



Colonoscopy Prep Instructions – MoviPrep

Please read these instructions at least **two weeks prior to colonoscopy**

Admission Time & Place:

Hospital: _____
Date: _____
Time: _____
Endoscopist: _____

Daily Medications: Please bring all your medications on the day of your procedure.

Blood thinners: If you are taking blood thinning medication like: Warfarin, Plavix (Clopidogrel), Pradaxa, Xarelto, or other, you must contact your specialists two weeks prior to the colonoscopy date to know when to stop them. Do not stop any medications without consulting your physician. Aspirin does not need to be stopped.

Diabetic medications: Please call the doctor who monitors your blood sugar levels, particularly if you take insulin. Commonly, for patients with injectable insulin, only half the long acting dose is given on the day of the procedure. If you take tablets, do not take them on the day of your procedure.

Seven Days prior to Colonoscopy:

- Purchase your Bowel preparation (MoviPrep) 7 days prior to your procedure. If your colonoscopy is in the afternoon (after 1 pm), also purchase 2 capsules of Imodium (4mg). Prescription is not required for these medications, they should be available in all regular pharmacies.

Five Days prior to Colonoscopy:

- Do not take medications that stop diarrhea (such as Imodium, Lomotil)
- Do not take fibre supplements (such as Metamucil, Benefiber)
- Do not take iron supplements (including some multivitamins)
- Do not take vitamin E

Three Days prior to Colonoscopy:

- Do not eat high fibre foods (such as: beans, popcorn, seeds, multigrain bread, nuts, fresh salad/vegetables, fresh/dried fruit)

One Day prior to Colonoscopy:

- Do not eat solid food
- Do not drink alcohol
- Avoid dehydration, drink a minimum of one glass of fluid every hour after waking up.
- You can drink any liquid as well as jelly or ice poles, as long as it is not red in colour.
- Do not take non steroidal anti-inflammatory (such as ibuprofen, diclofenac)
- Do not take water tablets (such as Lasix, Furosemide)



Mix the MoviPrep as per the instructions on the container.

MORNING COLONOSCOPY

Colonoscopy before 11am:

Drink the 1st litre of MoviPrep at 6pm the evening prior to colonoscopy.

- Drink the solution over 1-2hours.
- Aim to drink one glass every 10-15minutes.

Drink the 2nd litre of MoviPrep at 8pm.

- Drink this solution over the next 1-2 hours.
- You may continue drinking clear fluids until midnight.

Do not eat or drink anything from midnight until you have your procedure.

- You are allowed to take your regular medications (such as aspirin) in the morning with a sip of water.

Colonoscopy between 11am – 1pm:

USE SPLIT PREP DOSING: half the prep is consumed the night before and half the morning of the procedure

Drink the 1st litre of MoviPrep at 7pm the evening prior to colonoscopy.

- Drink the solution over 1-2hours.
- Aim to drink one glass every 10-15minutes.

Drink the 2nd litre of MoviPrep at 5am.

- Drink this solution over the next 1-2 hours.
- Aim to drink one glass every 10-15 minutes.

Do not consume anything for 3 hours prior to your procedure

You are allowed to take your regular medications (such as aspirin) in the morning with a sip of water.

AFTERNOON COLONOSCOPY

Colonoscopy after 1pm:

Drink the 1st litre MoviPrep at 5am, the morning of the procedure.

- Drink the solution over 1-2hours.
- Aim to drink one glass every 10-15minutes.

Drink the 2nd litre of MoviPrep at 7am.

- Drink this solution over the next 1-2 hours.
- Aim to drink one glass every 10-15 minutes.

Do not consume anything for 3 hours prior to your procedure.

You need to finish drinking the MoviPrep before 10am.

1 hour after your last bowel movement

- Take 4mg of Imodium (loperamide) at the completion of your bowel prep.



Preparation to Undergo Colonoscopy:

Dear Patient,

Thank you for scheduling your colonoscopy with me. I appreciate your trust and will strive to do everything in my ability to ensure that you have a safe, thorough and comfortable examination. Please find below an explanation of the procedure and some suggestions that may streamline the process for you. Dietary, bowel preparation instructions and management of diabetic and blood thinning medications is attached. You are always welcome to contact our office on: 03 8763 3461 or email: admin@surgicalhealthspecialists.com.au.

1. What is the colon and the colonoscopy:

The colon and rectum (also called large intestine) is a six foot long muscular tube that connects the small bowel to the anus. The main function of the colon is to absorb fluid and therefore concentrate waste products. Because the colon is so long, to fit in the abdominal cavity it forms multiple folds and loops. Some of these folds can make it more challenging to insert a colonoscope.

A colonoscope is a flexible tube. The width of the tube is the size of a thumb. It has several working channels through which instruments can be placed to remove, biopsy, clip or inject the bowel wall. Carbon dioxide gas is used to inflate and stretch the bowel lining to help visualize the bowel and suction is used to suck up fluid. The goal of the colonoscopist is to insert the colonoscope to the start of the colon (identified by the junction between the small and large bowel) and ensure that it is examined in its entirety.

2. What is sedation:

During colonoscopy patients can receive sedative and narcotic medication. An anaesthetist will be in charge of this. The purpose of the sedation is to make the patient more relaxed and sleepy, the narcotic medication is typically used to relieve pain. The amount of sedation is titrated to each specific patient, and is taken very seriously, particularly as high doses of sedation and narcotics can inhibit breathing in frail patients.

3. Bowel Preparation:

A clean colon is like cycling down to Sorrento on a sunny day, a dirty colon is like taking the same journey during a hailstorm!

A clean colon is essential for an accurate and safe examination. Faecal matter, particularly if solid, causes unnecessary discomfort (as we need to blow more gas into the colon), increases the risk of injuring the colon, or missing polyps. Your bowel fluid should turn a pale, clear yellow, without any solid material prior to colonoscopy. The colon may be dirty for two reasons:

- a. Not all of the stool was evacuated
- b. The colon was evacuated well, but was made dirty again by bile from the small bowel



To avoid “point a” it is important for you to take the bowel preparation as prescribed. If you suffer from chronic constipation and take regular laxatives, please take an extra dose of your regular laxative the day *prior* to starting bowel prep. If you are still passing solid stool or faecal liquid when you present for colonoscopy, you may be given an enema prior to the procedure or be deferred. This is not your fault, your colon may be longer than average, or just sluggish, leading to extra faecal load. If you had a previous colonoscopy and were told that you need “extra prep”, please call the office and we will facilitate this for you.

To avoid “point b” we titrate the bowel preparation “split prep” to the time of your appointment. If your appointment is:

- Before 11am: Take all the prep the night before
- 11am – 1pm: Take half the prep the night before and half in the morning
- After 1pm: Take all the prep in the morning. One hour after the diarrhea has stopped, take 4mg of imodium/loperamide (2 capsules). The purpose of the imodium is to stop the bile coming down from the small bowel.

4. What to expect after drinking Bowel Prep:

When you start drinking the solution it is important to stay close to a toilet. You will start experiencing urgency and have watery bowel movements. This indicates that the bowel prep is working. Continue drinking the mixed medication until it is finished regardless of toilet frequency.

5. Risks of procedure:

Colonoscopy may result in bleeding or injury to bowel that may require surgery or blood transfusion. The risk depends on the patient and indication of colonoscopy. Complications are rare: injury is less than 1/1000, bleeding is less than 1/500. The risk of death is remote, less than 1/150,000.

6. Transportation:

You are not allowed to drive, take a taxi or bus or leave the endoscopy centre alone if you were given sedation. It is ideal if a close friend or family member accompanies you to the hospital and remains on site for the duration of the procedure.

7. Hygiene/What to bring:

If you suffer from occasional incontinence, you may consider bringing a change of underwear, have a sanitary pad or wet wipes. It is uncommon to have any issues after the conclusion of colonoscopy as typically the colon is empty and any access liquid would be “sucked up” during the procedure.

I look forward to seeing you for your procedure.

Sincerely,

Mr. Vladimir Bolshinsky
MBBS, DipSurgAnat, FRACS