

**GASTROENTEROLOGY CONSULTANTS
OF GREATER CINCINNATI**

MoviPrep

DAY OF PROCEDURE

Please arrive in the **REGISTRATION** area at:

TIME:

DATE:

PHYSICIAN: DR.PALUSIAK

PRIOR TO PROCEDURE:

***YOU WILL NEED TO PURCHASE:**

Movi Prep (Prescription required)

Diaper Rash Cream-optional, over the counter (No prescription required)

MEDICATIONS:

IN GENERAL, ALL MEDICATIONS SHOULD BE CONTINUED IN ROUTINE DOSAGE, INCLUDING THE DAY OF THE PROCEDURE. PLEASE SEE EXCEPTIONS LISTED BELOW, ESPECIALLY FOR MEDICATIONS WHICH INFLUENCE BLOOD CLOTTING.

- Please stop **COUMADIN (Warfarin)** **4** days prior to your procedure. Contact the physician that prescribes this medication for you for their approval before you stop.
- Please stop **PLAVIX (Clopidogrel)** **7** days prior to your procedure. Contact the physician that prescribes this medication for you for their approval before you stop.
- Please stop **PRADAXA** **2** days prior to your procedure. Contact the physician that prescribes this medication for you for their approval before you stop
- Please stop **BRILINTA** **5** days prior to your procedure. Contact the physician that prescribes this medication for you for their approval before you stop.
- Please stop **EFFIENT** **7** days prior to your procedure. Contact the physician that prescribes this medication for you for their approval before you stop

- If you are **DIABETIC**, do not take your oral diabetes medications the day of your procedure. Bring them with you so that you can take them after your procedure.

- If you are **DIABETIC** and you take **INSULIN**, take half of your evening dose the day before your procedure. **DO NOT TAKE ANY INSULIN THE MORNING OF YOUR PROCEDURE.**

- Please stop **IRON supplements (Ferrous Sulfate)** **7** days before your procedure.

- Please ask for special instructions if you take **Heparin, Pletal (cilostazol), Ticlid (ticlopidine),**

- Aggrenox (aspirin/dipyridamole)** any other medication that affects blood clotting.

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- ❑ Please avoid any and all products containing **Olestra** for 72 hours prior to procedure.

1 DAY BEFORE PROCEDURE

STEP 1: Begin a clear liquid diet in the morning. Drink at least ½ gallon of fluids throughout the day and evening **IN ADDITION** to the MOVIPREP solution.

CLEAR LIQUID DIET

Any Clear fruit juice, **WITHOUT PULP**, soft drinks, clear broth, (beef or chicken bouillon is fine), coffee, tea, Kool-aid, Gatorade, Propel water, Jello, Gelatin, and regular Popsicles, any type of hard candy, but no soft centers or chocolate. **No Milk or dairy products. NOTHING WITH RED, BLUE OR PURPLE COLORING.**

Patient Instructions

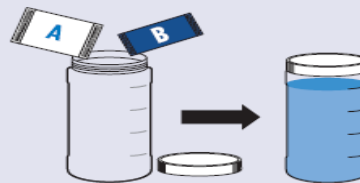
The MoviPrep carton contains 4 pouches and a disposable container for mixing. You must complete the entire prep to ensure the most effective cleansing.

Beginning at:

STEP 1

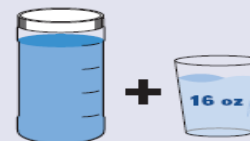
- Empty 1 Pouch A and 1 Pouch B into the disposable container
- Add lukewarm drinking water to the top line of the container. Mix to dissolve

If preferred, mix solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 24 hours.



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



Beginning at:

- Repeat steps 1 and 2

TAKE NOTHING BY MOUTH AFTER MIDNIGHT BEFORE PROCEDURE

FINAL INSTRUCTIONS

- This exam is most successful if these instructions are followed exactly as stated.
- If you use a CPAP machine at night for sleep apnea, please bring this with you.
- Bring a list of your current medications (including dosages) with you.
- Verify any questions about co-pays with your insurance.

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- In using this prep, it is imperative that you have **nothing to eat or drink after midnight** the day of your procedure.

******If you are unable to keep this appointment you must give 72 hours (business hours) notice to allow us to fill this appointment time with another patient or you may be subject to a \$75.00 no show charge which is not covered by your insurance. Thank you.**

******AS IS THE CASE WITH ANY RECOMMENDATIONS FROM YOUR PHYSICIAN, PLEASE FOLLOW THE EXACT INSTRUCTIONS IN TAKING THIS PREP FOR YOUR PROCEDURE. DOING SO WILL HELP ENSURE YOUR COLON WILL BE CLEAR OF STOOL. IF THE COLON PREP ISN'T FINISHED OR TAKEN PER THE INSTRUCTIONS IT COULD LEAD TO MISSED PRE-CANCEROUS OR CANCEROUS POLYPS AND THE PROCEDURE WOULD NEED TO BE SCHEDULED AGAIN AND THE BOWEL PREP REPEATED.**

**YOU WILL BE AT THE HOSPITAL FOR APPROXIMATELY 2-4 HOURS.
YOU MUST HAVE SOMEONE AVAILABLE TO DRIVE YOU HOME.
Call (513) 794-5600 OHIO or (812) 537-5558 INDIANA if you have any questions.**