# WEST CHESTER G.I. ASSOCIATES

### **Bowel Preparation with MoviPrep**

- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT ON PROCEDURE DAY UNTIL AFTER PROCEDURE.**
- □ **You must be accompanied by a friend or relative to drive and/or assist you home.** <u>We WILL NOT discharge you</u> to a cab, bus or other transportation service <u>without</u> a responsible party with you. You may not drive for 12 hours following your procedure.

### Materials You Will Need to Prepare For Your Procedure

- □ **Prescription** for the **MoviPrep** Bowel Prep which has been provided by our office
- □ Obtain the MoviPrep Bowel Prep from the Pharmacy
- □ Clear Liquid Diet Instructions (see attached Clear Liquid Diet Sheet)

#### **Special Instructions Regarding Medications**

- Do Not take Iron supplements for one week prior to the procedure date. Multivitamins are OK.
- □ Stop taking Coumadin/Plavix \_\_\_\_\_ days prior to your scheduled procedure date.
- □ Diabetic patients: \_
- Do Not take Lasix, HCTZ or Dyazide (water pill) the day of the procedure
- □ Heart/Blood Pressure/ Thyroid/Seizure/Nerve Medications can be taken on the day of the procedure with a sip of water.
- □ Stop Effexor one day before the procedure
- Asthmatic patients should bring their INHALERS with them on the day of the procedure
- □ Other \_\_\_\_

# **The Day Before Your Exam**

- □ DO NOT EAT ANY SOLID FOODS. YOU MAY ONLY HAVE CLEAR LIQUIDS ALL DAY UP UNTIL MIDNIGHT. After midnight nothing by mouth unless instructed otherwise.
- □ Take all of your normal prescription medications, **unless advised otherwise**.
- □ You may go to work, but be home by 4 pm to begin your bowel prep.
- □ **IMPORTANT NOTE:** follow the instructions below, <u>NOT</u> the instructions on the Prep's packaging.
- □ Prepare your **MoviPrep** solution in the morning. Empty 1 Pouch A and 1 Pouch B into the disposable container. Add lukewarm water to the top line of the container. **Mix to dissolve then refrigerate.**

# **AM Procedure**

- □ The **MoviPrep** container is divided by 4 marks.
- □ At 5 pm Begin drinking the MoviPrep solution down to the next mark every 15 minutes.
  - Approximately 8 ounces each time <u>until the entire solution is consumed.</u>
- □ Drink 16 ounces of Clear Liquids
- $\Box$  Mix Pouch A and B in container (same as above).
- □ At 7:30 pm Begin drinking the MoviPrep solution down to the next mark every 15 minutes.
  - Approximately 8 ounces each time <u>until the entire solution is consumed.</u>
- □ Drink 16 ounces of Clear Liquids
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT**
- □ Other \_\_\_\_\_

⇒ Questions about symptoms or medications call 484-356-1050 between 7:30 am- 3:30 pm (Nurse Line)

- $\Rightarrow$  General or reschedule questions call 610-431-3122
- $\Rightarrow$  If you reschedule, ask if you will need new prep instructions.

Patient: Print Name

Signature

Date