

MOVIPREP® SPLIT-DOSE PREP

Follow Steps 1–3 to complete the evening dose. Repeat Steps 1–3 for the morning dose.

DATE: _____	DATE: _____
BEGIN EVENING DOSE AT: _____	BEGIN MORNING DOSE AT: _____
STEP 1: MIX DOSE Empty 1 Pouch A and 1 Pouch B into the disposable container. Add lukewarm drinking water to the top line of the container and mix. NOTE: You can mix solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 24 hours.	STEP 1: MIX DOSE Empty 1 Pouch A and 1 Pouch B into the disposable container. Add lukewarm drinking water to the top line of the container and mix. NOTE: You can mix solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 24 hours.
STEP 2: DRINK DOSE The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz), until the full liter is consumed.	STEP 2: DRINK DOSE The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz), until the full liter is consumed.
STEP 3: DRINK CLEAR LIQUIDS Drink 16 oz of the clear liquid of your choice. This is a necessary step to ensure adequate hydration and an effective prep.	STEP 3: DRINK CLEAR LIQUIDS Drink 16 oz of the clear liquid of your choice. This is a necessary step to ensure adequate hydration and an effective prep. *NOTHING BY MOUTH STARTING AT: _____

CLEAR TIMES — USE YOUR PROCEDURE TIME TO IDENTIFY EVERY PREPARATION MILESTONE

Procedure Time	Arrival Time	Dose 1 Evening Before	Dose 2 Morning Of	Nothing by Mouth After
7:00 AM	6:00 AM	5:30 PM	2:00 AM	4:00 AM
7:30 AM	6:30 AM	5:30 PM	2:30 AM	4:30 AM
8:00 AM	7:00 AM	5:30 PM	3:00 AM	5:00 AM
8:30 AM	7:30 AM	5:30 PM	3:30 AM	5:30 AM
9:00 AM	8:00 AM	5:30 PM	4:00 AM	6:00 AM
9:30 AM	8:30 AM	5:30 PM	4:30 AM	6:30 AM
10:00 AM	9:00 AM	5:30 PM	5:00 AM	7:00 AM
10:30 AM	9:30 AM	5:30 PM	5:30 AM	7:30 AM
11:00 AM	10:00 AM	5:30 PM	6:00 AM	8:00 AM
11:30 AM	10:30 AM	5:30 PM	6:30 AM	8:30 AM
12:00 PM	11:00 AM	5:30 PM	7:00 AM	9:00 AM
12:30 PM	11:30 AM	5:30 PM	7:30 AM	9:30 AM
1:00 PM	12:00 PM	5:30 PM	8:00 AM	10:00 AM
1:30 PM	12:30 PM	5:30 PM	8:30 AM	10:30 AM
2:00 PM	1:00 PM	5:30 PM	9:00 AM	11:00 AM

IMPORTANT: NOTHING BY MOUTH MEANS NOTHING TO EAT OR DRINK.

CLEAR LIQUID DIET INSTRUCTIONS FOR YOUR COLONOSCOPY

Beginning on: _____

Two (2) days before procedure

AVOID:

- Fresh fruits and vegetables (raw or cooked)
- No nuts, seeds, or hulls
- No red meat
- Fish and chicken are okay
- Rice and potatoes without skin are okay

Beginning on: _____

The day before your colonoscopy

NO SOLID FOODS.

The day before your colonoscopy will be a **clear liquid diet only**.
Please see the examples below.

CLEAR LIQUID DIET

This diet provides foods and liquids that leave minimal residue in the intestinal tract. A clear liquid is something you can see through when poured into a clear glass and held up to sunlight.

FOOD GROUP	FOODS ALLOWED / EXAMPLES
Fruit Juice	Apple juice, white grape juice, pineapple juice (all NO PULP).
Beverages	Water, black coffee (no milk or creamer), tea, herbal tea, clear soda such as Sprite or ginger ale, Gatorade, Powerade, electrolyte drinks, and strained lemonade.
Soups	Clear chicken broth, beef broth, vegetable broth, bouillon, or consomme.
Desserts / Sweets	Popsicles, fruit-flavored ice, flavored gelatin, and hard candy. NO RED OR PURPLE.
Seasoning	Lemon juice, honey in tea, and sugar in coffee or tea.

CLEAR LIQUID SAMPLE MENU

MORNING	NOON	EVENING
Apple juice (no pulp) Chicken broth Lime gelatin Ginger ale Black coffee	Pineapple juice (no pulp) Beef bouillon Orange Kool-Aid Iced tea with lemon	White grape juice (no pulp) Vegetable broth Lemon gelatin Hot tea with honey

IMPORTANT REMINDERS

- **NO RED OR PURPLE** clear liquids, gelatin, or popsicles.
- No gum, mints, smoking, or tobacco products on the morning of your procedure.

UNDERSTANDING A COLONOSCOPY

Preparation & Procedure Guide

COLONOSCOPY UNDERSTANDING

A colonoscopy uses a flexible camera to examine the large intestine and rectum for polyps, cancer, and other abnormalities. Abnormalities may be removed and sent for biopsy.

BOWEL PREPARATION: WHY IT MATTERS

A clean bowel is essential for a safe and accurate procedure. Inadequate preparation may require a rescheduled exam. Split-dose prep: Take half of the prescribed solution the night before and the second half the morning of your procedure, following your specific instructions. Common prep solutions: Plenvu, Clenpiq, GoLYTELY, or Suprep. Avoid Suprep with heart or kidney disease unless your physician approves it.

PRE-PROCEDURE CHECKLIST

Diabetes: Follow your physician’s medication and diet instructions. Bring insulin and supplies if applicable. Blood thinners: Tell your provider about Coumadin, Plavix, Pradaxa, or other blood thinners. Do not stop medications unless directed.	Other medications: Continue medications only as instructed. Special needs: Report a pacemaker, internal defibrillator, latex allergy or interpreter need.
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PREPARATION GUIDELINES

Day Before: Follow your prescribed bowel-prep instructions. Clear liquids only, including water, Gatorade, clear broth, black coffee, and apple juice. Avoid red/purple liquids and alcohol.
Day of Exam: Take medications only as instructed, with no more than 4 oz. of water unless directed otherwise. Wear comfortable clothing and closed-toe shoes, remove jewelry, and plan to be at the center for up to two hours.

PROCEDURE OVERVIEW

Before: Change into a gown, review your history, sign consent forms, and have an IV placed.
During: Sedation is given through the IV while heart rate and oxygen levels are monitored. Polyps may be removed.
After: Initial results will be discussed and a report sent to your referring physician. Bloating is common. Do not drive or drink alcohol after sedation. Follow discharge instructions.

POTENTIAL RISKS & COMPLICATIONS

Rare risks include perforation (a tear in the colon lining), bleeding after biopsy or polyp removal, and medication reactions.

ADDITIONAL INFORMATION & BILLING

Bring a current medication/allergy list, photo ID, insurance card, and referral forms if required. Co-pays are due on the procedure date. Payment accepted: credit card, check, or cash.
Separate invoices may include: physician fee, endoscopy center fee, anesthesia, and laboratory fees for biopsies.

QUESTIONS?

General Inquiries: 706-253-7340
Insurance & Billing: 404-603-3543

Digestive Healthcare of Georgia Endoscopy Center is co-owned and operated by its physicians.