

# MGI Michiana Gastroenterology Inc.

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Colonoscopy Instructions with Moviprep

**\*\*Please be aware, there will be 2 separate charges for this procedure. One for the Facility and one for the Doctor\*\***

Patient: \_\_\_\_\_ Dr. \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Arrival Time: \_\_\_\_\_ am/pm Procedure Time: \_\_\_\_\_ am/pm

\_\_\_\_\_ Michiana Endoscopy Center  
53830 Generations Drive  
South Bend, IN 46635

\_\_\_\_\_ St. Joseph's Medical Center  
Outpatient Registration 2<sup>nd</sup> Floor

\_\_\_\_\_ Memorial Hospital  
Patient Registration – Main Entrance

## Colonoscopy Procedure Checklist – Read Today

- \_\_\_\_\_ **FOLLOW PRINTED INSTRUCTIONS ON THIS SHEET NOT THE COLON PREP PACKAGING.**
- \_\_\_\_\_ **Please check with your insurance company to see if outpatient pre-certification is necessary.**
- \_\_\_\_\_ **Someone to stay with you during the procedure and to drive you home after the procedure. You cannot take a cab home alone.**
- \_\_\_\_\_ **Bring your insurance card(s), photo identification, and all of your medication bottles to the hospital and/or Endoscopy Center.**
- \_\_\_\_\_ **Co-Pay if indicated.**
- \_\_\_\_\_ **If you have not been a patient at the Michiana Endoscopy Center, please complete new patient form and bring with you on scheduled procedure date.**
- \_\_\_\_\_ **Medicare Waiver must be signed and returned to office prior to procedure date or your appointment may be rescheduled.**
- \_\_\_\_\_ **Patients who have an implanted cardiac defibrillator / porta cath need to have their procedure at the hospital.**
- \_\_\_\_\_ **Call the office (574) 234-0049 if you have a condition (heart valve replacement) that would require pre-procedure antibiotics.**

### Medications to Avoid Seven (7) Days Prior to Procedure:

- Iron supplements

### Medications to Avoid Four (4) Days Prior to Procedure:

- Aspirin or aspirin containing products
- Coumadin and other blood thinners (call your family physician regarding stopping this medicine)
- Call your family physician if you are insulin dependent diabetic regarding dosage prior to procedure.
- If you are on Plavix, you may continue use.

### Other Medications on Day of Procedure

1. Insulin dosage as directed by family physician. If you are diabetic, please check your blood sugar *prior to arrival*. No oral blood sugar medication the morning of your exam.
2. Please inform the nurse if you are allergic to any medications, have latex allergies, are diabetic or have had heart surgery.
3. The IV medications used to sedate you for the procedure are Fentanyl Citrate and Versed. Please let the doctor or nurse know if there has been a problem with either medication in the past. The sedation will make you forgetful, it is *strongly* recommended someone be with you after the procedure to talk with the doctor.
4. Daily medications may be taken on the AM of your procedure.

### Clear Liquids and Juices Allowed

Water – Apple Juice – White Grape Juice – White Cranberry Juice – Lemonade (no pulp) - Bouillon (Beef, Chicken or Vegetable) – Plain Jell-O – Tea - Coffee – Carbonated Beverages (Sprite, 7Up, Sierra Mist, Ginger Ale) – Gatorade - Popsicles – Italian ice

**NO ALCOHOL - RED OR PURPLE COLORS - SOLID FOODS - MILK OR MILK PRODUCTS**

**NO JUICES WITH PULP INCLUDING TOMATO, ORANGE, GRAPEFRUIT, PINEAPPLE, PRUNE**

## Day Before Examination

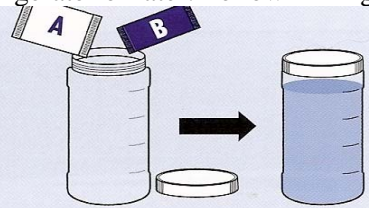
### FOLLOW PRINTED INSTRUCTIONS ON THIS SHEET NOT THE COLON PREP PACKAGING.

1. **Drink only clear liquids for breakfast, lunch and dinner.** Clear liquids throughout the day are encouraged.
2. In the morning, mix 1 pouch A and 1 pouch B in to the 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.
3. It is important to drink at least eight (8) glasses of clear liquids throughout the day. Choose from the above list.
4. At 6:00 pm, 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.
5. After 7:00 pm drink 16 ounces of clear liquids from the above list. (Use the container to measure 16 ounces.)
6. Moviprep will take effect in 30 minutes to 2 hours, so stay close bathroom facilities. It will produce clear, yellow liquid stools.
7. During the evening, mix 1 pouch A and 1 pouch B in to the 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.
8. **DRINKING LIQUIDS ARE ENCOURAGED TO PREVENT DEHYDRATION. YOU MAY DRINK LIQUIDS UP TO 2 HOURS BEFORE YOUR EXAMINATION.**
9. If you have rectal discomfort from the prep, Tucs, A and D ointment or Desitin ointment is recommended for use around the rectal area.
10. If you awaken during the night with brown or solid stool drink more clear liquids. Tell the nurse at the endoscopy center if you are still having brown or solid stool upon arrival.

## MIXING INSTRUCTIONS

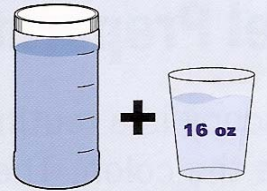
Mix the first liter of Moviprep in supplied container and refrigerate for later. Follow mixing instructions below:

- 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



The day before procedure drink the first liter of Moviprep at **6:00 PM** as listed below. Be sure to drink additional clear fluids afterwards.

- 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 complete
- Drink 16 oz of the clear liquid of your choice

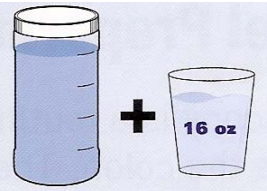


Mix second liter of Moviprep after the first liter is completely finished. Use the supplied container again empty 1 pouch A and 1 Pouch B into the disposable container. Add water to the top line of the container and mix to dissolve. Refrigerate for later.

## Day of Examination (4 Hours Prior to Scheduled Exam)

Drink second liter of Moviprep at \_\_\_\_\_ **AM** as listed below. Be sure to drink additional fluids afterwards.

- 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 complete
- Drink 16 oz of the clear liquid of your choice



1. After finishing the Moviprep, measure 16 ounces of clear liquid into the container and drink it until gone.
2. **REMINDER:** You must be accompanied by a driver, because you will be sedated for the procedure. Do not plan to return to work or make any important decisions the rest of the day.

**ANY QUESTIONS, PLEASE CALL THE OFFICE AT (574) 234-0049**