

MOVIPREP

**DIGESTIVE MEDICINE ASSOCIATES * * 8895 BROADWAY * * MERRILLVILLE, IN 46410 TO SCHEDULE:
219-736-4219 FAX: 219-736-4847 24 HOUR ANSWERING: 219-738-2081
www.gimed.com**

You have been scheduled for a colonoscopy.

Please arrive on _____
DAY/DATE/TIME

at _____
PLACE

NOTE: You must have a driver present when you arrive for your procedure. Your driver must remain in the waiting room during your procedure. Public transportation or cabs are not allowed.

Your Medication

If you are taking Coumadin, Plavix, Aggrenox, Effient, Pradaxa, or any blood thinners, please **notify our staff** if you have not received instruction regarding this medication. **Blood pressure and heart medication must** be taken the morning of the procedure.

Diabetic patients should take ½ (half) the usual dose of insulin or diabetes medication while on the clear liquid diet. Do not take insulin or diabetes medication the morning of the procedure. Please check your blood sugar the morning of the procedure and tell your nurse the reading.

NOTE: You should fill your prescription for Moviprep at your pharmacy as soon as possible. If your pharmacy does not have Moviprep in stock, it can be ordered and ready for you to pick up within 24 hours.

IMPORTANT: In addition to the prep, please drink additional clear liquids before, during and after drinking the prep solution. **STOP DRINKING LIQUIDS 3 HOURS BEFORE YOU ARE SCHEDULED TO ARRIVE for your colonoscopy or the procedure will be cancelled and rescheduled. Not even a sip!!**

On the day before the procedure please do not eat solid food after 9:00 a.m. Start a **clear liquid diet**. Please see "Just What is a Clear Liquid" on the back of this sheet. Do not drink any dairy products or smoothies or anything containing artificial red dye.

There are a total of 4 pouches of powder; two marked "A" and two marked "B".

1. In the morning, mix **1 pouch A** and **1 pouch B** in to the 1 LITER disposable container and add lukewarm water to the top line on the container. Mix it to dissolve the powder. Put container in the refrigerator to chill.

2. At 5:00 p.m. begin drinking the Moviprep. The container is divided by four marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 ounces), until the full liter is finished.
3. After 7:00 p.m. drink 16 ounces of clear liquids from the above list. (use the container to measure 16 ounces).
4. Moviprep will take effect in 30 minutes to 2 hours, so stay close to bathroom facilities.
5. Mix **2nd pouch A** and **2nd pouch B** into the 1 liter container. (Use ice to chill) Take the **second liter** of Moviprep on _____ (date) at _____(time) followed by 16 ounces of clear liquids.

If you have access to a computer, we encourage you to visit this website: www.asge.org. Go to "Press Room", then "Patient Education Videos". You can then view a video about your procedure, "Colonoscopy". Visit www.gimed.com for information about the Digestive Medicine Associate physicians, maps, office staff, endoscopy staff, etc.

Revised 9/2/10
Rev. 3/4/11
Rev. 3/21/16