

PREP FOR COLONOSCOPY with MoviPrep

DAY BEFORE PROCEDURE:

1. **NO SOLID FOODS ALL DAY.**
2. **CLEAR LIQUID DIET ALL DAY.** Examples: Black coffee, tea, apple juice, white grape juice, soft drinks, Gatorade, Tang, bouillon (chicken, beef or vegetable), plain Jell-O, Popsicles, and hard candy. **NO RED DRINKS, RED JELL-O, OR RED JUICES. NO MILK OR MILK PRODUCTS.**
3. At 6 pm., empty 1 Pouch A and 1 Pouch B into disposable container, add tap water to the top line. Mix to dissolve. The MoviPrep container is divided into 4 marks. Every 15 minutes drink down to the next marker until the full liter is completed. Drink 16 oz of clear liquids.
4. At 9 pm., repeat step # 3.
5. **NOTHING to eat or drink after midnight.**

DAY OF PROCEDURE:

1. **Do not eat or drink anything, not even water.** You may brush your teeth.
*** If this procedure is scheduled for 12 noon or later, BEFORE 8:00 a.m., you may have a clear liquid breakfast, then **NOTHING TO EAT OR DRINK, NOT EVEN WATER**, until after your procedure.
2. **SPECIAL INSTRUCTIONS FOR ROUTINE MEDICATIONS:**

Heart Medicines	Take with a sip of water only
Blood Pressure Medicine	Take with a sip of water only
Insulin	_____
Blood thinner	Stop 5 days before procedure
Aspirin or aspirin like products	Stop 5 days before procedure
Advil, Motrin, Ibuprofen, Naprysn, Goodies, BC's et.	Stop 5 days before procedure
Iron Preparations	Stop 3 days before procedure
Vitamin E	Stop 5 days before procedure
Oral Diabetic Medicines	Hold morning of procedure
Other	_____
3. **IF YOU ARE DIABETIC: CHECK YOUR BLOOD SUGAR PRIOR TO COMING TO THE OFFICE FOR YOUR PROCEDURE.**

- 4 **REPORT to:** **Dekalb Gastroenterology Associates**
 2675 N. Decatur Rd. – Suite 506
 or
 Dekalb Medical Center (go through ER entrance)

Arrival Time _____ Scheduled time _____ Day _____ Date _____

5. **NO RIDE – NO PROCEDURE. SOMEONE MUST ACCOMPANY YOU, AND DRIVE YOU HOME. Afternoon procedures your ride must stay on the premises.**
6. Bring a list of all of your medications Prescription and over the counter)
7. Plan to be at the office or hospital 1 ½ to 2 hours.
8. If you have any further questions or need to reschedule, please call the office at **(404) 299-1679** as soon as possible. Ask to speak to _____

You will be required to pay any outstanding balances or co-pays prior to the procedure being performed.