

Patient Name:

GASTROENTEROLOGY ASSOCIATES OF TIDEWATER

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MoviPrep Preparation For Colonoscopy

Follow these instructions, not the instructions on the box!!

Your colonoscopy is scheduled for _____ at _____ AM/PM

At [] Chesapeake Hospital [] DePaul Hospital [] Chesapeake Office [] Virginia Beach Office

PREPARATION FOR COLONOSCOPY: PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY:

- All regularly used medication such as Digoxin should be continued, except diabetes meds.
ONE WEEK PRIOR TO THE PROCEDURE: Stop blood thinners like Coumadin or Plavix if authorized by physician.
Make sure you have someone to accompany you and drive you home from your procedure.
Purchase MoviPrep with prescription given. The MoviPrep carton contains 4 pouches and a disposable container for mixing. You must complete the entire prep to ensure the most effective cleansing.
[] Diabetes handout given.

1. THE DAY BEFORE THE PROCEDURE ON _____ DRINK ONLY CLEAR LIQUIDS ALL DAY.

2. A good preparation is essential to obtain full benefit from the procedure. The medication may cause dehydration, so be sure to take plenty of fluids during the preparation. Use Tucks or baby wipes, blot don't wipe after each bowel movement, for comfort.

NO MILK – NO MILK PRODUCTS – NO SOLID FOODS – NO ARTIFICIAL RED DYE

Clear Liquid Diet:

Table with 3 columns: Allowed items (Water, Clear fruit juice, grape, cranberry, Bouillon or fat-free broth), Prohibited items (Hard candy, Jell-O, Black coffee or tea, Any soda), and Allowed items (Popsicles, Gatorade, Italian Ice, Boost or Ensure fiber-free).

3. At _____ PM, empty 1 pouch A and 1 pouch B into the disposable container. Add lukewarm water to the top line. Mix to dissolve. The container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark, until the container is empty. This should be followed by at least 16 oz. of your choice of clear fluids.

THE DAY OF THE PROCEDURE ON _____

- At _____ AM, repeat with remaining two pouches as in #3 above. You may continue the clear fluids until you arrive for your procedure. Take your usual morning meds (except blood thinners & diabetic meds).
Please report to the location on time at _____ AM/PM, with your driver. You are required to have an adult accompany you and to take responsibility for your care after the procedure, otherwise your procedure may be cancelled.

IF YOU HAVE QUESTIONS PLEASE CONTACT OUR OFFICE AT 547-0798. For more information see our website: www.gatqi.com under Procedures.

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