

Patient's Name: _____

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AFTERNOON COLONOSCOPY INSTRUCTIONS

DATE OF TEST: _____ TIME: _____ a.m. / p.m.
(ARRIVE 30-45 MINUTES BEFORE YOUR SCHEDULED APPOINTMENT)

LOCATION: Northwestern Memorial Hospital G.I. Lab – 4th Floor Galter Pavilion
675 N. St. Clair - Chicago, IL 60611

IN PREPARATION FOR THE PROCEDURE

- Have the (enclosed) prescription for MOVIPREP® filled.
- Fill out the **GI LAB QUESTIONNAIRE** and **PATIENT MEDICATION LIST** (enclosed).
- Do not take **PEPTO BISMOL** or **IRON TABLETS** for **7 days** (one week) prior to the exam.
- Do not take any **ASPIRIN, PLAVIX** or any anti-inflammatory medications, such as **MOTRIN, ALEVE, ADVIL** or **IBUPROFIN** for **5 days** prior to the procedure.
- If you take **COUMADIN/WARFARIN**, contact your Primary Care Physician so he/she can advise you when to stop taking it prior to the test.
- If you are on **INSULIN**, contact your Primary Care Physician regarding dosage adjustment.
- All medications **NOT LISTED ABOVE** may be taken normally as directed.

THE DAY BEFORE THE PROCEDURE

- In the morning, prepare 1 liter of MOVIPREP® according to the instructions on the package and refrigerate.
- You must follow a clear liquid diet the day before the test. It is important to drink at least one glass of a clear liquid **EVERY HOUR** throughout the day.

YOU MAY HAVE:

- | | |
|---------------------|-------------------------|
| ✓ Apple Juice | ✓ Chicken or Beef Broth |
| ✓ Cranberry Juice | ✓ Popsicles® |
| ✓ Black Coffee | ✓ Jell-O® (NOT RED) |
| ✓ Tea | ✓ Gatorade |
| ✓ White Grape Juice | ✓ Soda Pop |

YOU MAY NOT HAVE:

- | | |
|-------------|-------------------------|
| ✓ Sherbet | ✓ Milk or Milk Products |
| ✓ Ice Cream | ✓ Orange Juice |

(CONTINUED over)

THE DAY BEFORE THE PROCEDURE (continued)

- Between 6:00 and 7:00 p.m., drink the MOVIPREP® as instructed; one full glass (8 oz.) every 10-15 minutes. Drink each glass quickly rather than drinking small amounts continuously. **BE SURE TO DRINK ALL OF THE SOLUTION.** Follow with 4 glasses (32 oz. total) of water or other clear liquid.
- Prepare the second liter of MOVIPREP® and refrigerate.

THE DAY OF THE PROCEDURE

- At least 6 hours prior to the scheduled procedure time, drink the second liter of MOVIPREP® as directed; one full glass (8 oz.) every 10-15 minutes. Follow with 4 additional 8 oz. glasses of clear liquid.
- You may have a clear liquid breakfast (as listed of front page) before 9:00 a.m. After 9:00 a.m. you may have NOTHING BY MOUTH. (MOVIPREP® excluded).

HOSPITAL REQUIREMENTS

Bring the completed **GI LAB QUESTIONNAIRE** and **PATIENT MEDICATION LIST** enclosed with you to registration. Report to the hospital approximately 30-45 minutes prior to your appointment time.

You ***MUST*** be accompanied by a friend or relative to drive and/or assist you home. Walking, taxi or public transportation is not allowed unless you have another adult with you. This is strict hospital policy and failure to comply will result in cancellation of the procedure. If you are unable to arrange for an adult to accompany you, you may call the hospital at (312) 926-7614 to discuss transportation options. This **MUST** be coordinated prior to the date of the test.

*****If you must cancel or reschedule your appointment, please give 72-HOUR NOTICE to Dr. Ruchim's office at (312) 503-6000.*****



If you have any questions or are experiencing any difficulty with the preparation, contact Dr. Ruchim at (312) 503-6000.



Please contact **Northwestern Patient Accounts** at (312) 926-3642 you have any billing or insurance questions.