

GASTROENTEROLOGY CENTER OF NORTHERN VIRGINIA LTD.

PROCEDURE LOCATION: (If unsure of the exact place and time, please verify with the office)

- Virginia Hospital Center Arlington 1635 North George Mason Drive 2nd floor - GI out Patient Center, Gold Parking
- Fairfax Hospital 3300 Gallows Road, Falls Church, VA Women's & Children's Center – Blue Entrance
- Woodburn Endoscopy Center 3301 Woodburn Road, Suite 109 Annandale, Virginia

APPOINTMENT DATE: _____ **ARRIVAL TIME:** _____ **PROCEDURE TIME:** _____

Please notify the office if you have an Internal Defibrillator or Cardiac Stent

Colonoscopy Instructions with MoviPrep

Take your prescription to the pharmacy at least 3 days in advance. Please follow our written instructions, not the package instructions.

1. Discontinue 5 days in advance of your procedure: all aspirin, ibuprofen or Advil type products, blood thinners (Coumadin, Plavix, Aggrenox, Ticlid, Persantine). **If you take any of these medications for cardiac reasons, check with your regular doctor or cardiologist before stopping them.** Tylenol may be used as needed. Your other necessary medications are OK to take.
2. Use a clear liquid diet for ONE FULL DAY before the colonoscopy day beginning very first thing in the morning, regardless of your procedure time the next day. Be sure to **drink plenty to stay hydrated.** You will not return to your regular diet with food until after your colonoscopy.
3. **STEP ONE:** At 5 to 6:00 p.m., **the evening before** your colonoscopy, empty ONE POUCH **A** and ONE POUCH **B** into the disposable container. Add lukewarm drinking water to the top line of the container and mix to dissolve. (If preferred, you may mix the solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 24 hours.) The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz) until the entire container is completely finished. Drink an additional 16 oz of any clear liquid. This is a laxative so you will want to be very close to a bathroom. You may experience mild bloating or cramping during the first few hours. Continue on clear liquids.
4. **STEP TWO (morning dose):** If your arrival time is **7:00 a.m. or earlier** begin your morning dose at 4:00 a.m. If your arrival time is **after 7:00 a.m.** begin your morning prep at 5:00 a.m. The morning of your procedure, REPEAT STEP ONE the same as you did the evening before. You may remain on clear liquids up until 4 hours prior to your procedure time, then nothing by mouth. Necessary medications early in the morning are OK to take.

Please have a responsible adult to drive you home after your procedure or you may take a cab only if accompanied by an adult. You are **not to drive** for the rest of the day after your procedure.

Be certain you have provided all current insurance information and necessary referrals to our office at least prior to your procedure date. (Referrals apply only to HMO and Managed Care plans.)

To cancel or reschedule, please give 5 business days advance notice to avoid a charge

Also please download the “Colonoscopy frequently asked questions” and the “Clear liquid diet” for addition information.

www.gcofnova.com