

READ ALL INSTRUCTIONS A WEEK BEFORE YOUR PROCEDURE

If you start Blood Thinner or Weight loss medications after scheduling your procedure, or have questions,

please call our office @ 303 788 8888

or visit www.southdenvergi.com.

7 DAYS PRIOR TO PROCEDURE

- Purchase 1 box of Simethicone/Gas-X tablets (prefer white or pink, but red is OK. You will need a total of 4 tablets for your prep)
- **STOP** Iron Supplements a week before the colonoscopy as they can be constipating.
- If you take **BLOOD THINNERS** we will obtain authorization from your prescribing doctor. We will call you with specific instructions. If we have not called you within 7 days of your procedure, please call our office immediately.
- If you take **Warfarin, Coumadin, or Jantoven**, you must have your **PT/INR** checked the day before your procedure. We will give you specific instructions for this test.
- **DO NOT STOP** heart, blood pressure or other regular medication unless your doctor instructs you to do so.
- You may continue to take aspirin as prescribed.
- If you are scheduled to have anesthesia, the anesthesiologist may contact you to review your medical history, medications and allergies.
- If you are on medication for **DIABETES**, check with the doctor that prescribes it because you may need a dose change the day before or the day of your procedure.
- If you take a prescription type weight loss medication such as **Phentermine** you must hold it for 7 days before the procedure.
- **DO NOT STOP** Contrave or Naltrexone.
- If you use inhalers or a CPAP, please bring them with you
- Sedation: Conscious (goal is to keep you comfortable / you may or may not sleep) OR: Anesthesia/MAC (you will sleep)
Both may leave you feeling groggy, dizzy, sleepy, nauseous. Vomiting may occur.

Date: **2 DAY BEFORE THE COLONOSCOPY**

- Start on a **CLEAR LIQUID** diet when you get up and continue all day. Do not eat any solid foods.

Date: **1 DAY BEFORE THE COLONOSCOPY**

- Mix MoviPrep per instructions – Empty the first set of A&B pouches into supplied container. You may mix up to 12 hours ahead and refrigerate if preferred.
- Start on a CLEAR LIQUID diet when you get up and continue all day. Do not eat any solid foods.
- If you are scheduled **AFTER 12 NOON** you may have a small breakfast before 9AM – then start clear liquids.
- You must complete this prep even if you already have diarrhea.
- **YOU MAY NOT HAVE** anything red or purple (as they can stay in the GI tract and look like blood), milk, milk products, non-dairy creamers, juices with pulp, nectar or alcoholic beverages.

• **YOU SHOULD DRINK 8 OUNCES OF CLEAR LIQUID EVERY HOUR FROM THIS LIST:**

Clear Broth (Chicken, Vegetable or Beef Bouillon)	Broth or Consommé	Tea
Coffee (No cream, milk or non-dairy creamer)	Kool-Aid (No red or purple)	Gatorade/PowerAde
White Cranberry Juice	Apple Juice	Lemonade/Limeade
Italian Ices / Popsicles	Jell-O	Hard Candy

Ensure Clear

- If you are on medication for **DIABETES** follow your prescribing doctor's recommendations for these medications. You should drink clear liquids with sugar because you will not be eating. If you monitor your blood sugar continue to do this at your usual times. Check your blood sugar before you leave for the procedure.
- Continue taking heart, blood pressure and time sensitive medication today and the day of the colonoscopy.
- **AT 6:00 P.M. THE NIGHT BEFORE** your Colonoscopy begin drinking the mixed MoviPrep solution, 8 ounces every 15 minutes; each mark on the container is 8 oz. Drink **ALL** of the liquid in the container.
- **IMPORTANT:** You must drink 16-ounces of your choice of clear liquid after you finish the MoviPrep container.
- **Chew 2 Simethicone/Gas- X tablets**
- Mix the second set of A&B pouches and refrigerate

Date: **THE DAY OF THE COLONOSCOPY**

- Follow the mixing instructions as written above using the marked container.
- At _____ (**6 hours prior to your procedure**) begin drinking the MoviPrep solution every 15 minutes; each mark on the container is 8 oz. You must drink ALL of the liquid in the container
- **Chew 2 Simethicone/Gas- X tablets**
- **IMPORTANT:** You must drink 16-ounces of your choice of clear liquid after you finish the MoviPrep container.
- **AFTER _____ (4 hours prior to your procedure) YOU MAY NOT DRINK ANY MORE LIQUIDS, INCLUDING WATER.**