St. Bernards GASTROENTEROLOGY CLINIC

A Department of St. Bernards Medical Center

Colonoscopy MoviPrep

MoviPrep (PER-3350, Sodium Sulfate, Sodium Chloride, Potassium Chloride, Sodium Ascorbate Acid for Oral Solution)
Dispense 1 Kit

IT IS VERY IMPORTANT THAT YOU READ AND FOLLOW THESE INSTRUCTIONS VERY CAREFULLY OR WE MAY NOT BE ABLE TO DO THE PROCEDURE.

If you take any blood thinners, **(Coumadin, Plavix, etc)**, Please contact our office for instructions.

DIABETIC PATIENTS: If you take oral medications or injections, we suggest that you decrease your dose by 1/2 when you start the clear liquid diet. **IF YOU TAKE INSULIN, PLEASE CONTACT YOUR FAMILY DOCTOR FOR APPROVAL BEFORE DECREASING YOUR MEDICATION. DO NOT** take your medication the morning of your procedure, but do bring it with you.

You should take your maintenance medications (HEART, BLOOD PRESSURE, SEIZURE) the morning of your procedure with the smallest amount of water to get it down.

WEIGHT LOSS MEDICATION- Stop injections 1 week prior, Stop tablets 2 weeks prior

You will receive sedation for the procedure, therefore, you must have someone stay with you during the procedure and to drive you home.

On _____, 1 day before the exam, begin a clear liquid diet for the entire day- breakfast, lunch, and dinner. Do not eat or drink anything after midnight the day before the procedure. Make sure to drink at least 1 liter of clear liquids throughout the day.

Mix (1) Packet A and (1) Packet B together with (1) Liter of water in container provided. You may refrigerate prior to consumption.
6:00 PM- Begin drinking the MoviPrep solution. The container has 4 lines on the side. Every 15 minutes drink the solution down to the next line until finished. Follow with 8 oz of clear liquids of your choice. (Refer to list on back).

Mix (1) Packet A and (1) Packet B together with (1) Liter of water in container provided. You may refrigerate prior to consumption.
10:00 PM- Begin drinking the MoviPrep solution. The container has 4 lines on the side. Every 15 minutes drink the solution down to the next line until finished. Follow with 8 oz of clear liquids of your choice. (Refer to list on back).
IMPORTANT: DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE THE TEST UNLESS SPECIFICALLY TOLD.

Day of Procedure

Your procedure is scheduled for _____.

CHECK IN TIME: _____ PROCEDURE TIME: _____, report to:

_____ **Outpatient Surgery Center of Jonesboro**
1100 E. Matthews
Jonesboro, AR 72401
870-935-8500

***PLEASE NOTE THAT IF YOU ARE SCHEDULED AT OUTPATIENT SURGERY CENTER YOU WILL BE CONTACTED THE DAY BEFORE YOUR TEST, BETWEEN 2:00-4:00 PM, WITH A CHECK IN TIME** If you are scheduled on a Monday then they will call you on the Friday before your appointment.*

_____ **St. Bernard's Medical Center**
225 E. Washington Ave
Jonesboro, AR 72401
(Check in on the ground floor of the new tower)

If you have any questions, please contact our office at (870) 336-0472.
If you need to cancel or reschedule your appointment, please call our office at least 24 hours in advance at (870) 336-0472.

PLEASE BRING A LIST OF YOUR MEDICATIONS WITH YOU.
PROCEDURE CHARGES:
You will have at least 2 SEPERATE charges, possibly 3.
1. There will be a charge from the doctor for doing the procedure.
2. There will be a facility charge, from the place the procedure was performed.
3. There will be a pathology charge if any type of biopsy is take or polyp removal.