



Birns, Gloger, Witten & Bhinder, MD

Patient Name: _____

INSTRUCTIONS FOR COLONOSCOPY MOVIPREP

Date: _____ Time of Procedure: _____

Arrival Time: _____ with Dr. _____

Location: _____ **Urbana GI Endoscopy Center** – 3280 Urbana Pike # 104
Phone Number 240-436-6440

_____ **GIEA-** 15005 Shady Grove Rd # 200
Phone Number 301-340-8099

_____ **Shady Grove Adventist Hospital, Outpatient Surgery Center**
9901 Medical Center Dr. Rockville, MD 20850
Phone Number 240-826-7541

_____ **Frederick Memorial Hospital, Outpatient Surgery Center**
400 W 7th St, Frederick, MD 21701
Phone Number 240- 566-3300

You must have someone drive you home. If you plan to take a taxi home, you must have someone to accompany you. You will be ready to be discharged 1 to 1 ½ hours after your procedure is complete.

Please leave all valuables and jewelry at home.

Please remember we require 72 hour notice for cancellations or rescheduled appointments. If you fail to give 72 hour notice you may be charged a cancellation fee.

ONE WEEK BEFORE THE PROCEDURE

Please do not use any aspirin or aspirin preparations one (1) week prior to the procedure. Nonsteroidal anti-inflammatory type medications (such as Ibuprofen, Relafen, Voltaren, Indocin, Celebrex, Advil) should be used sparingly during the three (3) days prior to the procedure. Also, if you take Coumadin (warfarin), Persantine (dipyridamole), Pradaxa or Aggrenox consult with your prescribing Doctor about stopping these for three (3) days prior to the procedure. There may be other medications that should be discontinued so be sure to consult your doctor. You may take Tylenol as necessary.

YOU WILL NEED

- Moviprep- Prescription
- 64 oz. of clear liquid products listed on the back, please use a sugar free product like Crystal Light if you are diabetic

5 DAYS PRIOR TO THE PROCEDURE

Stop eating high fiber foods (including nuts, corn, popcorn, raw fruits, vegetables and bran)

DAY BEFORE THE PROCEDURE

You must be on a **clear liquid diet** the entire day before your procedure (**no solid foods**)

DO NOT drink milk

DO NOT drink alcoholic beverages

Any of the following clear liquids are OK

Water

Strained fruit juices (without pulp) including apple, orange, grape, or cranberry

Limeade or Lemonade

Coffee or tea (DO NOT use any dairy or non-dairy creamer)

Clear broth (beef, chicken, or vegetable) with or without salt or pepper

Soda or Gatorade, PowerAde or Vitamin Water type products

Crystal Light

This is the laxative dosing regimen to follow the day before the procedure.

STEP 1 3:00 pm	Empty Pouch A and Pouch B into the disposable container Add lukewarm drinking water to the top line of the container. Mix to dissolve.
STEP 2 4:00 pm	The Moviprep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark. (approximately 8 oz. between marks) Do this until the full liter is complete.
STEP 3	Drink 32 oz. of the clear liquid of your choice
STEP 4	Repeat steps 1 , 2 & 3

The purpose of this prep is to clean your colon. Your bowels should run clear.

*We recommend coating the rectal area with **VASELINE** to protect the skin from chaffing during your prep

*****You must be totally fasting 4 hours before the procedure. This means you may have nothing to eat, drink, smoke, or chew 4 hours prior to the procedure.**

To avoid the risk of a delay or a cancelled procedure, please be very careful to not eat, drink smoke or chew during this 4 hour time frame.

If any problems or questions arise, please call our office at 301-251-1244 option 3 during normal business hours.