

**DIGESTIVE
DISEASE
SPECIALISTS, INC.**

Northwest (Baptist Medical Center) Office
David S. Stokesberry, MD
3366 NW Expressway, Suite 300
Oklahoma City OK 73112
(405) 702-1300 or Toll-Free: (800) 787-6177

NAME: _____

DATE OF PROCEDURE: _____

ARRIVAL TIME: _____

PROCEDURE TIME: _____

1 DDSI Ambulatory Endoscopy Center
Baptist Physicians' Bldg D
3366 NW Expressway, Ste 400
Oklahoma City, OK 73112

2 Integris Baptist Medical Center
3300 NW Expressway
Oklahoma City, OK 73112
Check in at Outpatient Registration

3 Integris Canadian Valley Regional Hospital
1201 Health Center Parkway
Yukon, OK 73099
Check in at Outpatient Registration

MOVIPREP Bowel Preparation

IT IS NECESSARY for you to make arrangements ahead of time for someone to accompany you to your appointment. This person must be able to drive you home and ideally should be able to stay in the facility during the procedure. You will not be allowed to drive or to take a cab after your procedure due to the sedation you will receive. **Arriving at the facility without arrangements for transportation may result in cancellation of your procedure.**

At colonoscopy the physician examines the inside of the rectum and the colon with a flexible instrument. It is done for screening, to aid in the evaluation of your symptoms, or to clarify an abnormality seen on an X-ray. It is possible to remove a polyp or to take a biopsy during this examination.

Regarding medications: Stop all forms of aspirin and iron 5 days prior to procedure. Inform the nurse immediately if you take blood thinners (such as coumadin, warfarin, aspirin, Plavix, Aggrenox), or medication for diabetes or a seizure disorder. All other medications should be taken just as you normally would. Be sure to let the doctor and staff know if you are allergic to any drugs or latex.

For the doctor to have a clear view of your colon, it is **essential** that the colon be completely free of stool. Therefore you must complete a bowel preparation regimen as follows:

1. On _____ you will be restricted to a clear liquid diet. Clear liquids consist of water, coffee, tea, sodas, fruit juices (no orange juice), broth, Jell-O, (no red or purple), and popsicles. **No alcohol, solid food, milk, or cream.**
2. **DAY BEFORE PROCEDURE:** In the morning on _____ mix 1 Packet A and 1 Packet B and add warm water to the fill line of the container provided. Shake well. **We recommend that you chill the solution after mixing.**
3. At about **6:00 p.m.** drink 8 ounces of this solution every 15 minutes until gone. then drink at least 16 ounces of clear liquids. If you experience nausea and/or vomiting while drinking the solution, stop for one hour and then resume drinking.
4. **After completing the 1st liter of MoviPrep,** mix the second set of packets. Mix 1 Packet A and 1 Packet B and add warm water to fill line and shake well. Again, we recommend that you **chill the MoviPrep solution after mixing.**
5. **DAY OF PROCEDURE:** At _____ (5 hours before procedure time) drink 8 ounces of the solution every 15 minutes until gone. Then drink at least 16 ounces of clear liquids.
6. After finishing your second dose of MoviPrep (including the 16 oz. of clear liquids afterward), do not consume anything else by mouth until after your procedure.
7. Once you have begun your bowel prep, stay near toilet facilities.

If you experience problems during the bowel prep, please call the office at 702-1300. There is always a physician on call after hours.