

METROPOLITAN GASTROENTEROLOGY, P.C.
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NAME: _____

Monday Tuesday Wednesday Thursday Friday

SCHEDULED DATE: _____/_____/_____ TIME: _____ AM/PM

***** PLEASE ARRIVE 30 MINUTES PRIOR TO YOUR APPOINTMENT TIME. *****

LOCATION: The Endoscopy Center of Queens 23-25 31st Street 2nd Floor Astoria NY 11105

COLONOSCOPY PREPARATION WITH MOVIPREP

Note: STOP ASPIRIN-CONTAINING PRODUCTS (7) DAYS PRIOR TO YOUR EXAM. PLEASE ADVISE THE OFFICE IF YOU ARE CURRENTLY TAKING ANY BLOOD THINNERS, IE: COUMADIN, PERSANTINE, PLAVIX

*****Before beginning the following steps have your prescription for MOVIPREP filled at the pharmacy.*****

THE DAY BEFORE THE PROCEDURE:

In the morning prepare the first dose of MoviPrep & refrigerate. The MoviPrep carton contains 4 pouches and a disposable container for mixing. You must complete the entire prep to ensure the most effective cleansing. Empty 1 (one) pouch A and 1 (one) pouch B into the 1 (one) liter container, mix with luke warm water and refrigerate.

The day before your procedure you may have a light breakfast before 8AM (ie: toast or english muffin). You should NOT eat any solid foods throughout the remainder of the day. We advise patients to have clear liquids which include **BLACK COFFEE, TEA, APPLE JUICE, WHITE GRAPE JUICE, BROTH OR BOUILLON (NO NOODLES), CLEAR JELLO (NO RED) SPRITE, GINGER-ALE, 7-UP AND WATER. *****Solid foods, milk, and milk products, are NOT ALLOWED.*******

STEP ONE: The evening before your procedure beginning at: **4:00 PM** remove the refrigerated solution. The MoviPrep container is divided by 4 marks. Every fifteen minutes, drink the solution down to the next mark, until the full liter is consumed. After you finish drinking the solution, drink 16 oz of any clear fluid of your choice.

STEP TWO: After you complete step one, mix the second dose of MOVIPREP. Empty 1 (one) pouch A and 1 (one) pouch B into the 1 (one) liter container, mix with luke warm water and refrigerate.

STEP THREE: Beginning at **7:30 PM** remove the refrigerated solution. The MoviPrep container is divided by 4 marks. Every fifteen minutes, drink the solution down to the next mark, until the full liter is consumed. After you finish drinking the solution, drink 16 oz of any clear fluid of your choice. You may drink clear fluids until midnight.

*Initially you may feel bloated; you will become more comfortable as you continue to have bowel movements.

*You may continue drinking clear liquids until midnight.

***DO NOT EAT OR DRINK AFTER MIDNIGHT UNTIL AFTER YOUR PROCEDURE HAS BEEN COMPLETED.**

THE DAY OF YOUR PROCEDURE:

1. You **MUST** be accompanied by a friend or relative to drive or assist you home.
YOU WILL NOT BE ALLOWED TO DRIVE YOURSELF HOME.

2. **If you are CURRENTLY taking medication for a heart condition or high blood pressure please take them with a sip of water the morning of your procedure or as directed by the doctor. Do not take any diabetes medications the morning of your procedure unless instructed otherwise by the doctor.**

3. Please do not chew gum or smoke until after your procedure.

****Please notify the office within 48 hours for Cancellation****

****Please confirm your appointment at least 48 hours before****

If you have any questions, please contact the office at 718.932.6000

CLEAR LIQUID DIET

This diet provides fluids that leave little residue and are easily absorbed with minimal digestive activity. This diet is inadequate in all essential nutrients and is recommended only if clear liquids are temporarily needed. No red or purple liquids should be consumed!

Food Group	Foods Allowed	Foods to Avoid
Milk & beverages <i>No red or purple liquids!</i>	Tea (decaffeinated or regular), carbonated beverages, fruit flavored drinks	Milk, milk drinks
Meats & meat substitutes	None	All
Vegetables	None	All
Fruits & fruit juices	Strained fruit juices: apple, white grape, lemonade	Fruit juices with unstrained fruit
Grains & starches	None	All
Soups	Clear broth, consomme	All others
Desserts	Clear flavored gelatin, popsicles (<i>no red or purple flavors</i>)	All others
Fats	None	All
Miscellaneous	Sugar, honey, syrup, clear hard candy, salt	All others
Breakfast	Lunch	Dinner
4 oz. White grape juice	4 oz. Apple juice	4 oz. Lemonade
6 oz. Clear broth	6 oz. Clear broth	6 oz. Clear broth
Jell-O®*	Jell-O®*	Jell-O®*
Tea	Tea	Tea
<i>*Plain only, no fruit or toppings</i>		

Jell-O is a registered trademark of Kraft General Foods, Inc.

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