

Colonoscopy Instructions: MoviPrep

Time	Instructions		
<u>7 Days Before</u>	<ul style="list-style-type: none"> • Stop all fiber supplements & medications containing iron, including multivitamins and Omega 3 • Stop taking Motrin, Advil & Aleve; decrease Aspirin to 81mg daily • Be sure to drink 6-8 cups (8oz) of water each day leading up to your procedure • Be sure to have someone ready to pick you up after the procedure • Make sure you have your preparation medication (MoviPrep) by this time 		
<u>3 Days Before</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Avoid High Fiber Foods including:</u> <ul style="list-style-type: none"> • Raw Fruits & Vegetables • Whole Wheat Bread/ Crackers • Seeds • Nuts • Popcorn, Bran • Quinoa • Corn </td> <td style="width: 50%; vertical-align: top;"> <u>Begin a Low Fiber Diet such as:</u> <ul style="list-style-type: none"> • White Bread & Rice • Eggs • White Meat (Turkey, Chicken) • Fish • Cheese • Yogurt • Milk • Cooked Vegetables </td> </tr> </table>	<u>Avoid High Fiber Foods including:</u> <ul style="list-style-type: none"> • Raw Fruits & Vegetables • Whole Wheat Bread/ Crackers • Seeds • Nuts • Popcorn, Bran • Quinoa • Corn 	<u>Begin a Low Fiber Diet such as:</u> <ul style="list-style-type: none"> • White Bread & Rice • Eggs • White Meat (Turkey, Chicken) • Fish • Cheese • Yogurt • Milk • Cooked Vegetables
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<u>3-5 Days Before</u>	<ul style="list-style-type: none"> • If <u>not</u> fully vaccinated: <u>get your mandatory COVID-19 PCR or Antigen test</u> • If fully vaccinated (or have had COVID in the last three months): no COVID test required, but you are required to bring proof/documentation to your procedure 		
<u>24 Hours Before</u>	<ul style="list-style-type: none"> • NO solid foods, only clear liquids including: <ul style="list-style-type: none"> • Water • Apple, White Grape, & White Cranberry juices without pulp • Clear soup Broth • Tea or Coffee (No milk, cream) • Gatorade / Powerade (NO red, orange, or purple colors) • Jell-O (NO red, orange, or purple colors) • Popsicles or Sorbet (NO red, orange, or purple colors) • No Alcohol 		

<u>Important</u>	
If you are taking any of these medications please contact the office ASAP	<ul style="list-style-type: none"> • Heparin, Lovenox, Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Edoxaban (Lixiana, Savaysa), Betrixaban (Bevyxxa), Clopidigrel (Plavix), Prasugrel (Effient), Dabigatran (Pradaxa), Bivalirudin (Angiomax), Argatroban (Argatra, Novastan, Arganova, Exembol), Brilinta (Ticagrelor) and Desirudin (Iprivask, Revasc).
If you are diabetic	<ul style="list-style-type: none"> • Contact your Primary care doctor right away for instructions regarding your medications
If you are taking blood pressure medication	<ul style="list-style-type: none"> • DO NOT skip your blood pressure medication including the day before and day of your procedure
Please arrive at least 30 minutes prior to your appointment time	
Female patients of childbearing age will be required to submit a urine sample for a pregnancy test upon arrival	

*** Please notify our office as soon as possible if you need to cancel your procedure.**

You will be charged a cancellation fee of \$200.00 if the procedure is not cancelled 48hrs before your scheduled procedure time.



311 E 79 th St.	16 E 52 nd St.	68 E 86th St.	1150 Fifth Ave.	300 Cadman Plaza
212-996-6633	212-826-3903	212-535-1845	212-369-2490	718-280-0020

Preparation Instructions: MoviPrep

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<u>24 Hours Before</u>	<ul style="list-style-type: none"> • <u>NO</u> solid foods, <u>only</u> clear liquids including: <ul style="list-style-type: none"> • Water • Apple, White Grape, & White Cranberry juices without pulp • Clear soup Broth • Tea or Coffee (No milk, cream) • Gatorade / Powerade (<u>NO</u> red, orange, or purple colors) • Jell-O (<u>NO</u> red, orange, or purple colors) • Popsicles or Sorbet (<u>NO</u> red, orange, or purple colors) • No Alcohol
<u>Dose 1</u> Taken at 5pm night before procedure	<ul style="list-style-type: none"> • Mix Pouch A & B into the mixing container • Fill the rest of the container to the fill line with cool water • Mix until dissolved • Drink the mix steadily over the next hour
<u>After Dose 1</u>	<ul style="list-style-type: none"> • Drink at least 2 more cups (16oz) of clear liquids that night
<u>Dose 2</u> Taken 6 hours prior to procedure time	<ul style="list-style-type: none"> • Mix Pouch A & B into the mixing container • Fill the rest of the container to the fill line with water • Mix until dissolved • Drink the mix steadily over the next hour
<u>3 Hours before</u>	<ul style="list-style-type: none"> • Nothing to eat or drink 3 hours before procedure (other than essential medications)

<u>Important</u>
If you experience nausea, bloating or vomiting, try drinking the solution more slowly or cooling the liquid on ice.
Note: Individual responses to laxatives do vary; this prep may cause multiple bowel movements. This prep often works within 30 minutes, but it may take as long as 4-6 hours.
Someone must accompany you and take you home after the procedure. Do not drive for 8 hours after your procedure.
If you have any questions, please feel free to call your doctor’s office. Our phone numbers are listed above, and we will be happy to help you.

<p>If you are not fully vaccinated, you are required to take a COVID-19 test 3-5 days prior to your procedure. If you are fully vaccinated, or have had COVID in the last 3 months, you do not need a COVID test, but you must bring proof to your procedure. If you did not complete your test at a participating Northwell facility, please bring the results with you.</p>
