



# East Valley Gastroenterology & Hepatology Associates

[www.eastvalleygastro.com](http://www.eastvalleygastro.com) . Tel: (480)786-6655 . Fax: (480)786-6996

## MoviPrep Colonoscopy Preparation

Your procedure is scheduled at:  Chandler Endoscopy Center (2095 W Pecos Rd, Bldg A-1)  
 Premier Endoscopy Center (2563 S Val Vista Dr, Ste #101)  
 Chandler Regional Hospital (1955 W Frye Rd)  
 Mercy Gilbert Medical Center (3555 S Val Vista Dr)

Your colonoscopy has been scheduled on: \_\_\_\_\_

Please check in for your appointment at: \_\_\_\_\_

### ITEMS TO PURCHASE PRIOR TO PROCEDURE

\* MoviPrep (prescription)



### MEDICATION AND DIET INSTRUCTIONS

#### 7 days prior to the procedure:

1. **PLEASE DISCONTINUE** all blood thinning and anti-inflammatory medications. This includes, but not limited to, Coumadin, Plavix, Iron supplements, Multi-Vitamins (Vitamin E) and Fish oil. Also discontinue any NSAID's (nonsteroidal anti-inflammatory drugs) such as, but not limited to, aspirin, aspirin type products, Ibuprofen, Aleve, Advil, etc. **\*\*TYLENOL MAY BE TAKEN\*\***
2. If you have been prescribed any of the medications listed above please consult with your prescribing doctor before discontinuing.
3. If you are diabetic, check with your primary care doctor regarding diet and medication instructions.



#### 3 days prior to the procedure:

1. **AVOID-** Corn, Nuts, Popcorn and Foods with seeds
2. Drink plenty of liquids to be well hydrated. This will be very helpful for the tolerance of the colonoscopy prep.

DAY BEFORE THE PROCEDURE:      SUN   MON   TUES   WED   THUR   FRI   SAT

#### Do not drink alcohol

You can have a light breakfast: No dairy products and no fried meats. 2 pieces of toast or 1 bagel and a banana with a beverage (Juice with Pulp not permitted). After breakfast **begin clear liquid diet** and continue throughout the day.

## DAY BEFORE THE PROCEDURE (CONTINUED):

5:00 PM

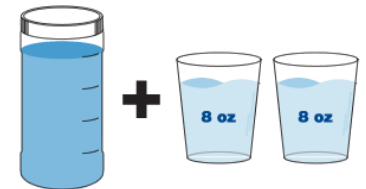
### STEP 1

1. Empty (1) pouch 'A' and (1) pouch 'B' into the disposable container.
2. Add lukewarm drinking water to the 'Fill Line' at the top of the container.
3. Shake 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

1. The MoviPrep container is divided by 4 marks.
2. Every 15 minutes, drink solution to next mark (about 8 ounces).
3. Mark sure you finish all the solution.
4. You will need to drink 16 ounces of any clear liquid of your choice immediately after the laxative has been taken.



\_\_\_\_\_ AM/PM

REPEAT STEPS 1 & 2

**DO NOT DRINK ANYTHING ELSE WITHIN SIX HOURS OF YOUR SCHEDULED PROCEDURE TIME!**

**IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CALL OUR OFFICE AT (480) 786-6655.**

Attached you will find a list of the clear liquids that are permitted while on this diet. Deviating from this diet will prevent adequate preparation of the colon for the exam.

You will need to be close to a bathroom. You will have progressively looser bowel movements over the next several hours. Individual responses to laxatives vary. This preparation will cause multiple bowel movements.

Consider using **Vaseline, Aquaphor or diaper rash cream/zinc oxide** around the anal opening before starting the prep and after each bowel movement to minimize irritation from passing many bowel movements

## DAY OF PROCEDURE

\*You may drink clear liquids **until 6 hours** before the procedure.

\*Take your usual blood pressure and heart medicines 6 hours before your appointment with water.

\*If you have asthma, please bring your inhalers with you.

**\*\*Diabetic Patients: You should take ½ dose of insulin and/or your oral diabetic medications. Monitor your blood sugar at your usual times.\*\***

**Please note:** Your procedure will take approximately two hours. You must have your driver check in with you and stay at the Endoscopy Center throughout your procedure. Your driver must then drive you home.



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## CLEAR LIQUID DIET

### DAY BEFORE PROCEDURE

Only items on this list are permitted

#### BEVERAGES:

Coffee (no cream)  
Tea (no cream)  
7UP  
Sprite  
Ginger Ale

White Grape Juice  
Water  
Apple Juice  
Lemon-Lime Gatorade  
Lemon-Lime Crystal Light

#### SOUPS:

Bouillon  
Clear Broth

Fat Free Chicken Broth

#### SWEETS & DESSERTS:

Honey  
Sugar  
Clear Popsicles  
Butterscotch Candy

Jello (Plain, Lemon-Lime, or Pineapple)  
Hard Candy (Green, Yellow, or Clear)  
Jolly Ranchers (Green or Yellow)

**NO SOLID FOODS**

**CLEAR LIQUIDS ONLY**

**STAY AWAY FROM RED, PURPLE, BLUE, AND ORANGE DYES**

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## IMPORTANT

**You must not have anything by mouth**

***6 hours prior to the procedure.***

**Otherwise this will result in postponement.**

**NO MEDICATION, WATER, GUM OR JUICE**