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## COLONOSCOPY MOVIPREP INSTRUCTIONS

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SCHEDULED: \_\_\_\_\_

**\* Please see the back of this form for instruction on stopping blood thinners.**

**Your procedure will have to be rescheduled if they are not stopped beforehand as instructed. \***

### ONE WEEK BEFORE YOUR PROCEDURE:

1. Stop eating any RAW fruits/veggies, seeds, corn, nuts, chia seed, flax seed, granola, or bread that has oats
2. Do not take oil based supplements like FISH OIL, Vit, E, Vit D, or CoQ10.
3. Do not take any IRON supplements

### THE DAY BEFORE YOUR PROCEDURE:

1. You may have clear liquids only. **DO NOT EAT ANY SOLID FOODS, MILK PRODUCTS OR DRINK ALCOHOL.** Clear liquids include: water, clear fruit juices like apple or white grape juice, beef or chicken broth, Jello, clear soft drinks, Gatorade, coffee or tea without cream. Any drink that you can hold up to the light and see through is considered a clear liquid. DO NOT DRINK ANYTHING WITH RED/PURPLE COLORING. Drink plenty of fluids the day before procedure.
2. Empty packet A+B into the disposable container and fill with lukewarm water to the FILL LINE. Place in the refrigerator.
3. One hour before starting prep – take a Mylanta, or Gas-X (generic is simethicone) tablet. You can purchase this over the counter at any drug store.
4. At 6:00PM start drinking the chilled solution. The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark until the solution is gone. Drink at least 16 oz of clear liquids.
5. Repeat mixing instructions for the A+B packets that are left. Put in fridge so you can drink the 2<sup>nd</sup> half in the morning.

### DO NOT USE CHEWING TOBACCO AFTER MIDNIGHT

### THE MORNING OF YOUR PROCEDURE: \_\_\_\_\_ START PREP AT \_\_\_\_\_ AM

1. One hour before starting prep – take a Mylanta, or Gas-X (generic is simethicone) tablet.
2. Drink the chilled solution as you did the night before. (8oz every 15 minutes until finished)
3. Follow with at least 2 more glasses of water or clear liquid within the next hour.
4. You may have clear liquids until \_\_\_\_\_ AM/PM, then nothing at all by mouth- NOT EVEN WATER. **NO gum, hard candy, mints or tobacco products.**
5. Wear loose fitting clothing (sweat pants, etc.), flat shoes that are easy to get on and off, (no cowboy boots, heels, or hikers). Also wear warm socks and wear a short sleeve T-shirt. **We will not be held responsible for valuables brought to the facility. Please leave at home. Due to the sedation administered during procedure you MUST NOT drive until the following day. You MUST have a driver to drive you home after the procedure.**

### PLEASE CHECK IN AT:

- TRI-CITY SURGERY CENTER 5430 DISTINCTION WAY, PRESCOTT, AZ 86301**
- YAVAPAI REGIONAL MEDICAL CENTER, 1003 WILLOW CREEK RD, PRESCOTT, AZ 86301**

Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM, for \_\_\_\_\_ AM/PM procedure.

- ***If you are diabetic and on INSULIN: Take only 1/2 of evening dose the night before and do not take the morning of your procedure.***
- ***If you are diabetic and on ORAL MEDS: Do not take diabetic meds the evening before and the morning of procedure.***
- ***If you take HEART AND/OR BLOOD PRESSURE medications, take your morning dose the day of your procedure with a small sip of water by \_\_\_\_\_ AM/PM.***
- ***IF YOU USE INHALERS, BRING THEM WITH YOU.***

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**If you are taking a blood thinner from a cardiologist or PCP like:**

Coumadin, Warfarin, Heparin, Plavix, Eliquis, Persantine, Effient, Pradaxa, Xarelto, Jantoven, Arixtra/fondaparinux, Fragmin, Innohep, Iprivask, Angiomax, Argatroban, Atrypn, Refludan, Thrombate III, or Lovenox

**It must be stopped on \_\_\_\_\_**

(YOU MUST HAVE YOUR CARDIOLOGIST OR PRIMARY CARE PHYSICIAN'S PERMISSION TO STOP THE ABOVE MEDICATIONS, IF YOUR GI DOCTOR IS NOT NOTIFIED OF THIS PERMISSION YOUR PROCEDURE COULD BE CANCELED.)

**Other blood thinners that need to be stopped are in this list below. Many are over the counter so please read through the list entirely.**

If you take any of the following medications, you would need to stop them on

**EXAMPLES OF MEDICATIONS CONTAINING IBUPROFEN OR SIMILAR MEDICATIONS:**

<b>Advil</b>	Equagesic	Methocarbamol	Ponstel
<b>Aleve</b>	Etodolac	Midol	Propoxyphene
Anaprox	<b>Excedrin</b>	Mobic/	Relafen
Arthritis Pain	Feldene	<b>Meloxicam</b>	Robaxisal
Formula	Fiogen PF	Mobidin	Roxiprin
Arthrotec	Fiorinal	Mortin	Rufen
Bextra	Genpril	Naprelan	S-A-C tablets
Cama Arthritis	Ginkgo Biloba	Naprosyn	Saletto
Pain	Haltran	<b>Naproxen</b>	Sine-Aid IB
Cataflam	Ibuprin	Norgesic	Solaraze
<b>Celebrex</b>	<b>Ibuprofen</b>	Noreich	Soma Compound
Clinoril	Ibuprohm	Nuprin	Sulindac
Combunox	IBU-Tab	Orudis	Trilisate
Darvon	Indocin	Oruvail	Toradol
Daypro	Ketoprofen	P-A-C	Trendar
Diclofenac	Lodine	Pletal	Vicoprofen
Dimetapp Sinus	Magan	Pedia Profen	Vioxx
Doan's Pills	Magnaprin	<b>Pepto-Bismol</b>	Voltaren
Dolobid	Marnal	Percodan	Zorpin
Dristan Sinus	Medipren	Piroxicam	

**YOU MAY TAKE ACETAMINOPHEN OR TYLENOL FOR PAIN**