



ORIGINAL

Atlantic Coast Gastroenterology, Associates, LLC

Bernard Aaron, M.D. F.A.C.P, F.A.C.G. * Steven Schneiderman, M.D.,* William Basri, M.D., F.A.C.G.
Kenny P. Hui, M.D.,* Matthew Tangorra, D.O.,* Mark Cerefice, M.D. * Sandyha Shukla, M.D.
Phone # 732-458-8300 Fax# 732-548-7408

Date of Colonoscopy: _____
Facility: _____

MoviPrep PM

SOMEONE MUST DRIVE YOU HOME FROM THE FACILITY THE DAY OF YOUR PROCEDURE!!!

****We do not have procedure times until the day prior to your scheduled test****

If your procedure is at **Ocean Medical Center**, our office will call you the day prior with your procedure time. If you are scheduled for a Monday, we will call you on the Friday before. If you do not hear from us the day prior by 3:00 pm, please call 732-458-8300 and ask for the surgical coordinator. They will give you the procedure time. The facility is located at 425 Jack Martin Blvd.

****When reporting to Ocean Medical Center, please use the free parking garage for patients and visitors, UNLESS you would like to use the free Valet Parking which is located on Jack Martin Blvd. Main Entrance (opened from 7am to 5 pm Mon-Fri) to report to the Same Day Surgery Unit go to Parking Lot C (by the parking garage) go through the double glass doors and give the receptionist your name and they will direct you where you need to be.**

If your procedure is at **SHORE OUPATIENT SURGERY CENTER (SOS)**, that facility will call you the day prior to inform you of the procedure time. If you have not heard from them by 1:00 pm, please call them at 732-942-9835. Their address is 360 Route 70, Lakewood, NJ, 08701. They are the same parking lot as STS Tire, across from Charlie Brown Restaurant.

If your procedure is at **SEASHORE SURGICAL INSTITUTE (SSI)**, that facility will call you the day prior to inform you of the procedure time. If you have not heard from them by 2:00 pm, please call 732-836-9800. They are located at 495 Jack Martin Blvd, Brick, NJ 08724.

If your procedure is at **JERSEY SHORE AMBULATORY CARE CENTER**, that facility will call you the day before to inform you of your procedure time. If you have not heard from them, please call 732-776-4600. They are located at 1945 Route 33, Neptune, NJ 07753. When reporting to JSACC, report to the second floor and give receptionist your name, they will direct you to where you need to be.

If your procedure is at **ADVANCE ENDOSCOPY (AE)**, that facility will call you the day prior inform you of the procedure time. If your procedure is on a Monday they will call you on Friday. If you have not heard from them by 2:00 pm, please call 732-935-0031. They are located at 142 Route 35, Suite 101, Eatontown, NJ, 07724

**IF YOU HAVE ANY QUESTIONS ABOUT YOUR PROCEDURE, PLEASE CALL 732-458-8300
ASK FOR THE SURGICAL COORDINATOR**

Bowel Preparation for colonoscopy with Moviprep

AVOID for three (3) days prior: All roughage and high fiber foods, such as whole grains, whole wheats, raw vegetables, or fruits/foods with seeds or skins. (Suggestions for three (3) days prior: Eggs, plain pancakes w/ syrup, white bread, plain bagel, chicken, fish, white rice, pasta with butter, mashed potato, inside of baked potato.)

****IF YOU TEND TO HAVE CONSTIPATION THEN THE EVENING PRIOR TO YOUR COLONOSCOPY PREP ____, PLEASE TAKE TWO (2) DULCOLAX TABLETS (If dulcolax is not available, you may purchase Senokot) THIS CAN BE PURCHASED OVER THE COUNTER.**

THE DAY PRIOR IS _____

The day prior to your colonoscopy, starting at 7 am in the morning until midnight the night before, you may have unlimited amounts of clear liquids. NO RED OR PURPLE, NO MILK OR MILK PRODUCTS, AND NO SOLID FOOD THE DAY BEFORE. For example: Water (flavored ok), apple juice, White Grape Juice, Iced or hot teas, Clear Sodas (ginger ale, sprite) Gatorade (not red or purple) Broth/Bouillon soups, Jell-O/Ice Pops (Not Red or Purple)

Patient Instructions

DO NOT FOLLOW THE INSTRUCTIONS ON YOUR MOVIPREP BOX

1. **Step 1** At 8:00 am the morning of your prep, mix Empty 1 Pouch A and 1 Pouch B into the disposable container. Add lukewarm water to the top line of the container. DO NOT DRINK. Shake and Refrigerate.
2. **Step 2** At 4:00 pm (If you work, start at 6pm) Start drinking. 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 complete. Follow this by drinking 16 oz of any clear liquid to avoid dehydration.
3. **Step 3** After Completing Step 2 Empty 1 Pouch A and 1 Pouch B into the disposable container. Add lukewarm water to the topline of the container. DO NOT DRINK. Shake and Refrigerate.
4. **Step 4** Begin drinking the second portion 8 hours before arrival time. The Moviprep container is divided by 4 marks. Every 15 minutes drink the solution down to the next mark (approximately 8oz) until the full liter is complete. Follow this by drinking 16 oz of any clear liquid to avoid dehydration.

FAILURE TO FOLLOW ALL OF THESE INTRUCTIONS MAY RESULT IN CANCELLATION OF YOUR PROCEDURE.

**FAILURE TO FOLLOW ALL OF THESE INTRUCTIONS MAY RESULT IN
CANCELLATION OF YOUR PROCEDURE**

You should have informed the office if:

- You are a diabetic
- You are on dialysis
- You have a defibrillator and/or pacemaker
- You are taking any blood thinners
- You have had Heart Valve Replacement, History of Heart Valve Infection, or Mitral Valve Prolapse.

DO NOT STOP TAKING ANY HEART OR BLOOD PRESSURE MEDICATIONS PRIOR TO YOUR PROCEDURE. YOU SHOULD TO TAKE THEM THE MORNING OF YOUR PROCEDURE WITH A SMALL SIP OF WATER.

Please check with your prescribing physician to obtain medical clearance and specific instructions of when to temporarily discontinue any blood thinners such as:

Coumadin/Plavix/Pradaxa/Eliquis/Effient/Warfarin/Xarelto/Clopidogrel/Baby Aspirin. If you have not done this you can call our office for reassurance, since we will also reach out to them for instructions.

Please stop taking aspirin, Ozempic, iron supplements, multivitamins with iron, arthritis medications, Vitamin E, fish oil and ginkgo biloba seven (7) days prior to your scheduled procedure. If you have not done this, please call our office for reassurance. **Tylenol may be taken if needed.**

Please stop taking all diuretic medications (Lasix, Furosemide, Spironolactone, Aldactone, Hydrochlorothiazide Etc.) the day prior to your colonoscopy. This does not include patients that are having upper endoscopy (EGD). **If your blood pressure medications contains a diuretic it is ok to take that.**

***Please call your insurance company so you are aware of any costs that you may be responsible for. All procedures are done on an OUTPATIENT basis.** It is ultimately the patient's responsibility to be familiar with your own personal insurance policy information/benefits.

WARNING!!! You should not be consuming any additional beverages aside from what is required for your prep less than 6 hours prior to your procedure time. Failure to follow these instructions may result in cancellation of your procedure by the anesthesiologist/gastroenterologist.

Please be aware: DO NOT WEAR ANY JEWELRY TO YOUR PROCEDURE. The facility is not responsible for any personal items that are misplaced/lost. You should make sure you bring a list of all current medications with you on the day of your procedure as well as insurance cards and photo identification.

*****PLEASE REMEMBER SOMEONE MUST DRIVE YOU HOME
AFTER YOUR PROCEDURE*****