

THIS PROCEDURE WILL BE CANCELLED  
IF THE PERSON THAT ACCOMPANIES  
YOU LEAVES THE PREMISES

## **COLONOSCOPY PREPARATION** **THE MOVIPREP**

### **\*\*\*FIVE DAYS PRIOR TO PROCEDURE\*\*\***

Restricted residue diet- DO NOT EAT nuts, seeds, popcorn and corn. Discontinue fiber supplements including Metamucil, Citrucel, Fiberall, etc. Avoid Iron, aspirin compounds and Ibuprofen/Similar Anti-Arthritic Drugs

### **DAY BEFORE EXAMINATION**

1. Drink only “clear liquids” for breakfast, lunch and dinner.  
Solid foods and milk products are not allowed.  
CLEAR LIQUIDS INCLUDE:
  - Soft drinks (orange, ginger ale, cola, sprite, 7-up, etc.), Gatorade, Kool-Aid.
  - Strained fruit juices without pulp (apple, white grape, orange, lemonade, etc.)
  - Water, tea or coffee (No milk or non-dairy creamer)
  - Clear Broth or bouillon
  - Hard Candies
  - Jell-O and Popsicles
  - **Do NOT drink or eat anything colored red or purple**
  
2. **IF YOUR COLONOSCOPY IS SCHEDULED AFTER 10:00AM YOU WILL SPLIT THE MOVI PREP INTO TWO DOSES.**
  - a) At **6:00 p.m. (the evening before the procedure)** Empty **1 pouch A and 1 pouch B** into the disposable container. Add drinking water to the top line of the container. Mix to dissolve. The Moviprep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8oz.), until the full liter is complete
  - b) Continue to drink 16 oz of the clear liquid of your choice.
  - c) At **6:00 a.m. (morning of the procedure)** **REPEAT steps a. and b. using the remaining pouches.**
  
3. **IF YOUR COLONOSCOPY IS SCHEDULED BEFORE 10:00 AM**
  - a) **AT 9:00 p.m (day before procedure).** Empty **1 pouch A and 1 pouch B** into the disposable container. Add drinking water to the top line of the container. Mix to dissolve. The moviprep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark approximately 8oz. until the full liter is complete.
  - b) **As soon as you have finished drinking the above liter** mix the remaining pouches into the container and **repeat step a.** The prep should be completed that evening.
  - c) Drink at least 16oz. of the clear liquid of your choice before retiring.

### **DAY OF EXAMINATION**

4. **If your test is scheduled in the morning**, do not drink any liquids after midnight. Heart and Blood pressure medications may be taken with a small glass of water around 6:00am
5. **If your test is scheduled after 12:00P.M. (noon)**, you may have clear liquids before 8:30a.m. You may take your morning dose of medication routinely.
6. If polyp removal is required, the patient must stay in the Detroit area overnight after the procedure so that any bleeding, pain, or other untoward symptoms may be brought to the attention of the examining doctor promptly and proper treatment given.
7. Report to:\_\_\_\_\_
8. Date:\_\_\_\_\_
9. Arrival Time:\_\_\_\_\_

**IF THERE ARE ANY QUESTIONS ABOUT THE PROCEDURE OR IF YOU HAVE TO CANCEL THIS TEST, PLEASE CALL (248) 273-9930 EXT. 3034 OR EXT. 3036**

**\*You must be accompanied to the procedure by someone who can stay there as long as you are there and who will be able to drive you home after the exam.\***