



Digestive Care Center



- WILLIAM F. JOHNSON, MD
- GARDAR GISLASON, MD
- DONALD M. BAILEY, MD
- VAJRAVEL M. PRASAD, MD
- SRINIVASAN D. RAO, MD
- MICHAEL B. RUSCHE, MD
- AHMED S. KHAN, MD
- REBECCA G. CAREY, MD

Patient Name: _____ Date of Colonoscopy: _____

Arrival Time: _____ which is _____ before your procedure.

Place:	Gastrointestinal Endoscopy Center	Deaconess	Gateway	St. Mary's Hospital
	Suite 110 West (FIRST FLOOR)	Main Lobby	Main Lobby	Main Lobby
	801 St. Mary's Dr., Evansville	Patient Registration	Patient Registration	Patient Registration
	(812)477-6103	(812)450-3095	(812)842-2000	(812)485-4806

****Because of the medications you will receive, you must bring someone with you who can stay and drive you home.***

Preparing for your Colonoscopy:

1. Do not take these medications seven days before your procedure.
 - a. Aspirin, aspirin containing drugs, also Plavix. **You may take Tylenol, and Celebrex.**
 - b. Iron medications/supplements such as *Fermaxol, Niferex, Ferrous Sulfate* or vitamins containing iron.
 - c. Non-Steroidal anti-inflammatory (arthritic) medications. (Advil, Nuprin, Motrin, Aleve, Ibuprofen, etc.)
 - d. Any fiber supplements such as *Metamucil, Citrucel, or Konsyl*.
2. **Please notify us** if you are taking any blood thinning medications (examples: Aspirin, Coumadin, Plavix).
****You must STOP taking Coumadin 5 days prior to procedure.**ALWAYS check with the physician managing your medications before stopping any blood thinning or diabetic medications.**
3. The week before your colonoscopy you must not eat certain foods that contain seeds such as strawberries, tomatoes, popcorn, breads with sesame seeds, caraway seeds (as in rye bread), chili or kidney beans, corn or red/orange Jell-O. Also, no fruit or vegetable skins or seeds, peas, grapefruit, oranges, pineapple, or lettuce. Also, refrain from Olean products. **Please note: You may have any foods not listed above including fruit and vegetables that are peeled and the seeds removed.**
4. Before beginning the following steps, have your prescription of MoviPrep filled at the pharmacy.

Instructions The Day Before Your Procedure:

1. The day before your procedure you may consume a light breakfast, lunch, and dinner. You may **ONLY** have **LOW FIBER** foods for each meal and here are your choices:
BREAKFAST: two eggs (fried/boiled), wheat toast or bread (2 pieces), yogurt with no fruit, ½ cup of milk, 30g of low-fat mild cheeses, or smooth peanut butter.
LUNCH: ½ cup of cooked white rice, lunch meats such as chicken or turkey, wheat bread (2 pieces), saltine crackers, smooth peanut butter, ½ cup of ice cream.
DINNER: 30g of low-fat mild cheeses, two eggs (fried/boiled), 1 cup of Jell-O; ½ cup of milk, yogurt, or pudding.
2. **At 5:00pm you MUST start the clear liquid diet.**
***The clear liquid diet consists of: SOUPS:** fat free broth or bouillon **BEVERAGES:** ginger ale, ice tea, coffee, kool-aid, clear fruit juices, Hi-C, carbonated beverages, (i.e. Coke, Sprite, Pepsi). Please avoid liquids containing RED, PURPLE, or ORANGE dye. NO milk, orange or tomato juice. **DESSERTS:** plain gelatin desserts
3. **At 6:00pm** you will start Step 1 & 2 of MoviPrep (instructions on back page). Continue a clear liquid diet after you have finished drinking the prep.

The Day of the Procedure:

1. **5 hours before your procedure** you will start Step 3 & 4 of MoviPrep (instructions on back page).
2. You may drink black coffee, tea, or water until **4 hours** before your procedure.
3. You should take any heart, blood pressure, or seizure medications that you normally take in the morning with sips of water.

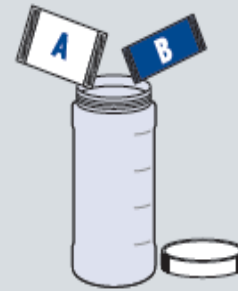
**** Please note: Some insurances do require outpatient precertification. It is your responsibility to notify us if precert is required for your procedure.**

THE EVENING BEFORE THE PROCEDURE: ____/____/____ BEGINNING AT: 6:00 pm

STEP 1
MIX
FIRST
DOSE

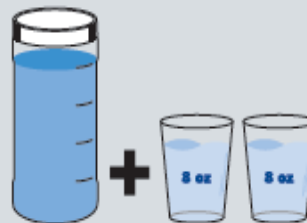
- Empty 1 Pouch A and 1 Pouch B into the disposable container
- Add lukewarm drinking water to the top line of the container. Mix to dissolve

If preferred, mix solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 24 hours.



STEP 2
DRINK
FIRST
DOSE

- The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz), until the full liter is consumed
- Drink 16 oz of the clear liquid of your choice. This is a necessary step to ensure adequate hydration and an effective prep



Clear liquids include water, ginger ale, apple juice, Gatorade, lemonade, and broth. No red or purple liquids

Ask your doctor if you have any questions about whether a particular drink is acceptable.

THE MORNING OF THE PROCEDURE: ____/____/____ BEGINNING AT: 5 Hours prior to procedure time

STEP 3
MIX
SECOND
DOSE

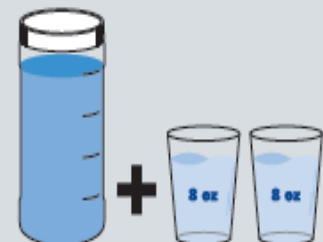
- Empty 1 Pouch A and 1 Pouch B into the disposable container
- Add lukewarm drinking water to the top line of the container. Mix to dissolve

If preferred, mix solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 24 hours.



STEP 4
DRINK
SECOND
DOSE

- The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz), until the full liter is consumed
- Drink 16 oz of the clear liquid of your choice. This is a necessary step to ensure adequate hydration and an effective prep



Your body loses significant amounts of fluid during bowel preparation. In order to prevent dehydration, it is important to supplement that fluid loss with clear liquids. **Make a conscious effort to drink as much as you can before, during, and after the preparation.**