



COLONOSCOPY PREPARATION

(Movi Prep)

Your appointment is scheduled with Dr. _____
on:

Day _____
_____ AM/PM

Date _____

Check in Time

Procedure Time _____ AM/PM

At the following location:

Digestive Health Center, 5250 Kietzke Lane, Reno, NV, 89511-775-829-8855

- ❖ **Please arrange for transportation home** - your procedure will not be performed if you do not have an adult driver accompanying you from the Endoscopy Center. You cannot walk, take a taxi, or a bus home by yourself. Due to the nature of the sedation, you cannot drive, operate mechanical equipment or drink alcohol on the day of your procedure.
- ❖ Plan to be at the center for approximately **2 ½ hours**.
- ❖ If your driver does not plan to stay at the center, they must be available by phone and should be no further than 20 minutes away. Procedures scheduled after 2:00 pm, drivers are requested to stay at the center to expedite patient discharge home.
- ❖ Only one person is allowed in the recovery area at a time. No food, drinks, cell phones, or children are permitted in the admitting or recovery area.
- ❖ **PLEASE PICK UP YOUR BOWEL CLEANSING/LAXATIVE PRESCRIPTION AT THE PHARMACY WITHIN 7 DAYS OF RECEIVING THESE INSTRUCTIONS.**

Before your examination, continue to take your normal prescription medication(s). **Please inform your nurse if you are taking any blood thinning medications such as Coumadin/Warfarin/Pradaxa, Aspirin, or Plavix, or Diabetic medications for instructions.**

7 DAYS BEFORE YOUR PROCEDURE: STOP Aspirin/Aspirin products, anti-inflammatories (examples: Aleve, Advil, Motrin) Fish Oil, Iron Supplements, Alli® (Unless otherwise directed)

4 DAYS BEFORE YOUR PROCEDURE: Avoid high fiber foods from now until after your procedure. No salads, raw vegetables, nuts, seeds, popcorn, beans, peas, corn, whole wheat. **Suggested foods:** Chicken/Turkey, pasta, potatoes without skin, white rice, and white bread. **This is not a strict diet and these foods are not mandatory for the prep, only recommendations.**

1 DAY BEFORE YOUR PROCEDURE: **No solid foods this day.** Follow the preparation instructions on the back.

DAY OF PROCEDURE: Do not eat anything. Do not take anything by mouth **2 hours** prior to your examination. This includes water, gum and hard candy/mints or use chewing tobacco products.

Please wear comfortable clothes. Bring your insurance card, picture ID and required payment for your Co-pay/Deductible. Please leave valuables at home. Please have our current medications documented on the DHC Patient Medication Reconciliation Form provided to you. This form is required by the center.

TURN SHEET OVER FOR DETAILED PREPARATION INSTRUCTIONS

ONE (1) DAY BEFORE YOUR PROCEDURE (ALL DAY)

NO SOLID FOODS/MILK or JUICES WITH PULP PRODUCTS ALLOWED THIS DAY

You are to drink a clear liquid diet throughout the day!

If you are diabetic, take only HALF of your usual dose of diabetes medications.

Do not take any supplements this day.

DRINK ONLY CLEAR LIQUIDS STARTING FROM THE TIME YOU WAKE

UP!

Clear liquids include:

Water	Soft Drinks (no red/purple)	Gatorade (no red/purple)
Bouillon	Popsicles (no red/purple)	Jello (no red/purple)
Clear Fruit Juices (no pulp)		Black Coffee/Tea (1-2 cups, no creamer, sugar OK)

THE DAY BEFORE YOUR COLONOSCOPY (NO SOLID FOODS)

- Mix the Moviprep:
1. Add one packet A and one packet B into the container
 2. Add water to the top line of the container. Mix until dissolved.
 3. You may refrigerate your prep if you prefer
- ** You will repeat these steps a second time**

A 24 hour MoviPrep patient help line is available toll free 1-855-466-8479

- At 6:00 PM the evening before your procedure, begin DOSE 1 of MoviPrep
1. Drink one 8oz. cup of MoviPrep every 15-30 minutes (4 cups total)
 2. Drink **ALL** of the liquid in the container
 3. Immediately following, drink 16oz. (2 cups) of water
 4. Repeat mixing instructions above to prepare for your morning dose

THE DAY OF YOUR COLONOSCOPY (NO SOLID FOODS)

- At _____ (4 HOURS PRIOR TO YOUR PROCEDURE), take the second dose of MoviPrep
1. Drink one 8oz. cup of MoviPrep every 15 minutes (4 cups total)
 2. Drink **ALL** of the liquid in the container
 3. Immediately following, drink 16oz. (2 cups) of water
 4. ***IMPORTANT:*** You ***MUST*** drink the 16-ounces of water within the next hour. ***Finish the water at least 2 hours prior to procedure time.***

5. DO NOT HAVE ANYTHING TO DRINK AFTER FINISHING THE MOVIPREP MIXTURE AND 2 CONTAINERS OF WATER

6. If you are DIABETIC, do not take your diabetes medications.

DO NOT EAT ANYTHING. DO NOT DRINK OR USE SALIVA PRODUCING PRODUCTS INCLUDING: WATER, HARD CANDY, GUM, OR CHEWING TOBACCO PRODUCTS DURING THE TWO (2) HOURS PRIOR TO PROCEDURE. YOUR PROCEDURE MAY BE DELAYED OR CANCELLED IF THESE DIRECTIONS ARE NOT FOLLOWED. SEE MEDICATION FAQ'S ABOUT WHAT MEDICATIONS TO TAKE THE DAY OF YOUR PROCEDURE.

IF ORAL ANTIBIOTICS ARE PRESCRIBED BY YOUR PHYSICIAN, THE PILLS MUST BE TAKEN TWO HOURS PRIOR TO PROCEDURE TIME WITH SIPS OF WATER.