

Patient: _____ Date of Procedure: _____

Procedure: Colonoscopy _____ Arrival time: _____
(will call day before with exact time)

Place: The Center for Digestive Wellness, 10461 Wallace Alley St., Kingsport, TN 37663 (**Near Airport**)

IF YOU HAVE NOT HEARD FROM US

by 2:00 p.m. the day before your procedure, please call our office for your arrival time.

Starting on _____, (which is 5 days before your procedure):
Date

1. Follow the attached ***Low Residue Diet*** (given as separate sheet).
2. Do not take Metamucil, Peridium, Citrucel, or any other bulk laxative.
3. Do not take iron pills or iron preparations (including multivitamins with iron).
4. Do not take aspirin (including Goody's), ibuprofen (including Advil, Motrin), naproxen sodium (including Aleve), or other arthritis medications. Use Tylenol and extra strength Tylenol as needed.
5. Do not take any blood thinners, such as Coumadin, Warfarin, or aspirin, unless advised otherwise.
6. You may take all other medicines unless otherwise advised by Dr. Fenyves or Dr. Fry or our Nurse Practitioner.

PLEASE NOTE that during your prep, you may experience some rectal irritation which can be decreased by applying ***petroleum jelly (Vaseline)*** to your rectum before and after bowel movements, along with the use of adult wet wipes.

Day Before Procedure: _____

Date

1. You may have light food before **2:00 p.m.** When you start the prep, **DO NOT** eat any solid foods or milk products. You may have clear liquids all day. Examples: water, coffee (without milk), tea, carbonated beverages, apple juice, white grape juice, Jell-O, fruit flavored and powdered drinks, clear broth, bouillon, hard candy and Popsicles. **AVOID RED DYES.**
2. If you are a **DIABETIC**, only take **half** of your normal dose of insulin or oral diabetic medication.
3. You will be given a prescription for **Moviprep** to be filled at your pharmacy. This morning, mix the **Moviprep** according to the following instructions:
 - » Empty 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.
 - » Refrigerate.
4. Consider taking ½ of a tablet (12.5 mg) of promethazine (generic phenergan), which we have provided you with, 30 to 60 minutes before you begin drinking the **Moviprep**. This is **optional** for any nausea associated with starting or completing the prep. This can make you drowsy. Most people can tolerate 1 or 2 tablets every 4 hours. People ages 65 and older may want to take ½ of a tablet (12.5 mg) at a time. **People who have had allergies or side effects with phenergan or compazine-like drugs should not take this.**
5. **At 5:00 p.m.—begin drinking the Moviprep.**
 - » You need to drink the entire container of solution over a 60 to 90 minute period. You must drink **ALL** of the solution
 - » Do not take any other medication within 1 hour of drinking the solution. It will get flushed out of your system.
 - » Drinking **Moviprep** through a straw may decrease nausea or adverse taste.
 - » Afterwards (sometime before bed) drink 16 ounces of clear liquid of your choice.
6. Before bed, mix the remaining **Moviprep** mixture according to the instructions outlined above in **Step 4**. Refrigerate overnight.
7. Notify the office if you develop a **severe** cold, fever, or other severe illness.

Day of Procedure: _____

Date

1. Early in the morning (at least **3 hours** before your arrival time) drink the remaining **Moviprep** solution

IF YOU ARE SEEING ANY STOOL OR ANY CLOUDY MATERIAL IN THE TOILET

you can use as many ***Magnesium Citrate** bottles as needed.

***NOTE TO SEVERE HEART/KIDNEY FAILURE PATIENTS:**

Use **Miralax** (given as a prescription) in clear liquids instead of Magnesium Citrate. You will mix the 255-gram bottle into 32 oz. of water or Gatorade and drink.

2. Immediately after drinking the magnesium citrate, take 4 **Gas-X** tablets. This can be purchased at your local pharmacy *without* a prescription.
 - * However, **DO NOT DRINK** anything beyond 2 hours before your arrival time. **DO NOT EAT.**
3. If you are taking heart, seizure, or anxiety medications, please be sure to take them before your procedure. **Bring all medicine** bottles with you, including diabetic medications and inhalers.
4. Do **not** take oral diabetic medications or insulin on the morning of your procedure. If you use insulin, please make sure you bring it with you in a cooler or ice pack to keep it refrigerated.
5. You will be administered IV sedation. Please come accompanied by a responsible driver who can drive you home. You will **NOT** be allowed to take public transportation or to drive your own car.
6. Please refrain from smoking, do not wear lipstick or jewelry, and bring a pair of slippers or footies for your comfort.
7. We anticipate your stay with us to be approximately 2 to 4 hours. If you are scheduled at the hospital, it could be significantly longer.

The hard part is over once you see us!