

Brooklyn Gastroenterology & Endoscopy Associates

2211 Emmons Avenue, Brooklyn, NY 11235

(718) 368-2960

MoviPrep COLONOSCOPY INSTRUCTIONS

Mr. /Mrs. /Ms. _____ has an appointment for colonoscopy on _____ at _____.

This procedure is an examination of the entire colon, or large bowel. It permits the taking of biopsies and the removal of polyps, if any are found. You will be asked to sign a standard consent form. Like other invasive procedures in medicine, there is a small but real risk to colonoscopy which includes bleeding, infection and perforation which may require surgery. It is not a perfect exam and may even miss pathology such as polyps and cancer. By signing the form you are acknowledging that you are aware of this. Please feel free to ask any questions.

In order for the colonoscopy to be successful, the following preparations are required:

Please follow the instructions carefully.

ONLY IF YOUR PRIMARY CARE PHYSICIAN AND/OR CARDIOLOGIST AGREES:

- Stop Plavix, Motrin, Advil, Nuprin, Voltaren, Aleive, Naproxen, at least 7 days.
- Stop Coumadin, Warfarin for 3 to 5 days.
- **If you are taking Aspirin to prevent heart disease, DO NOT STOP Aspirin!**
- If you are taking diabetic medications, such as Insulin, Metformin, Glucophage, etc. do not take them in the morning, prior to the procedure. After the procedure, when you begin to eat, you can restart the medications. Insulin can be taken at one third (1/3rd) your normal dose.
- **Take all other routine medications (such as blood pressure) 2 hours or more prior to procedure with a small amount of water.**

PURCHASE: Pick up the medication at the pharmacy using the prescription given to you by office

➤ **DAY BEFORE EXAM** _____: No Solid Food After _____ AM / PM

Drink Large Amount of Clear Liquids Such As: (broth, tea, apple juice, soda, lemon ices, water)

_____ BEGINNING AT: _____ AM / PM:

1) Empty 1 Pouch A and 1 Pouch B into the disposable container. Add water to the top line of container. Shake very well.

(*****You may Mix Solution prior to drinking and refrigerate.)

2) 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.)

REST FOR 2 HOURS.

_____ BEGINNING AT: _____ AM / PM; Repeat Step 1 and 2.

Continue to drink clear liquids until bedtime.

➤ **DAY OF EXAM:** Stop ALL Liquids at _____ AM / PM

AN ADULT MUST PICK YOU UP AND ACCOMPANY YOU HOME AFTER THE PROCEDURE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 718-368-2960.