

# MID-FLORIDA GASTROENTEROLOGY GROUP, P.A.

## MOVIPREP PREPARATION

PURCHASE 1 MOVIPREP KIT FROM THE PHARMACY AT LEAST 3 DAYS BEFORE YOUR PROCEDURE WITH YOUR PRESCRIPTION.

## THE DAY BEFORE YOUR PROCEDURE

1. STAY ON CLEAR LIQUIDS ALL DAY. THESE INCLUDE: WATER, BROTH, TEA, COFFEE, JUICES(EXCEPT PRUNE, TOMATO, OR V-8 JUICES)SODAS, JELL-O (NO RED JELL-O), POPSICLES, YOU MAY SUCK ON HARD CANDY, NO DAIRY PRODUCTS BUT ENSURE AND BOOST ARE OK TO DRINK. NO RED, PURPLE LIQUIDS. NO GREEN JELL-O.
2. MIX ONE CONTAINER OF MOVIPREP AS SOON AS YOU WAKE UP. DO THIS BY EMPTYING ONE POUCH A AND ONE POUCH B INTO THE CONTAINER AND FILLING IT TO THE FILL LINE WITH LUKEWARM WATER. SHAKE/MIX UNTIL ALL POWDER RESIDUE NO LONGER APPEARS ON THE BOTTOM OF THE CONTAINER. PUT IN THE REFRIGERATOR.
3. APPROX. 4 PM, DRINK 8 OZ EVERY FIFTEEN MINUTES UNTIL COMPLETED. 8OZ IS MARKED BY A LINE ON THE CONTAINER.
4. DRINK AN ADDITIONAL 16 OZ BOTTLE OF YOUR FAVORITE CLEAR BEVERAGE TO HYDRATE.
5. IMMEDIATELY MIX THE NEXT LITER THE SAME WAY AS BEFORE. PUT IN REFRIGERATOR.
6. APPROX. 6:30 PM, DRINK 8 OZ EVERY FIFTEEN MINUTES UNTIL COMPLETED.
7. DRINK AN ADDITIONAL 16OZ OF YOUR FAVORITE CLEAR BEVERAGE TO HYDRATE.
8. YOU CAN CONTINUE THE CLEAR LIQUID DIET UNTIL MIDNIGHT, BUT NOTHING AFTER MIDNIGHT.
9. WEAR COMFORTABLE 2 PIECE OUTFITS, AS YOU MAY HAVE SOME ABDOMINAL BLOATING AFTERWARDS.
10. YOU MAKE TAKE ANY HEART AND BLOOD PRESSURE MEDICINE WITH A SMALL SIP OF WATER THE MORNING OF THE PROCEDURE. HOLD ALL OTHER MEDICATIONS, UNLESS SPECIFICALLY ORDERED BY US.
11. YOU WILL BE GIVEN SEDATION AND STATE LAW REQUIRES THAT YOU BRING SOMEONE TO DRIVE YOU HOME. THE PROCEDURE WILL NOT BE DONE IF YOU DO NOT HAVE A RIDE HOME. **NO EXCEPTIONS!!**
12. PLEASE LET THE OFFICE KNOW IF YOU HAVE TO TAKE ANTIBIOTICS BEFORE PROCEDURES, OR IF YOU TAKE BLOOD THINNERS OR ARE A DIABETIC. SPECIAL ARRANGEMENTS AND/OR BLOOD WORK MAY NEED TO ORDERED.
13. SHOULD YOU DECIDE NOT TO FOLLOW THE ABOVE DIRECTIONS FULLY, THE PROCEDURE WILL **NOT** BE ABLE TO BE COMPLETED. BE PREPARED TO BE AT THE SURGICAL CENTER FOR APPROX. 2-3 HOURS.

**\*\*\*HOLD ALL IRON, PLAVIX, IBPROFEN, MOTRIN, ALEVE, COUMADIN, CELEBREX, NAPROXEN, AND ASPIRIN FOR 5 DAYS BEFORE THE TEST\*\*\***

**AFTER THE EXAM:** YOU WLL NOT BE ALLOWED TO DRIVE AFTER THE PROCEDURE. YOU WILL BE DROWSY SEVERAL HOURS AFTERWARDS. OUR OFFICE WILL CALL YOU WITH A FOLLOW-UP VISIT AS NEEDED A FEW DAYS AFTER THE TEST. IF A BIOPSY WAS TAKEN, IT CAN TAKE UP TO A WEEK BEFORE WE RECEIVE THOSE RESULTS, ONCE WE DO, WE WILL CONTACT YOU. THIS FOLLOW-UP VISIT IS SEPARATE FROM THE PROCEDURE AND IF YOUR INSURANCE REQUIRES A CO-PAY IT WILL BE DUE THE DAY OF THE VISIT. **MID-FLORIDA GASTROENTEROLOGY CONTACT NUMBER: 407-321-4570 OR 386-789-5400.**