

## MOVIPREP GASTROPARESIS BOWEL PREP – AM PROCEDURE

The following instructions are your physician's specific instructions. Please follow the instructions carefully to ensure a successful prep.

**DO NOT FOLLOW THE INSTRUCTIONS ON PREP OR PROVIDED BY PHARMACY.**  
**FAILING TO FOLLOW THE BELOW INSTRUCTIONS MAY RESULT IN CANCELING AND/OR RESCHEDULING YOUR PROCEDURE.**

- If you have any medical or medication questions, please call 605-721-5400 for procedures scheduled at The Endoscopy Center. If you are scheduled at Monument Health Rapid City Hospital or Black Hills Surgical Hospital-Imaging Center, please call 605-721-8380.
- You should plan to be at your scheduled facility for 2 to 3 hours.

### Purchase the following items:

#### From the Pharmacy:

- **MoviPrep – REQUIRED**
- **Ondansetron – OPTIONAL**

Your prescriptions were sent electronically to your pharmacy at the time of schedule. If you do not pick up your prep within 7 days, your prescription may be filled and then put back on the shelf. Please call your pharmacy to verify the prescription is ready prior to picking up. If the pharmacy states they do not have your prescription and you waited more than one week to pick it up, it is possible they filled it and put it back on the shelf. You'll need to alert them to this so they can locate your prescription.

#### Over the counter – REQUIRED:

- **Dulcolax laxative** (bisacodyl) or equivalent: **FOUR (4)** – 5 mg tablets.
- **Simethicone** (Brands are Gas Relief, Gas X, or Mylanta Gas): **TWO (2)** – 125 mg tablets.

**Optional items:** Pre-moistened wipes and ointment (A&D, Desitin) to avoid irritation. Drink flavor packets and additional clear liquids (no red, blue, purple).

### Special Notes:

- If you are on a **blood thinning medication** (Coumadin, Xarelto, Brilinta, Ticlid, Heparin, Effient, Plavix, Pradaxa, Aggrenox, Eliquis) and have not received instructions regarding adjusting your medication, please contact the appropriate number above based on facility scheduled. These medications need to be held prior to the week of the procedure.

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|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 days to procedure | <p><b>Review your prep instructions thoroughly and medication changes/restrictions starting today.</b></p> <ul style="list-style-type: none"><li>• <b>SEE MEDICATION INFORMATION SHEET FOR DETAILED INSTRUCTIONS REGARDING SPECIFIC MEDICATIONS. (Pages 6 &amp; 7)</b></li><li>• If you are diabetic contact your physician for medication adjustments.</li></ul>                                                                                                                                                                                                                                                                                                                                                   |
| 5 days to procedure | <ul style="list-style-type: none"><li>• <b>Review Medication Information sheet. (Pages 6 &amp; 7)</b></li><li>• Contact us at 605-721-5400 if you are on blood thinning medication and have not received instructions regarding adjusting medication.</li><li>• <b>You must have a responsible adult driver, or your procedure will be cancelled.</b> If you need to reschedule, please call 605-721-5400 for The Endoscopy Center or 605-721-8380 for Monument Health Rapid City or Black Hills Surgical Hospital.</li></ul> <p><b>If you have changed insurance since time of scheduling, please call our office at 605-721-5400 as soon as possible to ensure your procedure is not denied by insurance.</b></p> |
| 3 Days to procedure | <p><b>STOP</b> eating popcorn, nuts, seeds, fruits &amp; vegetables, and foods containing Olestra (fat free foods including fat free chips &amp; crackers). Begin a low residue/low fiber diet (please see page 5 for examples or go to <a href="https://www.rcgastro.com">https://www.rcgastro.com</a>).</p>  <p>If you have had a recent surgical procedure, been hospitalized, or been seen in the Emergency Department or Urgent Care since time of scheduling, please notify our office at 605-721-5400 or 605-721-8380 immediately as your procedure may need rescheduling.</p>                                            |
| 2 Days to procedure | <p><b>NO</b> popcorn, nuts, seeds, fruits &amp; vegetables, and foods containing Olestra (fat free foods including fat free chips &amp; crackers). Continue a low residue/low fiber diet (please see page 5 for examples or go to <a href="https://www.rcgastro.com">https://www.rcgastro.com</a>).</p>                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1 Day to procedure  | <p><b><u>Start Prep</u> – Details on page 3</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

# MOVIPREP GASTROPARESIS BOWEL PREP – AM PROCEDURE

**\*Clear Liquid Diet Details: NO RED or PURPLE, BLUE**

## Approved

Sodas, coffee, tea  
Clear juices, fitness waters  
Popsicles without pulp  
Chicken, vegetable, and beef broth  
Gelatin

## Avoid

No milk/dairy  
No juices with pulp  
**NO RED, PURPLE, BLUE**



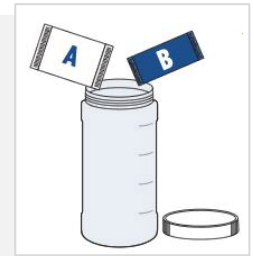
## Prep Day: **The day BEFORE** your procedure

**NO SOLID FOODS, CLEAR LIQUIDS ONLY.** Drink plenty of water throughout the day to avoid dehydration. Check medication instructions.

Step  
**1**

### The day before to your procedure

In the morning, empty **(1) pouch A** and **(1) pouch B** into container, add lukewarm water to stop line, and shake to dissolve. Place in refrigerator to chill. You can mix the solution up to 24 hours ahead of time and refrigerate.



Step  
**2**

### 6:00 PM the day before to your procedure

Take **two (2) tablets of Dulcolax laxative (bisacodyl)** with water or other clear liquid.



Step  
**3**

### 6:00 PM the day before to your procedure

Take **one (1) Simethicone tablet** with water or other clear liquid.

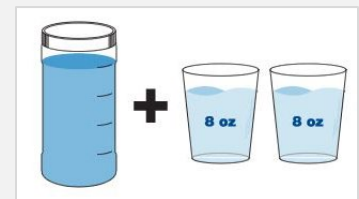


Step  
**4**

### 6:00 PM the day before to your procedure

Remove prep solution from refrigerator and stir. **Start drinking solution**, drinking down one line (approximately 8 ounces) every 15 minutes until the solution is finished.

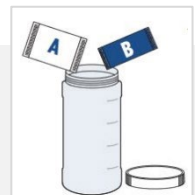
**Once done**, drink 16 oz of any clear liquid.



Step  
**5**

### 7:00 PM the day before to your procedure

Empty **(1) pouch A** and **(1) pouch B** into container, add lukewarm water to stop line, and shake to dissolve. Place in refrigerator to chill.



**Continue to drink water and other clear liquids throughout the evening.** Individual responses to laxatives vary. This preparation will cause multiple bowel movements, stay close to a bathroom.  
**You may take 4mg-8mg of Ondansetron every 4 hours if feeling nauseated.**

**NO CHEWING TOBACCO OR POUCHES OF ANY KIND AT LEAST 6 HOURS PRIOR TO YOUR CHECK-IN TIME.**

**If you do, your procedure will be cancelled due to the risk of complications.**

# MOVIPREP GASTROPARESIS BOWEL PREP – AM PROCEDURE

**Prep Day: The day OF your procedure**

**NO CHEWING TOBACCO OR POUCHES OF ANY KIND AT LEAST 6 HOURS PRIOR TO YOUR CHECK-IN TIME.**

**If you do, your procedure will be cancelled due to the risk of complications.**

Step  
**6**

**4:00 AM** the morning of your procedure

Take **one (1)** Simethicone

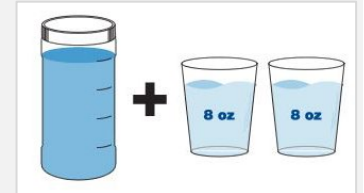
**AND** take **two (2)** tablets of **Dulcolax laxative (bisacodyl)**

**AND** remove prep solution from refrigerator and stir. **Start drinking solution**, drinking down one line (approximately 8 ounces) every 15 minutes until the solution is finished.

**Once done**, drink 16 oz of any clear liquid.

**Finish the remaining prep and additional clear liquids by 5:30am**  
**even if your bowel movements are clear.**

*You may take 4mg-8mg of Ondansetron if feeling nauseated.*



**NOTHING BY MOUTH AFTER 5:30 AM, INCLUDING WATER, GUM, HARD CANDY, AND SMOKING.**

- **You may brush your teeth but do not swallow.**
- **If you take daily medication, you may take it with SMALL SIPS OF WATER ONLY, no later than 5:30am. \*\*\* SEE THE MEDICATION INFORMATION SHEET. (Pages 6 & 7)**

## Day of Procedure Information

- **NO CHEWING TOBACCO OR POUCHES OF ANY KIND AT LEAST 6 HOURS PRIOR TO YOUR CHECK-IN TIME. If you do, your procedure will be cancelled due to the risk of complications.**
- Take your prescribed medications unless otherwise instructed.
- Do not take Aspirin or Aspirin containing products today.
- **Nothing by mouth after 5:30 am including water, gum, hard candy and smoking.**
- Do not wear jewelry, piercings, or eye make-up to appointment.
- Bring your inhaler and/or eyeglasses case with you if you use these items.
- Do not wear contact lenses to your procedure. Please wear your glasses instead. If you do not have glasses, bring contact lens case and solution with you. Your contact lenses must be removed prior to the procedure.
- You do not need to come in earlier than your stated check-in time. Additional time for check-in and admission is already built into check-in time.
- You must have a responsible adult driver, or your procedure will be cancelled.
- Be sure to bring picture ID, insurance cards, co-pay or deductible portion of your procedure with you.
- **If you are scheduled at The Endoscopy Center, a urine pregnancy test will be performed on all women between 18-50 years of age who have not had surgical intervention (hysterectomy, tubal ligation) to prevent pregnancy. There is an option to decline.**

## MOVIPREP GASTROPARESIS BOWEL PREP – AM PROCEDURE

### Begin 3 Days Prior to Procedure – Low Residue/Low Fiber Diet

#### **Allowed**

|                                                                   |                                                                 |
|-------------------------------------------------------------------|-----------------------------------------------------------------|
| White bread or rolls without nuts and seeds                       | Plain white pasta, noodles, rice noodles, macaroni              |
| Crackers, potato chips                                            | Refined cereals such as Cream of Wheat, Cheerios, Rice Krispies |
| Pancakes or waffles                                               | Fruit and vegetable juice with little/no pulp                   |
| Lean meat, poultry, fish, sausage, bacon                          | Eggs, tofu, creamy peanut butter                                |
| Milk & foods made from milk (yogurt-without fruit)                | Pudding, ice cream, cheeses, cottage cheese, sour cream         |
| Butter, margarine, oils, and salad dressing without seeds or nuts | Cheese pizza, spaghetti with no veggie chunks                   |
| Applesauce or pear sauce                                          | Potatoes-instant or white varieties with no skin                |
| Desserts with no whole grains, seeds, nuts, raisins, or coconut   | Apricots (peeled)                                               |
| Asparagus tips (well cooked)                                      | Cantaloupe, honeydew, melon, and papaya (ripe)                  |
| Carrots (peeled & cooked until soft)                              | Bananas                                                         |
| Peaches (ripe and peeled)                                         | Mushrooms (well cooked)                                         |

#### **FOOD TO AVOID**

|                                                          |                                                                |
|----------------------------------------------------------|----------------------------------------------------------------|
| Whole wheat/whole grain breads, cereals, and pasta       | Whole grains (oats, kasha, barley, quinoa)                     |
| Beans, peas & lentils                                    | Seeds, nuts, popcorn                                           |
| Brown & wild rice                                        | Fruits & vegetables high in fiber or containing seeds or skins |
| Tough fibrous meats with gristle, raw clams, and oysters | Coconut                                                        |

## Medication Information

### Blood Thinning Medications

Please inform the Scheduling Department right away at 605-721-5400 if you are on a blood thinning medication such as Coumadin (Warfarin), Xarelto (Rivaroxaban), Brilinta (Ticagrelor), Heparin, Effient (Prasugrel), Plavix (Clopidogrel), Aggrenox (Aspirin-dipyridamole), or Eliquis (Apixaban). These medications must be stopped prior to procedures. The scheduling nurse will contact your prescribing physician for orders to hold your medication and then contact you with instructions.

#### **7 DAYS PRIOR**

**STOP** taking Phentermine, GLP-1 Agonist drugs (\*\*see list and instructions below)

#### **5 DAYS PRIOR**

**STOP** taking iron and fiber supplements (**for colonoscopy only**)

If you are taking Aspirin 325mg, decrease dose to 81mg five days prior to the procedure, and do not take it the day of the procedure.

#### **3 DAYS PRIOR**

**STOP** taking medications for erectile dysfunction (Viagra, Sildenafil, Cialis, Tadalafil)

#### **1 DAY PRIOR**

**STOP** taking Contrave.

#### **DAY OF PROCEDURE**

Take your prescription medication (such as medications for heart and blood pressure, thyroid, and acid reflux) unless instructed by the nurse to hold them.

**DO NOT TAKE** vitamins or supplements the morning of your procedure.

**DO NOT TAKE** Aspirin, Aspirin-containing medications and NSAIDs the morning of your procedure. Examples include Ibuprofen, Empirin, Ecotrin, Bufferin, Ascriptin, Motrin, Advil, Meloxicam, Medipren, Nuprin, Naproxen, Naprosyn, Aleve, Sulindac, Clinoril, Piroxicam, Feldene, Indomethacin, Indocin, Diclofenac, Voltaren, Alka Seltzer, Excedrin and Percodan.

### Diabetic and Weight Loss Medications

If you are on diabetic medications, contact your prescribing physician for detailed medication adjustments specifically for you.

- **Phentermine (Adipex-P, Lomaira, Suprenza) must be stopped 7 days prior to procedure.** Please contact your prescribing physician to determine if tapering instructions are needed.
- **Contrave (Naltrexone-bupropion) must be stopped 24 hours prior to procedure.** Please contact your prescribing physician to determine if tapering instructions are needed.
- The use of **GLP-1 agonists** carries an increased risk of delayed gastric emptying and complications with anesthesia and/or sedation. **For this reason, medication adjustments are necessary. IF ADJUSTMENTS ARE NOT MADE, YOUR PROCEDURE MAY BE CANCELED.**
  - These medications include (but are not limited to): **\*Dulaglutide (Trulicity), Exenatide (Byetta), Exenatide Extended Release (Bydureon BCise), Liraglutide (Victoza, Saxenda), Lixisenatide (Adlyxin), Semaglutide (Wegovy, Ozempic, Rybelsus), and Tirzepatide (Mounjaro).**
  - Patients on weekly dosing should NOT take the dose prior to procedure and NOT take it for at least 7 days before procedure.
  - Patients on daily dosing should not take it starting the day before procedure.

Please consult with your prescribing physician if you have questions.

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## Diabetic General Recommendations & Instructions

These are only recommendations. Please check with your prescribing physician for more detailed instructions specifically for you.

### ***Oral Diabetes Medications***

For Colonoscopy:

- **The day before your colonoscopy** take your normal dose in the morning by 11:00 am with your light breakfast.
- **DO NOT TAKE** oral diabetes medications until **AFTER** your procedure when you resume eating

For EGD:

- **DO NOT TAKE** oral diabetes medications the day of your procedure until **AFTER** your procedure when you resume eating

### ***Insulin***

- Long-Acting Insulin (Lantus or Levemir) – take half of your usual dose the day before and the day of your procedure.
- 70/30 or 75/25 Insulin – take half of your usual dose the day before and the day of your procedure.
- Short Acting Insulin (Meal-related insulin or Sliding Scale Insulin)– Humalog, Aspart, Novalog:
  - For colonoscopy: The day before your colonoscopy, take sliding scale/meal related insulin if indicated in the morning with your light breakfast. DO NOT TAKE Short Acting insulin again until AFTER the procedure when you resume eating.
  - For EGD - do not take the day of your procedure until after your procedure when you resume eating.
- Insulin Pump – consult your endocrinologist for recommendations.

### ***General Instructions:***

- Check your blood glucose frequently during the preparation period, especially if you feel it is running too low.
- Your blood glucose levels may run higher than usual during this period due to adjustments in your diabetes medication.
- If blood glucose becomes extremely high, (greater than 350) call your prescribing physician.
- For low blood glucose levels, sweetened clear liquids/juices may be taken or you may suck on a hard candy until the allotted time per your instructions.
- Resume your usual diabetic diet and medications immediately after your procedure unless you are instructed to do otherwise.
- If your diet remains restricted following the procedure, ask your physician for instructions regarding diabetic medication adjustment.

## Frequently Asked Questions

### **What is a clear stool?**

A clear stool can have a slight tint of yellow or brown. It will be completely transparent, and will not contain any solid matter.

### **I am not having bowel movements, what should I do?**

Bowel movements can take up to 5-6 hours after beginning the prep to start. Be patient, continue to drink liquids. If you have not had a bowel movement by midnight the night prior to your procedure, you will need to reach the on call GI physician at 605.508.3000 for further instructions.

### **The prep is making me nauseous, what should I do?**

If you develop nausea or vomiting, slow down the rate at which you drink the solution. Please attempt to drink all of the laxative solution even if it takes you longer. If vomiting persists, or you are not able to finish the preparation, stop the preparation and call the GI physician's office at 605.508.3000 for further instructions.

### **What are some high fiber foods I should avoid?**

Raw fruits and vegetables are typically high in fiber, as well as nuts, seeds, whole grain breads and beans and lentils. See page 3.

### **What are some good options for low fiber foods?**

Choose white bread and white rice for lower fiber options, as well as pastas made with white flour. Chicken, fish, dairy and eggs are also low in fiber and good choices for foods 2-3 days before you begin your prep. See page 3.

### **If I eat popcorn or seeds 3 days before my procedure do I need to reschedule?**

You will not need to reschedule your procedure; however, you may need to take additional laxatives and fluids. The seeds or nuts may cause difficulty in screening and require a need for rescreening if unable to pass completely. If you have eaten seeds or nuts, you should contact the GI physician's office at 605.508.3000 for further instructions.

### **Can I drink ALCOHOL on the liquid diet?**

Alcohol is not allowed as part of the liquid diet.

### **Can I continue to be on the liquid diet after I begin consuming the laxatives?**

Yes, you may continue the liquid diet until you are directed to discontinue anything by mouth, which is typically 4-6 hours prior to the procedure.

### **Why do I have to wake up so early for the 2<sup>nd</sup> dose, can't I take it all the night before?**

A split prep has proven to be the most effective for a successful colonoscopy. It is essential you follow the directions provided with your prep. Overnight, your body is still producing bile, which coats the large intestine and needs to be flushed out.

### **If I weigh under 100 pounds, do I need to take all of the prep?**

The liquid amount is not weight dependent. It is important to finish the prep for a successful colonoscopy.