

Rochester Gastroenterology Associates, LLP

Prasad Penmetsa, M.D., M.R.C.P.

Surinder Devgun, M.D.

Ari Chodos, M.D.

Marvin Singh, M.D.

Amy Hayes, F.N.P.-C.

Sarah Pratt, F.N.P.-C.

Michelle Addison, F.N.P.-C.

www.rochestergastro.com

MOVIPREP INSTRUCTIONS

Name _____ Procedure _____

YOU HAVE BEEN SCHEDULED FOR THE ABOVE EXAMINATION BY DR. _____

PLEASE REPORT TO:

Unity Hospital Endoscopy Center

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

Rochester Gastro. Assoc.

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

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.

Patients who receive sedation for their procedure must have an adult transport them home. **Ubers, taxis, or any other NON-medical vehicles are NOT ACCEPTABLE** unless you have a family member or responsible adult accompany you. It is required a responsible adult stay with you 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, ELIQUIS, 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.*

PAGE -2-

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 and 1 pouch B 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. Moviprep works very quickly, in 30 minutes or so.
3. At **8pm follow the same steps listed above in #2** for your second dose.
4. Continue drinking as much clear liquids as possible, throughout the evening. **THIS IS VERY IMPORTANT!!!!!!**
5. 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.