

YOUR COLONOSCOPY IS SCHEDULED AT _____

DAY: _____ DATE: _____ ARRIVAL TIME: _____ AM/PM

If you are on any form of blood thinners (Aspirin, Coumadin, Plavix, Baby Aspirin, etc.), you will need to stop taking these medications 5 days before your procedure.

If you have had a stent you will need to get permission from you cardiologist to stop your medication.

Do not take any diabetic medication. Your blood sugar will be tested at the Endoscopy Lab and meds will be given to you accordingly. You may only take your prescribed blood pressure, heart, breathing, pain and seizure medications. You may take these with a **small sip of water** 2 hours before your arrival time for your procedure.

The day before your procedure, you will begin the **ALL DAY LIQUID DIET (see attached)**

DAY BEFORE YOUR PROCEDURE:

Taking MoviPrep:

Prior to beginning your prep (at least 1 hour before, or you can do this in the morning before your daily activities) mix the 1st liter of MoviPrep®. Mix 1 (Pouch A) and 1 (Pouch B) with 1 liter of luke warm water in the container provided. After thoroughly mixing the solution place in the refrigerator to chill.



STEP 1: At **6PM** take the 1st liter of MoviPrep over one hour. **Drink 8oz. every 15 minutes until all of the solution is consumed.** Continue drinking approved clear liquids until Midnight (at least 16oz.). Also, now mix the 2nd liter as described above and place in the refrigerator to chill. **At 10PM Take 2 Dulcolax laxatives**

THE MORNING OF PROCEDURE:

STEP 2: At _____ take the 2nd liter of MoviPrep®. **Drink 8oz. every 15 minutes until all solution is consumed.** Continue drinking approved clear liquids (must be at least 16oz.).

8 HOURS PRIOR TO YOUR PROCEDURE NOTHING TO EAT OR DRINK INCLUDING GUM AND NO SMOKING OR SMOKELESS TOBACCO OR YOUR PROCEDURE WILL BE RESCHEDULED.

Day of procedure, you are asked to take only your heart, blood pressure, and/or seizure medication with a sip of water at least 2 hours before arrival time.

YOU WILL BE SEDATED. YOU MUST HAVE SOMEONE TO DRIVE YOU AFTER YOUR PROCEDURE.

If you develop symptoms like SEVERE ABDOMINAL PAIN, FEVER, RECTAL BLEEDING OR VOMITING BLOOD after your procedure and you cannot reach the office, you will need to go to the **EMERGENCY ROOM AT UNIVERSITY MEDICAL CENTER ONLY**. If you live outside of Lubbock, please go to your nearest Emergency room.

If you have any questions please contact our office at **761-0747**

RESULTS ARE NOT GIVEN OVER THE PHONE

CLEAR LIQUID DIET GUIDELINES

*******NO LIQUIDS CONTAINING RED DYES*******

BEEF OR CHICKEN BOUILLION SOUP

APPLE JUICE

WHITE GRAPE JUICE

WHITE CRANBERRY JUICE

JELLO OR POPSICLES (NO CHERRY/STRAWBERRY/RASBERRY)

GATORADE (BLUE/GREEN/PINK)

COFFEE (NO CREAMER)

SODAS (SPRITE/MOUNTAIN DEW/7UP)

WATER

FLAVORED WATER

ICED OR HOT TEA