COLONOSCOPY PREPARATION INSTRUCTIONS - Moviprep

Patient Name: Doctor:		
 Procedur	 re Date:	 Check-in ata.m./p.m. with procedure to
follow one	e hour later.	
Facility v	where procedure is	to be performed: <u>Southeast Valley Endoscopy Center</u>
1. NO CO 2. FOI NO clea	NUTS SEEDS, POPOLONOSCOPY. R THE ENTIRE DAY BIT SOLID FOODS MAY BE ar fluids before beginn fee, soda, clear broth,	MoviPrep at your pharmacy. CORN OR CORN FOR ONE WEEK PRIOR TO YOUR EFORE YOUR TEST, FOLLOW A CLEAR LIQUID DIET. EE EATEN! We recommend that you drink at least 32 ounces of ning the prep. Clear liquids include water, pulp-free juice, tea, Jell-O, popsicles and Gatorade (no red or purple). Please do not lucts, non-dairy creamer, red or purple products or alcoholic
	5	HOURS PRIOR TO YOUR CHECK-IN TIME – THIS INCLUDES
		GUM AND MINTS. You may continue to drink clear liquids up to
	r hours prior to your o	
	•	LAXATIVE SOLUTION:
4. W N		
	• At 5:00 p.m. the day disposable container. A put MoviPrep in the resolution every 15 minu choice. This is necessary	before your colonoscopy, empty one Pouch A and one Pouch B into the Add lukewarm water to the top line of the container. Mix to dissolve. You may efrigerator to chill. Within one hour, begin drinking 8 oz of the MoviPreputes until the full liter is consumed. Then drink 16oz of the clear liquid of your ary to ensure adequate hydration and an adequate prep.
	the disposable contain may put MoviPrep in t	er. Add lukewarm water to the top line of the container. Mix to dissolve. You the refrigerator to chill. Within one hour, begin drinking 8 oz of the MoviPreputes until the full liter is consumed. Then drink 16oz of the clear liquid of your
	If you have a check-in	n time of 10:00 a.m. or later:
	disposable container. A put MoviPrep in the re solution every 15 minu choice. This is necessary	before your colonoscopy, empty one Pouch A and one Pouch B into the Add lukewarm water to the top line of the container. Mix to dissolve. You may efrigerator to chill. Within one hour, begin drinking 8 oz of the MoviPrep utes until the full liter is consumed. Then drink 16oz of the clear liquid of your ary to ensure adequate hydration and an adequate prep.
	one Pouch A and one lethe container. Mix to dethe full liter is consum	Pouch B into the disposable container. Add lukewarm water to the top line of dissolve. Begin drinking 8 oz of the MoviPrep solution every 15 minutes until med. Then drink 16oz of the clear liquid of your choice. If you wish to chill the lave to start 6 ½ hours before your check-in time.

• Failure to follow these instructions could result in your procedure being postponed or cancelled. This is for your safety and to prevent an increased risk of pulmonary aspiration due insufficient time to allow stomach contents to be empty.

* PLEASE READ BACK AND FRONT OF THIS INSTRUCTION SHEET ONE WEEK PRIOR TO YOUR PROCEDURE *

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MEDICATION INSTRUCTIONS:

- Stop taking the following medications FIVE (5) DAYS before your procedure, unless directed otherwise by your healthcare provider:
 - o Supplements such as iron and vitamin E. Multivitamins may be continued.
 - Anti-inflammatory medications such as ibuprofen (Advil, Motrin), naproxen (Aleve, Anaprox, Naprosyn), diclofenac (Arthrotec, Voltaren, Cataflam), oxaprozin (Daypro), piroxicam (Feldene), indomethacin (Indocin), ketoprofen, ketorolac, etodolac (Lodine), meloxicam (Mobic), nabumetone (Relafen), salsalate, sulindac. Tylenol is fine to take if you have discomfort.
 - Medications to thin the blood such as warfarin (Coumadin, Jantoven), clopidogrel (Plavix), ticlopidine (Ticlid), dipyridamole (Persantine, Aggrenox), anagrelide (Agrylin), cilostazol (Pletal), Effient (prasugrel), Xarelto (rivaroxaban) unless specified otherwise.
 - O <u>Pradaxa</u> is generally stopped 1-5 days prior to a procedure, depending on kidney function. Please discuss with the prescribing physician when this medication should be held prior to your procedure.

• DIABETIC MEDICATIONS:

- o On the MORNING OF YOUR PREP DAY, take half of your usual diabetic medications.
- o On the EVENING OF YOUR PREP DAY, do not take any diabetic medications.
- o On the MORNING OF YOUR PROCEDURE DAY, do not take any diabetic medications.
- OTHER HEART MEDICATIONS (such as blood pressure medications) should be taken on the day of your procedure with a <u>small sip</u> of water. Medications must be taken <u>at least two hours prior to your check-in time</u> to allow the stomach to empty prior to your procedure.
- Please bring any **INHALERS** that you use with you to your procedure.
- **ASPIRIN THERAPY:** It is okay to continue aspirin 81mg or 325mg daily the week prior to your colonoscopy.

If you have questions regarding a medication not listed above, please contact our office at least one week prior to the colonoscopy.

REMINDER: Nothing by mouth 4 hours before your check-in time