East Carolina Gastroenterology, PA Jacksonville, NC 28546 Peter A. Eweje, M. D. 910 353 6158

#### **INSTRUCTIONS FOR MOVIPREP**

- Your procedure is scheduled at **our Endoscopy Center/OMH** on \_\_\_\_\_\_at \_\_\_\_\_at \_\_\_\_at \_\_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_at \_\_\_\_\_at \_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_\_at \_\_\_\_
- Obtain your bowel prep products from your pharmacy and buy Gas-X from over-the counter
- If your test is <u>scheduled for a morning DO NOT take any of your regular a.m</u> <u>medications(except inhalers and medicines for seizures)</u> on the day of your test. You <u>MAY</u> <u>TAKE your regular a.m medications if your test is scheduled for the afternoon.</u> Continue to take your inhalers and seizure medications as prescribed by your physician. Bring your medication bottles along with you. Do not hesitate to call us with questions about your medications.
- You will need specific instructions if you take Coumadin/Warfarin, Pradaxa, Xarelto, Eliquis, Savaysa, Plavix or other anticoagulants. Please let us know if you do take any of these medications. You may need to be switched to a blood thinning shot. You can continue taking your aspirin.
- **Do not take your diabetic pills** the evening before and the morning of your test. You should only **take half the usual dose** of your **Insulin shot** the day before your test, and none on the morning of your test.
- In preparation for your procedure try to **eat less of foods high in fiber** for at least **5 days** before the procedure. Some foods to avoid include: bran, whole grain cereals, all beans, raw fruits and vegetables, potato skins, nuts, raisins, corn, seeds and popcorn.

## THE DAY BEFORE THE PROCEDURE( )

- Have a regular breakfast before 10am on \_\_\_\_\_. Then start CLEAR LIQUIDS, and continue until two hours before your test. See attached list for clear liquid diet suggestions. NO SOLID FOOD AFTER 10AM THE DAY BEFORE YOUR TEST
- Drink 80z of clear liquid every hour before you start your prep. This will help prevent dehydration.
- At \_\_\_\_\_pm begin the first dose of <u>MOVIPREP</u>. Empty the contents of **one pouch** A and one pouch B into the suitable glass container (or the container provided) and add to the container 1 liter of lukewarm water. Mix the solution to ensure that the ingredients are completely dissolved. Drink ALL the liquid in the container over one hour, drinking one glass every 15mins.

• After finishing the prep above you **MUST** drink 16-ounce of water or any clear liquid over the next 1 hour.

# • Take 2 Gas-X tablet with 8oz of clear liquid at 8pm

## THE DAY OF THE PROCEDURE:

- At \_\_\_\_\_\_am begin the second dose of <u>MOVIPREP</u>. Empty the contents of the second pouch A and one pouch B into the suitable glass container (or the container provided) and add to the container 1 liter of lukewarm water. Mix the solution to ensure that the ingredients are completely dissolved. Drink ALL the liquid in the container over one hour, drinking one glass every 15mins.
- Then you MUST drink 16-ounce of water or any clear liquid over the next 1 hour.

## Take 2 Gas-X tablet immediately after finishing your prep solution.

- You may continue with a clear liquid diet until 2 hours before your test.
- EAT <u>NO</u> SOLID FOOD.
- DO NOT DRINK OR EAT ANYTHING FOR 2 HOURS BEFORE YOUR TEST.
- You may apply a petroleum based ointment or diaper rash ointment to the rectal area if you experience discomfort.
- YOU WILL NEED A <u>RESPONSIBLE ADULT</u> TO DRIVE YOU HOME AFTER YOUR PROCEDURE. PLAN ON TAKING THE WHOLE DAY OFF OF WORK/SCHOOL THE DAY OF YOUR PROCEDURE. IF YOU DECIDE TO RIDE THE <u>BUS OR TAXI</u>, A <u>RESPONSIBLE ADULT</u> SHOULD RIDE WITH YOU.
- Please call the office at **910 353-6158** if you have any questions regarding your prep or procedure.

## <u>PLEASE FOLLOW THE INSTRUCTIONS ABOVE TO ENSURE YOUR COLON IS</u> <u>CLEAN. WE MAY NEED TO REPEAT THE TEST IF YOUR COLON IS NOT CLEAN</u>

PLEASE VISIT THE "PATIENT EDUCATION" SECTION ON OUR WEBSITE www.eastcarolinagastro.com TO LEARN MORE ABOUT YOUR PROCEDURE