

## PREPARE for Colonoscopy with **MOVIPREP**

### TO ENSURE A SMOOTH PROCEDURE DAY :

☐ **FOLLOW THESE INSTRUCTIONS CAREFULLY!**

- Disregard instructions included with the prep kit
- Failure to follow may result in a delay or cancellation of your procedure

☐ **STAY HYDRATED!**

- Process causes significant fluid loss & can cause sickness from dehydration
- Drink as much clear liquid as possible during process

☐ **DO NOT OMIT ANY PART OF THE PREP!**

- Poor prep may cause polyp or cancer to go undetected
- If the procedure needs to be repeated, you'll be required to prep again

☐ Arrive 30 minutes before your scheduled appointment time

☐ Bring your photo ID and insurance card(s)

☐ Prepare for payment at check-in if required by your insurance coverage

☐ Wear loose, comfortable clothing and flat shoes

☐ Avoid bringing valuable items *[NSGA is not responsible for any lost items]*

☐ Arrange for a responsible adult to drive you home after the procedure

☐ **STAY POSITIVE!**

- Colonoscopy prep is not the most glamorous process
- Remember that you are taking a proactive step toward prevention or early detection of colorectal cancer

**Our team is committed to helping you through this process.** You will be contacted multiple times leading up to your appointment. While in the office, you will meet the administrative & clinical team before your procedure.

Please do not hesitate to reach out to the office for questions. You can call us at **516-487-2444** or send your physician a message through the Athena Patient Portal by visiting **[athenahealth.com/patient-login](https://athenahealth.com/patient-login)**.

A \$100 fee will apply for failure to attend your procedure. If cancellation is necessary, please notify the office at least 72 hours in advance.

## ARRANGE TRANSPORTATION :

| Who can pick me up after my procedure ?                                                                                                                                                                                                                 |                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YES :                                                                                                                                                                                                                                                   | NO :                                                                                                                                                                                                           |
| <ul style="list-style-type: none"> <li>- Family, friend, or someone you who can safely bring you home</li> <li>- Someone who is able to physically come into the office to sign you out</li> <li>- Someone who is reliable &amp; trustworthy</li> </ul> | <ul style="list-style-type: none"> <li>- Drive yourself</li> <li>- Uber or Lyft, or taxi service</li> <li>- Someone who cannot physically come into the office</li> <li>- Someone who is unreliable</li> </ul> |

## ANESTHESIA SAFETY :

| Anesthesia can affect your coordination, judgement, and reaction time for several hours. |                                                                                                                                                             |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YOU SHOULD :                                                                             | YOU WILL NOT :                                                                                                                                              |
| Take the day off & rest                                                                  | <ul style="list-style-type: none"> <li>- Drive or operate machinery</li> <li>- Work or make big decisions</li> <li>- Perform physical activities</li> </ul> |

## 7 DAYS BEFORE PROCEDURE :

- ☐ Pick up prescription from pharmacy
  - o ONE (1) MoviPrep Bowel Prep Kit
- ☐ Confirm your transportation arrangement
- ☐ Review the medications you take:

| CONTINUE :                                                                                       | STOP TAKING :                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>- What your physician told you is safe to take</li> </ul> | <ul style="list-style-type: none"> <li>- What your physician told you to temporarily STOP</li> <li>- Iron and fish supplements and vitamins</li> <li>- GLP-1s such as Ozempic, Weygovi, etc.</li> </ul> |

Notify your doctor *immediately* if you take **BLOOD THINNERS** or **INSULIN**.  
You may need to discontinue or decrease your dose prior to your procedure.

- ☐ STOP eating the following foods:

| STOP EATING :                                           |                                          |
|---------------------------------------------------------|------------------------------------------|
| - QUINOA                                                | - NUTS – cashews, peanuts, almonds, etc. |
| - CORN                                                  | - SEEDS – from fruits & vegetables       |
| - RICE                                                  |                                          |
| YOU MAY RESUME IMMEDIATELY <b>AFTER</b> YOUR PROCEDURE! |                                          |

### 3 DAYS BEFORE PROCEDURE :

- ☐ Confirm your transportation arrangement  
☐ Review your insurance coverage to understand your financial responsibility  
☐ STOP eating the following foods:

| STOP EATING :                                                                           |
|-----------------------------------------------------------------------------------------|
| LEAFY GREENS - kale, lettuce, spinach, etc.<br><i>in addition to 7-day instructions</i> |
| YOU MAY RESUME IMMEDIATELY <b>AFTER</b> YOUR PROCEDURE!                                 |

### 1 DAY BEFORE PROCEDURE :

- ☐ You MUST remain on a CLEAR LIQUID DIET the ENTIRE day
- Starting from when you wake up & throughout the day until sleep
  - If it is not in the YES column, you cannot have it!

| CLEAR LIQUID DIET :                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YES                                                                                                                                                                                                                                                                                                                    | NO                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>- Water, Sprite, Seltzer, Ginger Ale</li> <li>- Bouillon or clear broth</li> <li>- White grape juice, apple juice</li> <li>- Gatorade [<i>not red or purple</i>]</li> <li>- Plain Jello [<i>not red or purple</i>]</li> <li>- Italian Ice [<i>not red or purple</i>]</li> </ul> | <ul style="list-style-type: none"> <li>- Solid foods</li> <li>- Lemonade</li> <li>- Alcohol</li> <li>- Milk or milk products</li> <li>- Chewing gum, candies, mints</li> </ul> |

- ☐ At 4:00pm, prepare the prep
  - Pour 1 pouch A and 1 pouch B into the empty container
  - Fill container with lukewarm water to the fill line
  - Shake until dissolved
  - Place in refrigerator for 2 hours
- ☐ At 6:00pm, drink the prep mixture
  - Suggested to drink 8 oz every 15 minutes until finished
    - *If you experience nausea, bloating, or abdominal cramping, slow the rate of drinking OR pause and drink water until symptoms stop.*
- ☐ Drink a minimum of 16 oz of additional clear liquids throughout the evening.
- ☐ Prepare tomorrow's prep
  - Pour 2<sup>nd</sup> pouch A and 2<sup>nd</sup> pouch B into the empty container
  - Fill container with lukewarm water to the fill line
  - Shake until dissolved
  - Place in refrigerator until tomorrow morning

***Drink additional clear liquids before bedtime, if tolerated, to help prevent dehydration!***

## THE DAY OF YOUR PROCEDURE:

- ☐ Take allowed medications before starting the prep
- ☐ 5 hours before appointment time, drink the 2<sup>nd</sup> prepared mixture
  - Suggested to drink 8 oz every 15 minutes over 1 hour
  - Drink an additional 16 oz of clear liquid within this hour
- ☐ Correct timing is essential for an effective prep:

## **STOP DRINKING LIQUIDS STARTING 4 HOURS BEFORE PROCEDURE**

- ☐ Do not smoke, vape, or use tobacco and/or recreational products
- ☐ Do not apply lotion to chest, arms, or legs
- ☐ Wear loose, comfortable clothing. Wear flat shoes to avoid tripping or falling
- ☐ Arrive 30 minutes before scheduled time
- ☐ Bring photo ID, insurance card(s), and form of payment. Avoid bringing valuables.
- ☐ Females aged 12-54 years old:
  - Prepare to provide a urine sample in office for pregnancy testing

## **YOU CANNOT HAVE ANYTHING BY MOUTH UNTIL AFTER YOUR PROCEDURE**