

Rochester Gastroenterology Associates, LLP

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## MOVIPREP INSTRUCTIONS

Name \_\_\_\_\_ Procedure \_\_\_\_\_

**YOU HAVE BEEN SCHEDULED FOR THE ABOVE EXAMINATION BY DR. \_\_\_\_\_**

**PLEASE REPORT TO:**

**Unity Hospital**

1555 Long Pond Road  
Rochester, NY 14626  
Tel: (585) 723-7119

**Rochester Endoscopy Center**

20 Hagen Dr., Suite 330  
Rochester, NY 14625  
Tel: (585) 267-4040

**Wilson Health Center**

800 Carter Street  
Rochester, NY 14621  
Tel: (585) 922-0825

**Rochester General Hospital**

1425 Portland Avenue  
Rochester, NY 14621  
Tel: (585) 922-2990

REPORT AND REGISTRATION TIME:

DATE/DAY:

**PLEASE REVIEW ALL INSTRUCTIONS UPON RECEIPT**

*\*You will need to obtain a Moviprep Bowel Kit from your pharmacy once a prescription has been sent.\**

Transportation arrangements must be made for someone to pick you up and accompany you home. **DUE TO THIS BEING A NEW YORK STATE LAW, NO EXCEPTIONS CAN BE MADE!**

You must arrange for a neighbor, friend, or family member to stay with you after your arrival home since sedation effects can last well into the evening.

If you are unable to keep your scheduled appointment, cancellation is appreciated **48 hours** in advance by calling **(585)267-4040** or **(585)227-1080** between **8:30 a.m.** and **4:30 p.m.** If you fail to notify us you may be charged. Please call these numbers if you have any further questions.

If you are taking *any* kind of blood-thinning medications such as **COUMADIN, PLAVIX, or XARELTO** please inform our office at (585)267-4040 or (585)227-1080 **IMMEDIATELY. These medications MAY need to be stopped before the procedure AS DIRECTED BY YOUR MEDICAL PROVIDER.**

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In order to assure optimal colonoscopy examination, the following guidelines are recommended:

1. **Stop** any extra dietary fiber, including Metamucil, Citrucel, Fibercon, or similar products for **1 week** before the procedure.
2. **Stop** all iron medications and vitamins containing iron for **1week** before the procedure.
3. **Do not eat** nuts, raisins, foods containing seeds (strawberries, sesame, poppy, etc.) or uncooked vegetables **3 days** before the procedure.
4. **Take your regular medications on the morning of the examination, except insulin or other diabetic medications.** Please check with our office prior to taking any **INSULIN** or other diabetic medications on the morning of the examination.

**DAY BEFORE EXAMINATION:**

1. You may have a *light* breakfast BEFORE 8 am. Begin a clear liquid diet AFTER 8 am. **No solid food is allowed.** Clear liquids include water, strained fruit juice without pulp (apple, white grape, lemonade), clear broth or bouillon, coffee and tea (without cream or non-dairy creamer), Gatorade (**NO** red or pink), carbonated and non-carbonated soft drinks, Kool-Aid (**NO** red or pink), Jell-O (**NO** red or pink), and popsicles (**NO** red or pink).
2. At **4pm** empty 1 Pouch A into the disposable container. Add lukewarm drinking water to the top line of the container and mix. Drink ALL the liquid in the container. Follow this with *at least* **16oz.** of clear liquids. **At 8 pm repeat with pouch B.** Moviprep works very quickly, in 30 minutes or so.
3. Continue drinking as much clear liquids as possible, throughout the evening. **THIS IS VERY IMPORTANT !!!!!**
4. ADDITIONAL INSTRUCTIONS: \_\_\_\_\_

**DAY OF EXAMINATION:**

1. You may have clear liquids until 4 hours prior to your procedure. You may take your regular medications with a sip of water up until your procedure time.
2. You should plan on spending up to 2 hours at our facility for this test.

*Thank you for the opportunity to accommodate your healthcare needs.*

(03/18)