

GASTROENTEROLOGY, LTD.

COLONOSCOPY PREPARATION INSTRUCTIONS

Please read all instructions at least 5 days prior to examination.

5 DAYS BEFORE YOUR COLONOSCOPY – PLEASE REVIEW YOUR MEDICATIONS

- If you take Coumadin (or other anticoagulants) or Plavix (or other anti-platelet agents), you would typically hold these for 5 days prior to your colonoscopy. You should have been given specific instructions from your doctor(s) about how to manage these medications around the time of your procedure.
- If you take iron supplements (ferrous sulfate, ferrous gluconate, etc.) stop taking them.
- If you take daily aspirin to decrease your risk of cardiovascular disease, do NOT stop prior to colonoscopy.
- If you take oral medications for diabetes, take a half dose of your usual diabetes medications on the day of the prep and morning of the procedure. If you take insulin, you should have had an office visit and received specific instructions about how to manage your insulin around the time of your procedure.
- On the morning of your procedure, take all other morning medications at least 3 hours prior to your procedure.

3 DAYS BEFORE YOUR COLONOSCOPY

- Stop eating high fiber foods (seeds, nuts, whole grains, fibrous fruits and vegetables).
- If you are constipated, start taking MiraLAX 17g twice daily.

1 DAY BEFORE YOUR COLONOSCOPY.

- Drink only clear liquids. DO NOT eat any solid food or drink any liquids that you can't see through

Examples of allowed Clear Liquids

Water	Gatorade
Apple Juice	Soft Drinks (including coke & pepsi)
White Grape Juice	Tea
Chicken or Beef Bouillon	Coffee (no milk, may use sweeteners)
Jell-O	Popsicles

Note: No Milk or Milk Products, No Red or Purple Colored Liquid

- PREP A: Gatorlax-** Purchase an 8 oz bottle of MiraLAX powder and a 10oz bottle of Magnesium Citrate over the counter from a pharmacy. You will also need two 32oz bottles of Gatorade (No Red or Purple)

_____ **The day before procedure**, at 4:00 pm, drink the 10oz bottle of magnesium citrate.

_____ At 6:00 pm. Mix half of MiraLAX (4 oz) in 32 oz of Gatorade and drink within 2 hours.

_____ **The day of your procedure**, 5 hours before, Mix half of MiraLAX (4oz) in 32 oz of Gatorade and drink within 2 hours. If you feel sick, stop drinking the prep and then resume it when you feel better. Complete your entire prep. **Do Not drink anything 3 hours prior to procedure. This includes water.**

- PREP B: NuLYTELY or GoLYTELY**

Take your prescriptions to the pharmacy and purchase NuLYTELY/GoLYTELY.

_____ **The day before procedure**, Mix the NuLYTELY/GoLYTELY as directed and refrigerate.

At 5:00 pm, begin drinking 32oz of the NuLYTELY/GoLYTELY solution. Drink 6oz every 15-30 minutes, within 2 hours. You may drink other clear liquids during this process.

_____ **The day of procedure**, at 5:00am, drink remaining 32oz of NuLYTELY/GoLYTELY.

Complete your entire prep. **Do Not drink anything 3 hours prior to procedure. This includes water.**

- PREP C: Other Prescription Preps – MoviPrep, Suprep, etc.** - review separate instructions.

You are to have NOTHING BY MOUTH AT LEAST 3 HOURS PRIOR TO YOUR ARRIVAL. THIS INCLUDES WATER, GUM, MINTS, AND HARD CANDY. No oral tobacco products the day of your procedure. Failure to follow these Instructions could result in postponing or rescheduling your procedure.

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Location of Procedure:

_____ Location A: Colon Cancer Prevention and Endoscopy Center of Virginia Beach, 1101 First Colonial Road,
Please go to Suite 400, 4th floor.

_____ Location B: Sentara Virginia Beach General Hospital, 1060 First Colonial Road, **Please enter through the door under the green awning on Facilities Lane, behind the hospital.**

Patient Name: _____

Date of Procedure: _____

Check-in time: _____

Performing Doctor: _____

If you have any questions, problems, or feel you may be ill with cold, flu or respiratory infection, please call us at 481-4817, option 5. After hours, call 481-4817 and ask to speak with the on-call doctor.

Please arrange for transportation on the day of your procedure. **Our policy requires a responsible adult escort you to and from the Endoscopy suite, drive you home, and stay with you for the remainder of the procedure day. Your driver is required to be onsite for us to start the procedure and they MUST remain onsite for the duration of your procedure.**

You may not meet your ride in the parking lot. They need to be here to sign you out of the endo unit. Public transportation or taxicabs are **NOT ALLOWED** -unless you are accompanied by a responsible adult.

Our office will obtain a pre-authorization from your insurance company for your procedure; however, you are responsible to verify your insurance benefits. Please bring your insurance information and co-pay on the day of your procedure.

For safety reasons please do not wear any jewelry to your procedure and leave all valuables at home **If cancellation is necessary, please notify our office at least seventy-two (72) hours before by calling 481-4817, option 2. Please be aware that we have reserved a physician, three nurses and equipment for your procedure. Without adequate notice, there will be a \$75 cancellation fee. Thank you for your cooperation**

You are to have NOTHING BY MOUTH AT LEAST 3 HOURS PRIOR TO YOUR ARRIVAL. THIS INCLUDES WATER, GUM, MINTS, AND HARD CANDY. No oral tobacco products the day of your procedure. Failure to follow these Instructions could result in postponing or rescheduling your procedure.

Please complete this form and bring with you to your appointment.

Colon Cancer Prevention and Endoscopy Center of Va. Beach

PRE-ENDOSCOPY ASSESSMENT

Patient ID

Date: _____

Arrival Time: _____

Chart Drop Time: _____

YOU WILL BE HERE TODAY FOR APPROXIMATELY 90 MINUTES, SO YOUR DRIVER SHOULD STAY WITH YOU.

Who will be driving you home today? _____ Is he/she here now? Yes No

Phone number in case we need to reach your driver: _____

Why are you having this procedure? Describe your symptoms _____

If there are any biopsies or laboratory tests, who do you authorize results be given to?

Name: _____ Relationship: _____

Do you have any valuables with you? Yes No

Are you wearing dentures/partials? Yes No

Are you wearing a hearing aid? Yes No

Do you have artificial joints or implants? Yes No

Are you wearing glasses/contact lenses? Yes No

Any previous problems with sedation? Yes No

Do you require antibiotics before you go to the dentist? Yes No

Do you take blood thinners?

(Heparin, Coumadin, aspirin, Ticlid, Persantine) Yes No

Date stopped: _____

Did you complete your bowel prep? Yes No

Last time you had solid food: _____

Liquids: _____

Are you pregnant? Yes No NA

Last menstrual period: _____ NA

All patients should rest today and resume normal daily activities tomorrow.

If you received sedation for your procedure:

- 1. Do not drive, operate machinery or perform heavy lifting until tomorrow.**
- 2. Avoid making critical decisions or signing legal documents until tomorrow.**
- 3. Do not drink any alcoholic beverages until tomorrow.**
- 4. You may feel dizzy, lightheaded or sleepy on and off for 24 hours after your procedure. Do not stay home alone.**

Completed by (Patient's signature) Date Time

Reviewed by (Clinical staff signature) Date Time

Reviewed by (Procedure nurse) Date Time

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COLON CANCER PREVENTION AND ENDOSCOPY CENTER OF VIRGINIA BEACH

Consent for Colonoscopy

PATIENT: _____ **PROCEDURE DATE:** _____

Authorization and Nature of this Procedure: I hereby request and authorize Dr. _____ and his designated associates/assistants to perform a **colonoscopy and possible polypectomy or biopsy**. It has been explained to me that this procedure is an examination of the lining of the large intestine (colon) by use of a flexible scope, which is passed through the rectum into the colon. During this procedure, biopsies (tissue samples) may be removed. If a polyp is detected which is removable, it will be removed with or without the use of electrocautery. I understand that there are several techniques to remove polyps/lesions and I authorize my physician to utilize whichever method he feels is best suited during this procedure. Small polyps are sometimes cauterized without tissue removal. Occasionally when bleeding occurs, cautery or the injection of medication may be necessary to stop the bleeding. I am also aware that sometimes the physician will mark the area of the colon that was treated so that this area can be more easily reevaluated in the future.

Risks and Complications: Every medical procedure has some degree of risk and the possibility of complications. My physician has explained to me and I understand that complications from this procedure include but are not limited to: a perforation or hole in the colon, bleeding, infection, rarely rupture of the spleen or irregular heartbeat. Very rarely, death has been reported with this procedure. I understand that unusual complications, those that are so rare that they are not routinely discussed before this test, occasionally do occur. I do not wish to have any further explanation given to me, although I have been advised that I am entitled to do so if I desire. I understand that I may be transferred to another facility in the event that a complication occurs. This decision will be made by my physician or designated health care provider.

Alternative Procedures or Treatment: My doctor has explained to me that alternative procedures are available which also include risks and complications. I am satisfied with my physician's explanation of these options and wish to proceed with colonoscopy. Such options may include x-rays, barium enema, CAT scan, or no treatment.

Attendance of other Health Care Providers: I understand that physicians, nurses and assistants may be present to perform and assist with my colonoscopy. I consent to the presence of these health care professionals and **I do** ___/ **I do not** ___ consent to *students/residents/personnel in training* to be present during my procedure.

Photographs: I understand that photographs and/or videotaping may be taken during my procedure for documentation of findings. **I do** ___/ **I do not** ___ consent to the use of these photographs to be used for teaching purposes. This may include the reproduction of the photographs for publication or to be used in part of a medical education program.

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Tissue Disposal: I consent to the appropriate disposal of any body tissues removed during this procedure after the same tissue has been examined by a pathologist.

Anesthesia/Sedation: I consent to the administration of intravenous (IV) medications that will have a sedative effect on me. Possible complications from this may include but are not limited to pain during the administration of medications, soreness/swelling in the arm, cardiac or respiratory arrest, rarely an allergic reaction, which could cause death. I understand that I cannot drive after the procedure (until the following morning), should not sign any legal or important papers or perform tasks that require coordination. I should have a responsible adult with me for the remainder of the procedure day.

No Guarantee or Assurance: I acknowledge that no guarantee or assurance to the outcome of this procedure has been given to me. I do recognize that this is the best test for finding lesions in the colon; however, I understand that there is a low percentage of missed lesions (about 2-5%) associated with this procedure.

No ADVANCE DIRECTIVES: I acknowledge that this facility does NOT recognize advance directives. During my care at this facility, all practical measures will be utilized to prevent loss of life.
_____ (patient initial or signature)

Opportunity for Further Information: I understand that I am free to seek advice from other physicians if I choose. I know that I am also encouraged to ask questions regarding any aspect of this procedure.

Opportunity to Read this Document: I acknowledge by signing this consent that I have read this form in its entirety and fully understand it. I have had my questions answered to my satisfaction and agree and consent to this treatment.

DO NOT SIGN IF YOU HAVE FURTHER QUESTIONS

Signature of Patient or Authorized Person

Date

Authorized person's relationship to the patient: _____

Signature of Witness

Date

The above procedure(s) have been explained to the patient or authorized person to give consent for the patient.
_____, M.D

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Frequently Asked Questions

Before the Procedure Prep Related Questions:

Q. What time should I start my prep?

A. See instruction sheet

Q. Is there anyway I can make this taste better?

A. You can try sucking on hard candy, or you can rinse your mouth with water, mouthwash or any other beverage listed on the clear liquid diet.

Q. Why should I avoid red liquids?

A. The red color can stay in the colon and potentially look like blood.

Q. One of the medications I was instructed to take the morning of my procedure is red, is it OK to take it?

A. Yes. Medications for blood pressure, heart problems and seizures should be taken the morning of your procedure regardless of their color.

Q. I feel like vomiting and don't think I can drink any more. What should I do?

A. Without a clean bowel, the doctor will not be able to see the inside of your colon to complete the examination. Walking and other activities usually decrease nausea. Some patients prefer to remove the prep from the refrigerator a half-hour before they are scheduled to start drinking it. If you do vomit or feel nauseated, wait 45 minutes and begin drinking the solution again. If not improved, please call us.

Q. I drank most of the solution but have not gone to the bathroom yet. What should I do?

A. Most people have a bowel movement after an hour some patients take 2 hours or longer. If you feel bloated or nauseated, wait 30-45 minutes and resume drinking the solution. If you still have not had a bowel movement after drinking all of the solution, call us for further instructions.

Q. Is the prep the only liquid I need to drink prior to the procedure?

A. No, please drink an additional 4 to 8 glasses of liquids so you do not become dehydrated. The colon prep liquid is to clean out the colon, not to replace fluid loss.

Q. I am taking the prep and now have loose, watery stools. Do I still need to take the rest of the prep?

A. Yes, you may have solid stool higher in the colon that needs to be eliminated as well.

Q. I already have diarrhea before taking the prep, do I still have to take the laxative?

A. Yes, you must take the prep as directed by your doctor. Your colon is approximately 6 feet long, and your entire colon must be emptied for your physician to see it clearly.

Q. I see yellow color in the toilet bowl and a few flecks. What do I do?

A. If you drank the entire solution or if your last bowel movement was clear enough to see the bottom of the toilet, you should be fine. It is OK if you have some flecks of material. The yellow color is the result of bile that normally colors the feces. This shouldn't interfere with the examination.

Q. My bottom is very sore. What can I do?

A. To clean the area, avoid rubbing, but gently pat with a wet washcloth. Apply Vaseline™, Preparation H™, or Desitin liberally.

Q. Is it OK to drink alcoholic beverages?

A. We strongly suggest you do not drink any alcoholic beverages prior to your procedure since they can cause dehydration, and some wines may thin your blood.

Q. Can I chew gum or suck on candy?

A. Yes, but no hard candy with soft centers or anything with red colors

Q. Can I brush my teeth?

A. Yes

Q. Can I wear my dentures?

A. Yes, you may wear your dentures to the Endoscopy suite. However, you may be asked to remove them prior to the procedure.

Q. I have been instructed not to take anti-inflammatory or blood thinner medications several days before the procedure. What can I take for headaches and pain relief?

A. You may take Tylenol as directed.

Q. Can I have chicken soup?

A. You may have the broth, but no chicken, noodles or vegetables are allowed.

Q. Is it OK to have the colonoscopy during my menstrual cycle?

A. Yes, the procedure can still be performed. You may use a tampon during the procedure.

Q. How can I find out when I am due for a follow-up procedure?

A. You will receive a reminder notice from our office 1-2 months prior to the time you should have your screening procedure. The notice will ask you to call our office to schedule the needed procedure. If you do not receive a notice when you feel you should or have any questions, it is always best to call the office and ask to speak to a Procedure Scheduler.

***If you have any questions or problems, please call us at 481-4817, option 5.
After hours, call 481-4817 and ask to speak with the on-call doctor.***