** Make sure to AVOID all red, purple and orange coloring.
Seasoning	Lemon juice or honey for tea. Sugar for coffee. ** NO creamer.

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