



## INSTRUCTIONS FOR COLONOSCOPY PREP

\*\*\* You will need to pick up the Prescription for MOVIPREP from your pharmacy and purchase Dulcolax laxative tablets 5mg (total of 10mg)\*\*

### **PLEASE NOTIFY YOUR PHYSICIAN IF YOU CURRENTLY HAVE OR HAVE EVER HAD KIDNEY PROBLEMS**

**Colonoscopy:** The visual examination of the large intestine (colon) using a lighted flexible fiber optic endoscope.

**Note:** Individual responses to laxatives do vary. This prep may cause multiple bowel movements. Often works within 30 minutes but may take as long as 3 hours. If you are unable to keep the prep down, please call your physician.

### **Consult with your Primary Care Physician if you are taking or have the following medical concerns:**

**Coumadin/Jantoven/warfarin:** Stop it four (4) days before your colonoscopy **if approved by your physician prescribing this medication. Do not take this medication on the day of your procedure. Ask your physician when to resume this medication**

**Plavix (clopidogrel)/Pradaxa/Pletal (cilostazol)/Effient and Eliquis;** Stop it three (3) days before colonoscopy-**only if approved by prescribing physician**

**Brilinta:** Stop five (5) days before colonoscopy- **only if approved by prescribing physician**

**Aggrenox:** Stop three (3) days to five (5) days prior to colonoscopy- **only if approved by prescribing physician**

**Xarelto/Savaysa:** Stop 24 hours before colonoscopy- **only if approved by prescribing physician**

**Iron pills:** Stop for seven (7) days before colonoscopy

**Dialysis Treatment:** Alternate treatment may be used.

**\*\*Anti-Seizure Medication:** Take at least 2 hours before the scheduled colonoscopy with a small sip of water.

**\*\*Blood Pressure/Heart Medication:** Take your morning dose at least 2 hours before your colonoscopy with a small sip of water.

**Insulin:** You may need to adjust your insulin dosages. Please speak with your monitoring physician for further instructions. **Ask your physician when to resume your insulin.**

**Inhalers:** Please bring your "rescue" inhaler to your appointment, even if you have not needed to use it for some time.

**Heart Valve Replacement/ Pacemaker with Internal Defibrillator**

**No tomatoes or corn 2 days prior to procedure**

### **ONE DAY BEFORE COLONOSCOPY**

If you have been holding your Coumadin/Jantoven/Warfarin you will need a PT/INR (lab test) taken 24 hours prior to exam if requested by physician. **CLEAR LIQUIDS DIET ALL DAY – no milk or milk products**

At 4 PM Take Dulcolax laxative –2 tablets (10mg) with a full glass (8oz) of water

At 6 PM mix Moviprep by: Emptying 1 Pouch A and 1 Pouch B into the disposable container. Add lukewarm drinking water to the top line of the container. Mix to Dissolve. May chill with a few ice cubes. Drink 8 oz every 15 minutes until 1-liter container is completed. You may find drinking the solution is easier with a straw and drinking the entire 8 oz in each attempt. Drink an additional two 8 ounce glasses of clear liquids over the next 1 hour.

At 8 PM mix the 2<sup>nd</sup> liter of Moviprep solution by following the same steps as you did at 6 PM

### **CLEAR LIQUIDS**

Water

Jello – any flavor – no red jello

Coffee or Tea without creamer

Strained fruit juices without pulp

Clear sodas – 7up, Sprite, Ginger Ale, etc.

Ensure and Ensure plus (vanilla only)

Broth or Bouillon

Popsicles – no red or purple

No red or purple liquids

### **DAY OF COLONOSCOPY**

1. **Nothing by mouth after midnight except approved medications listed above\*\* with a sip of water. You may brush your teeth and rinse with water. NO GUM, MINTS OR LOZENGES. NO CHEWING TOBACCO**

2. **You will be medicated and you need to bring someone with you to drive you home.**

3. **Bring a current list of medications and colostomy supplies if applicable; if Menstruating please use a tampon if possible.**

**On the day of your procedure, report to the following unless otherwise instructed by your physician:**

**The Endoscopy Center of Topeka, 785.354.1254**

2200 SW 6<sup>th</sup> Avenue, Suite 103

Topeka, KS 66606

Check-in Date: \_\_\_\_\_

Check-in Time: \_\_\_\_\_

KMC Gastroenterology, 785-354-8518

**If you are unable to keep your appt, please notify the office within 48 hours prior to your scheduled procedure.**