



TRADITIONAL COLONOSCOPY PROCEDURE PACKET

<u>Document</u>	<u>Instructions</u>
1. Registration Form	Complete and Return*
2. Pre-Procedure Medical Questionnaire	Complete and Return*
3. Missed Appt and Financial Policy	Sign and Return*
4. Consent for Release Of Information	Sign and Return*
5. Medicare Authorization	Sign and Return* (Medicare Patients Only)
6. Colon Screening Options	Review at Home
7. Consent for Colonoscopy	Review at Home; Sign on Arrival
8. Obtaining Colonoscopy Prep	Review and Purchase Prep
9. Colonoscopy Prep Instructions	Review at Home

Please return above forms*
plus
a copy of your insurance card
to MAGIC via one of the following:

- Email: scheduling.magic@gmail.com
- Fax: 302-225-2388
- Mail: Mid-Atlantic GI Consultants
537 Stanton-Christiana Rd, Ste. 203
Newark, DE 19713



PATIENT REGISTRATION FORM

Name _____ Date _____

Date of Birth _____ Sex _____

Social Security # _____ Race _____

Home Address _____

Cell phone _____ Home phone _____

Work phone _____ Email _____

Primary Care Physician (PCP) _____

Referring Physician (if different than PCP) _____

Cardiologist (if you have one) _____

With whom can we share your medical information?

Name _____ Phone _____

Name _____ Phone _____

Emergency Contact _____ Phone _____

Primary Insurance _____

Group# _____ Member# _____

Secondary Insurance _____

Group# _____ Member# _____

Pharmacy Name _____ Phone number _____

Pre-Procedure Medical Questionnaire

Name _____ DOB _____

Requested Procedure(s) EGD COLONOSCOPY FLEXIBLE SIGMOIDOSCOPY

Reason for Procedure _____

Do you have a cardiologist? Who?	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you seen your cardiologist in the last 6 months?	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you been told that you have Aortic Stenosis?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have an AICD/defibrillator/shock device in your heart?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have stents in your heart?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you currently having a problem with chest pain?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have high blood pressure?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have any heart or lung tests scheduled in the near future?	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you been told that you have pulmonary hypertension?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you on home oxygen?	<input type="checkbox"/> Y <input type="checkbox"/> N
Has a doctor ever told you that your airway is difficult to intubate?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have severe TMJ causing difficulty opening your mouth?	<input type="checkbox"/> Y <input type="checkbox"/> N
What is your height?	
What is your weight?	
Are you on Dialysis?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have a severe latex allergy which has caused breathing problems or required medical attention?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you on Blood Thinners?	<input type="checkbox"/> Y <input type="checkbox"/> N
• <u>Anti-platelet medications:</u> such as Plavix (also known as Clopidogrel), Effient, and Brillinta	<input type="checkbox"/> Y <input type="checkbox"/> N
• <u>Anti-coagulant medications:</u> such as Coumadin, Warfarin, Pradaxa, Xarelto, and Eliquis	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you had any type of cancer besides skin?	<input type="checkbox"/> Y <input type="checkbox"/> N
If you have cancer, do you currently have a chemotherapy port?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you diabetic?	<input type="checkbox"/> Y <input type="checkbox"/> N
If YES, are you on insulin?	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you had surgery on your ABDOMEN?	<input type="checkbox"/> Y <input type="checkbox"/> N
If YES, for what?	
Do you take any prescription medication for anxiety, depression, bipolar disease or psychiatric disorder?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have a parent, brother or sister who has had colon cancer?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have a parent, brother or sister who has had stomach cancer?	<input type="checkbox"/> Y <input type="checkbox"/> N

Have you had a colonoscopy in the past?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If YES, approximately what year?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you had an endoscopy/EGD in the past? What year?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Does food get stuck in your esophagus when you swallow?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you experience heartburn?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If YES, do you take medication for it daily?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If you take medication daily for heartburn, does it control your symptom most of the time?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you experience frequent abdominal pain?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you experience frequent diarrhea?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If YES, have you been having diarrhea for more than 3 months?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you experience frequent constipation?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If YES, have you been having constipation for more than 3 months?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you ever see blood mixed in with your stool?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If Yes, has this happened more than 5 times?	<input type="checkbox"/> Y	<input type="checkbox"/> N

FINANCIAL and MISSED APPOINTMENT POLICY

MISSED APPOINTMENTS

If you are unable to keep an appointment for a procedure such as **EGD or COLONOSCOPY**, you must notify the MAGIC office at 302-225-2380, option #2 or leave message at Ext. 351 AT LEAST 4 BUSINESS DAYS prior to the date your procedure was scheduled in order to avoid a **\$100 charge** for the reserved but unused time on the schedule. Please realize that when you schedule a procedure, you are reserving a procedure room, your GI doctor's time, anesthesia time, nursing and staff time and that time will likely go unused if you do not keep your appointment. It is almost impossible for us to fill your reserved time without 4 days' notice because another patient that might be interested in your spot needs time to make arrangements to take off work, accomplish the bowel prep and find transportation. If you are unable to keep an appointment for an office visit, you must notify the MAGIC office at 302-225-2380 Ext. 361 at least 1 BUSINESS DAY prior to the date your procedure was scheduled in order to avoid a **\$25 charge** for the reserved appointment time.

INSURANCE

MAGIC participates with many insurance companies (visit www.midatlanticgi.com). It is YOUR responsibility to determine whether or not our practice is in network with your insurance company. *IF WE DO PARTICIPATE* with your insurance company, all services performed in our office, at our endoscopy center (Mid-Atlantic Endoscopy Center) or at a hospital will be submitted to the insurance company unless we have received prior notification of non-covered services.

All co-pays and deductibles are the patient's responsibility and will be billed to you by MAGIC. HMO insurances may require referrals for services. If you have HMO insurance, it is YOUR responsibility to obtain the referral prior to the time of service. If you do not have a referral, you will need to reschedule the appointment or pay in full for the service at the time of the appointment.

IF WE DO NOT PARTICIPATE with your insurance company, we will not bill your insurance company. In this case YOU will be responsible for paying your MAGIC bill in full. After paying MAGIC, you may submit your itemized bill to your insurance company for partial or full reimbursement, according to the agreement that you have with your insurance company for out of network services. Please note that MAGIC may charge more than what your insurance company will pay.

PAYMENT METHODS

MAGIC accepts VISA, MASTERCARD, AMERICAN EXPRESS, cash, check, or money order. All payments must be made at the time of service and any outstanding balance is due within 30 days, unless a prior payment arrangement has been made with the billing department. All balances that are unpaid after 90 days will be sent to a collection agency. In this event, you will be financially responsible for all collection and legal fees that MAGIC incurs related to the outstanding delinquent balance. If you have a past due balance, you must pay that in full prior to any upcoming appointment. In addition, you will be required to pay in full at the time of service for any future services.

AGREEMENT

I have read and fully understand and agree to the financial and missed appointment policies outlined above by MAGIC. I also understand and agree that the terms of the above policies may be amended by the practice at any time without prior notification to the patient.

Signature of Patient or Guardian

Date

**CONSENT FOR RELEASE OF INFORMATION,
FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

I hereby authorize *Mid-Atlantic G.I. Consultants, P.A.* to use and/or disclose my health information which specifically identifies me or which can reasonably be used to identify me to carry out treatment, payment, and health care operations. Specifically, I authorize the release of my medical information to my insurance company or companies. I understand that while this consent is voluntary, if I refuse to sign this consent, the physicians of *Mid-Atlantic G.I. Consultants, P.A.* can refuse to treat me.

I have been informed that *Mid-Atlantic G.I. Consultants, P.A.* has prepared a "Notice of Privacy Policies" pamphlet which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and health care operations. I understand that I will be offered a copy of this pamphlet and will have the right to review it prior to signing this consent.

I understand that I may revoke this consent at any time by notifying *Mid-Atlantic G.I. Consultants, P.A.* IN WRITING, but if I revoke my consent, such revocation will not affect any actions that *Mid-Atlantic G.I. Consultants, P.A.* took before receiving my revocation.

I understand that *Mid-Atlantic G.I. Consultants, P.A.* has reserved the right to change their privacy practices and that I can obtain such changed notice upon request.

I understand that I have the right to request that *Mid-Atlantic G.I. Consultants, P.A.* restricts how my individually identifiable health information is used and/or disclosed to carry out treatment, payment or health operations, I understand that *Mid-Atlantic G.I. Consultants, P.A.* does not have to agree to such restrictions, but that once such restrictions are agreed to, *Mid-Atlantic G.I. Consultants, P.A.* must adhere to such restrictions.

I REQUEST THAT PAYMENTS ISSUED FROM MY INSURANCE COMPANY, OR COMPANIES, BE MADE TO: *Mid-Atlantic G.I. Consultants, P.A.*

Date: _____

Signature of patient or guardian

MEDICARE AUTHORIZATION (FOR MEDICARE PATIENTS ONLY)

NAME _____

MEDICARE NUMBER _____

I request that payment of Authorized Medicare benefits be made on my behalf to Mid-Atlantic GI Consultants, P.A. (MAGIC) for any services rendered to me by MAGIC. I authorize any holder of medical information about me to release my information to the Health Care Financing Administration and its agents in order to determine my benefits that are payable for services by MAGIC.

I understand that my signature requests that payment(s) be made to MAGIC and authorizes release of my medical information which is necessary to pay the claim (s). If other health insurance is indicated on the HCFA 1500 Claim Form or on an electronically submitted claim, my signature authorizes release of information to the insurer or agency shown.

In Medicare-assigned cases, the physician agrees to accept the charge determination of the Medicare carrier as the full charge. I understand that I am responsible for the deductible, co-insurance and non-covered services. The co-insurance and deductible are based upon the charge determination for the Medicare carrier.

Signature of patient or patient's representative

Date

Colorectal Cancer Screening Options

Understanding Screening

Colorectal cancer (CRC) is common—even in people who have no history of the disease in their family. In many cases, CRC does not cause bleeding or other symptoms until it is in a late stage that is difficult to cure. For these reasons, prevention is key.

Typically, CRC starts as a small precancerous growth which takes years to become a true cancer. Discovery and removal of precancerous growths, or polyps, often prevent cancer from developing. If you follow your doctor’s advice and have proper screening, your chance of getting colon cancer is likely to decline significantly.

Screening Options

There are several options for CRC screening. None of the options is perfect in all aspects and the various screening tests differ in accuracy, safety, convenience, availability and cost.

MAGIC follows the US Multi-Society Guidelines for colorectal cancer screening. These guidelines are set by representatives from the American Cancer Society, the US Multi-Society Task Force, and the American College of Radiology. The following tests are included in these guidelines and are offered by MAGIC:

- **Traditional (Optical) Colonoscopy**
- **Integrated Virtual Colonoscopy* (CT Colonography)**
- **Fecal Occult Testing** (Stool test for blood)
- **Fecal DNA Testing** (Stool genetic test for cancer)
- **Flexible sigmoidoscopy**

*Integrated Virtual Colonoscopy: Noninvasive VC with same day polyp removal if polyp is found—15% chance of polyp for patients at average risk.

Advantages and Disadvantages of CRC Screening Tests

Optical (Traditional) Colonoscopy

<u>Advantages</u>	<u>Disadvantages</u>
<ul style="list-style-type: none"> • Highly Accurate 	<ul style="list-style-type: none"> • Requires colon prep
<ul style="list-style-type: none"> • Polyps removed same day (during test) 	<ul style="list-style-type: none"> • No driving until day after test
	<ul style="list-style-type: none"> • There are known risks
	<ul style="list-style-type: none"> • Requires IV and sedatives/anesthesia

Integrated Virtual Colonoscopy

<u>Advantages</u>	<u>Disadvantages</u>
<ul style="list-style-type: none"> • Highly Accurate 	<ul style="list-style-type: none"> • Requires colon prep
<ul style="list-style-type: none"> • DE, MD, NJ + other states have coverage mandates 	<ul style="list-style-type: none"> • Medicare does not yet universally cover routine screening
<ul style="list-style-type: none"> • No known risks 	<ul style="list-style-type: none"> • Additional tests might be required if lesions found outside the colon.
<ul style="list-style-type: none"> • Sedation-free, no IV required 	
<ul style="list-style-type: none"> • No post-test driving restrictions 	
<ul style="list-style-type: none"> • Typically painless—occasionally, <i>very</i> brief cramp 	
<ul style="list-style-type: none"> • Can find problems outside the colon 	
<ul style="list-style-type: none"> • Polyps can be removed same day* 	

*Polyps are found in approximately 15% of patients who are at average risk for CRC.
If polyps are found, most patients are offered same-day colonoscopy

Flexible Sigmoidoscopy

<u>Advantages</u>	<u>Disadvantages</u>
<ul style="list-style-type: none"> • Less aggressive colon prep 	<ul style="list-style-type: none"> • Does not visualize entire colon
<ul style="list-style-type: none"> • Can be done without sedation 	<ul style="list-style-type: none"> • Misses many growths

Stool DNA Test

<u>Advantages</u>	<u>Disadvantages</u>
<ul style="list-style-type: none"> • No colon prep required 	<ul style="list-style-type: none"> • Can detect cancer once it occurs but <u>not</u> precancerous polyps
	<ul style="list-style-type: none"> • Colon not visualized
	<ul style="list-style-type: none"> • Not covered by all insurers
	<ul style="list-style-type: none"> • False positives results in 10% of cases

Stool Test for Blood

<u>Advantages</u>	<u>Disadvantages</u>
<ul style="list-style-type: none"> • Can be done at home 	<ul style="list-style-type: none"> • Colon not visualized
<ul style="list-style-type: none"> • No colon prep required 	<ul style="list-style-type: none"> • Low accuracy
<ul style="list-style-type: none"> • Low cost 	

Mid-Atlantic Endoscopy Center Consent for Colonoscopy

I hereby authorize Dr. _____ and his/her assistants to perform my colonoscopy.

- A. I understand that a colonoscopy exam involves insertion of a lighted instrument into the rectum and colon. I understand that biopsies (tissue samples) may be taken and that a polyp(s) may be removed and sent to a pathologist for analysis. I authorize my doctor to perform a colonoscopy and any other procedure that may become necessary for my well-being, including any intervention that might become necessary to remedy a condition that is discovered during the procedure.
- B. I understand that a colonoscopy exam has serious risks even when performed absolutely properly by an experienced, certified physician. I understand that although it is impossible for my physician to inform me of every possible complication, the serious risks associated with the procedure include but are not limited to:
- Perforation of the bowel possibly resulting in the need for immediate surgery
 - Bleeding related to biopsy or polypectomy possibly necessitating hospitalization, blood transfusions, repeat colonoscopy to stop the bleeding or surgery
 - Aspiration pneumonia caused by stomach contents traveling up into the back of the mouth and then down into the airway
 - Infection, phlebitis, and/or nerve injury related to the IV catheter or IV medications administered
 - Damage to the spleen as the scope is passed through the part of the colon adjacent to the spleen
 - Inflammation or infection of the colon or appendix
 - Heart or Breathing problems related to anesthesia
 - Death related to a complication of the procedure.
- C. I understand that a colonoscopy test can miss polyps or cancer even when performed absolutely properly by an experienced certified physician.
- D. I understand that there are tests besides colonoscopy that can screen for colon cancer or check the colon for abnormalities. I choose to have a colonoscopy instead of the tests listed below:
- | | |
|------------------------|---------------------------------|
| -Virtual Colonoscopy | -Stool testing for occult blood |
| -Stool genetic testing | -Flexible sigmoidoscopy |
- E. I consent to the retention or disposal of any tissue that may be removed during the colonoscopy.
- F. I understand that, if necessary, my physician may request the presence or assistance of another doctor during my colonoscopy. Permission is granted for a manufacturer's representative, for technical assistance, or a student, for continuing education, to be in attendance during my procedure if the situation arises.

- G. I understand that if my physician or a member of the staff has exposure to one of my body fluids during the colonoscopy, I will need to have my blood tested for viral hepatitis and HIV.
- H. I understand the surgical and/or diagnostic procedures performed on me at the Center will be done on an outpatient basis and the Center does not provide 24 hour patient care. If my attending practitioner or any other qualified physician in his/her absence, shall find it necessary or advisable to transfer me from the Center to another healthcare facility, I consent and authorize the employees of the Center to arrange for and effect the transfer.
- I. I understand and agree that all practitioners who furnish services to me at the Center, including my physician, anesthesia provider, pathologist, and the like are independent contractors with me and not employees of the Center.
- J. Anesthesia services are being provided by First State Anesthesia, LLC and I will sign a separate consent for those services.
- K. I understand the Mid-Atlantic Endoscopy Center's position on Advance Directives i.e. how decisions will be made for my medical care in the event that I become unable to relay my requests.

Patient Certification:

I certify that I understand and accept the information on this form, have been given opportunity to ask questions, and wish to proceed with a colonoscopy exam.

Patient/Legal Guardian signature: _____ Date/time: _____

Witness signature: _____ Date/time: _____

Physician Certification:

I certify that I have explained the colonoscopy procedure and its inherent risks to the patient, along with alternatives to the procedure, including doing no test.

Physician signature: _____ Date/time: _____



Obtaining Bowel Prep

An excellent bowel prep is the most important determinant of a high quality colonoscopy. MAGIC has created a complete Prep Program that is convenient, patient-friendly, and has been shown to optimize bowel cleansing and improve colonoscopy quality. It is important for our patients to use this established and standardized Prep Program.

You may obtain your MAGIC PREP PROGRAM bag in person at one of our office locations OR we will be happy to mail the prep to you. The MAGIC PREP, and all of the auxiliary features, are only available through MAGIC.

The cost of the prep is \$20 which is less than what MAGIC pays to purchase the prep. (Some Medicaid programs subsidize.) YOU MUST REVIEW THE WRITTEN AND VIDEO PREP INSTRUCTIONS LOCATED ON THE MAGIC WEBSITE!! WWW.MIDATLANTICGI.COM. *or borrow free prep video DVD and obtain written instructions.

To ***pick up prep in person***, come to one of these locations:

Apex Medical Center (Doctor's Bag Building)

537 Stanton-Christiana Rd.
Suite 203
Newark, DE 19713
Monday-Thursday 8 am to 4 pm; Friday 8 am-3pm

MAGIC office at St. Francis Hospital

Suite 533
5th Floor, MS Bldg.
701 North Clayton Street
Wilmington, DE 19808

Prep pick-up Tues-Thurs 8 am-4pm

To request a prep mailed directly to your home:

Note: \$4 shipping fee applies

- **Call: 302-225-2380 (Select # 2 to speak with a scheduler or leave message at Ext. 351) or**
- **Email: scheduling.magic@gmail.com**

Colonoscopy Bowel Prep Instructions

I. Introduction/Overview

A complete cleansing of the bowel is the most important preparation for an accurate colonoscopy exam. While colon preps are never fun, our prep is simple and effective and, if followed carefully, will ensure a high quality exam. The table below provides an overview of the prep process. The prep details then follow the table.

<i>One week before exam</i>	<i>Two days before exam</i>	<i>PREP DAY: The day before exam</i>	<i>EXAM DAY</i>
Stop certain medications	Avoid high-fiber foods	Low-residue breakfast, then start Clear liquid diet and take cleansing prep	Final laxative dose, then <u>Nothing by Mouth within 4 hrs of exam</u>

II. The Week Before your Colonoscopy

A. One Week before exam: Stop taking the following medications:

- IRON-containing vitamins and medications.
- FIBER SUPPLEMENTS such as Metamucil, Fibercon, Citrucel

B. Stop the following blood thinners if, and only if, the Prescribing Physician approves, and only for the number of days s/he allows:

PLAVIX-like medications: Plavix, Clopidogrel, Effient, and Brilinta

COUMADIN-like medications: Coumadin, Warfarin, Pradaxa, Xarelto, and Eliquis


Note: If your prescribing doctor does not allow you to temporarily stop Plavix-, and/or Coumadin-like medications, please notify your GI doctor immediately so he/she can decide how to proceed.

Also, there is no need to stop aspirin or NSAIDs (motrin, etc.), contrary to what you may have been told in the past.

C. Two days before exam: Avoid high-fiber foods:

Avoid fresh and dried fruit, vegetables, seeds, nuts, cloves, marmalade. Any other type of food is ok. If you make a mistake and eat some of these high-fiber foods, no problem, just continue on with the prep

III. Prep Day: The day before exam

<i>Overview of the Prep Day</i>			
<i>On Awakening</i>	<i>3 pm</i>	<i>Start btw 3-6 pm</i>	<i>9 pm</i>
After breakfast, take <u>only</u> clear liquids by mouth. No solid food.			
			
-Low-Residue breakfast (as specified below) -Then take only clear liquids by mouth. <u>Strictly, No More Solid Food.</u>	-Take 2 prep pills by mouth -Mix ClearLax (entire bottle) + Crystal Light and add 64oz of water. Chill.	-Drink 8oz of ClearLax drink every 20 mins. until you finish the entire 64oz.	-Take 2 more prep pills after finishing 64oz. -Continue drinking clear liquids as tolerated

A. Upon Awakening

For your comfort, we are allowing a low-residue breakfast on the day before your procedure. (see table below). After breakfast, you are required to maintain a **Strict No Solid Food** regimen until after your colonoscopy. Instead, start a clear liquid diet (see Clear Liquid List below). Medications by mouth are ok.

Drink as many clear liquids as you want. In fact, drink large amounts of clear liquids to avoid dehydration and to make the laxative work better. If you are under fluid restriction, please speak with your doctor to make certain that this prep is right for you.

Low-Residue Breakfast:

No more than:

- 2 eggs (boiled or fried) or
1 oz. cheese
- ½ cup of milk
- 2 slices of white bread/toast
- 1 tsp of butter (if desired)

- Strictly no substitutions!
- Less is ok, but no more than above.

Clear Liquid List:

- Gatorade®, Powerade® (sports drinks with electrolytes are recommended to help with hydration)
- Water, tea, or coffee (No cream or milk; sugar is ok)
- Broth or Bouillon
- Jell-O®, Popsicles®, Italian ice (no fruit or cream added)
- Apple, white grape, or white cranberry juice (No orange, tomato, grapefruit, prune, or any juice with pulp)
- Soda such as Sprite®, 7-Up®, ginger ale, or any cola
- Clear hard candy, gum
- Lemonade (with no pulp), iced tea
- **Avoid** all red liquids—they can look like blood in the colon!

[Note: The timing of the next 3 steps can vary for your convenience. For example, the 3p step may begin as early as 2pm, or as late as 4pm. The earlier you can start, the better your sleep may be at night (fewer overnight bathroom interruptions)]

B. 3 pm

Take the first 2 (of 4) prep pills by mouth with clear liquids. Then mix the entire bottle of ClearLax powder and the sleeve of Crystal Light (or other drink flavoring of your choosing) with 64oz. of water. Stir until dissolved and chill with ice and/or refrigerate.

C. Between 3-6 pm

Begin drinking 8oz glasses of the ClearLax solution every 20 min. until it is finished. Drinking through a straw may help. If you get nauseated or vomit from too much liquid in your stomach, take a 30 min break and start drinking again at 30 min. intervals. You may start this step anytime between 3-6pm. The earlier you start, the better sleep you may get at night.

D. 9 pm

Take the final 2 prep pills after completing the ClearLax solution. Continue drinking as much clear liquid as you can tolerate.

IV. Your Exam Day

A. At least 4 hrs. prior to your scheduled exam time, (this may be very early morning for early exams times)

Pour the 10oz bottle of MagCitrade over ice and drink as much as you can within 10 mins. Again, drinking through a straw may help. You may continue drinking clear liquids only (no solid food) until 4 hrs. prior to your procedure. You may take critical medications (high blood pressure, etc.) with clear liquids up to 4 hours before test.

Important: Nothing by Mouth within 4hrs. of your exam time. This includes clear liquids, candy, and gum. Taking anything by mouth within 4 hrs. of exam will cause a delay or cancellation of your procedure!

*****Important Note*****

The Colonoscopy exam is only as good as the colon prep. A good sign that the prep has been effective is the transition to clear, watery bowel movements. If, two (2) hours prior to your scheduled colonoscopy your bowel movements are not clear (that is, if they are still solid or mostly brown), please call us for further instructions at:

302-225-2380 (if before office hours, ask for the GI physician on call)

****Helpful tips:**

- Many patients find that chilling the laxative and drinking through a straw improve tolerance.
- Use the baby wipes included with the prep instead of toilet paper. A small packet of Vaseline is also included in case of a sore bottom!
- Remain close to toilet facilities as multiple bowel movements may occur. The prep often starts working within 30 minutes but may take as long as 3-6 hours.
- The exact times of the cleansing prep are not important. You may vary the start +/- 2 hr. for your convenience. You may sleep better overnight with an earlier start.
- You may take oral medications with water during the prep and up to 4 hours before test.

****Diabetic patients:**

- **Important:** Please contact your doctor to be sure this prep is appropriate for you.
- Hold your diabetic medication the morning of the test.
- Use sugar free drinks for liquids (like Crystal Light) during the prep (to avoid increase in blood sugar) and monitor your blood sugar closely to prevent low blood sugar).

Common Problems/Easy Solutions

1. My bottom is sore.

Use the included baby wipes and apply the included petroleum jelly to your bottom as needed.

2. My bowel movements are not clearing.

The goal of the prep is to develop clear-to-yellow, watery bowel movements before the procedure. For most people, this will occur within several hours of finishing the laxative pills and solution. If your BMs do not clear in the evening, (that is they are still brown and/or contain pieces or flecks of brown material) you will likely clear after the morning dose of MagCitrate.

If you're not clear after the morning bottle of MagCitrate, just call the center at 7am at 302-993-0310 and tell them that your BMs didn't clear and what time you finished the MagCitrate. Your doctor will give you advice on whether you're clear enough for the exam or whether further laxative is necessary. We would rather delay your procedure a few hours than have to repeat it due to a poor prep.

3. I made a mistake with my diet or food instructions.

Our instructions include avoiding high residue foods the day before your prep and having a small, low residue breakfast the morning of your prep day. These instructions are designed to help make it easier for your prep to clean you out. If you make a mistake and eat something restricted or not on the list during this time, don't be concerned. Just continue your prep as instructed. Your prep may have to work a little harder, but it will probably work fine. You do not need to call your doctor to ask if you can still have your exam.

Two instructions are extremely important, however:

- a. Take in only clear liquids after your low-residue breakfast. Eating solid foods later in the prep day will likely cause a delay or cancellation of your procedure.
- b. Do not take anything by mouth within 4 hrs of your procedure. Doing so will cause a delay or cancellation of your procedure.

4. I feel nauseated or I vomited some of the prep.

The ClearLax powder is tasteless, so your prep solution should taste like the drink it is mixed with. Therefore, "bad taste" should not be a cause of nausea. Likewise, the MagCitrate has a citrus taste that many find agreeable.

Some people will feel nauseated because their stomach cannot tolerate the volume of drinking 8oz every 20 minutes. If this happens, just take a 30 min. break and start up again at a slower pace (as slow as 8oz. every 45 mins.) You must do your best to drink the entire 64oz. and then give it some time to work. The longer it takes to drink the solution, the greater chance you may lose some sleep having to use the bathroom in the middle of the night. If you happen to vomit

some of the solution, don't be concerned. Just give yourself a short break and continue drinking the rest of the solution at a rate you can tolerate. You will likely get cleared out just fine.

5. I "just can't finish" the prep.

Fortunately, only few people will encounter this problem, since this is a relatively tolerable prep. However, if you run into a "brick wall" with the prep and just can't go on, there's no need to call in the middle of the night unless there is an emergency. Only you will be able to decide whether you can continue on.

Some patients can still have the procedure after a partial prep. This depends on how far you get with your prep and how well it does in cleaning you out. If your bowel movements are watery, but still predominantly brown, chances are you won't be cleaned out enough to undergo the procedure. If however your bowel movements are clear or nearly clear, you may still be able to have your procedure.

If you decide to "give up" on the prep in the late evening or overnight, **there is no need to call**. Simply remain on clear liquids and call the center at 7am at 302-993-0310. You will be advised what to do at that time. Please note: if you take any solid food after "giving up" on the prep, there is NO chance you can have your procedure that day. **There is no need to call in the middle of the night unless you are feeling ill or there is an emergency. Only you can decide whether you can continue on with the prep. Simply call the center at 7am and tell your doctor the problem, and he/she can help guide you from that point on.**

6. I feel extremely ill or it's an emergency.

Fortunately, the vast majority of people will have no trouble with the prep. However, any colon prep can make the rare patient feel **extremely ill**. If you begin feeling light-headed, experience any fainting or near-fainting episodes, or develop chest pain or heart palpitations, you must **immediately stop taking the prep and immediately go to the nearest emergency room**. You may call the on-call doctor at the number below for additional advice if you are concerned about a potential emergency or are feeling extremely ill.

If you have any known chronic illness, such as diabetes, heart, kidney or lung disease, you should be particularly wary and do not delay in getting to an emergency room if feeling extremely ill. All diabetic patients must monitor their blood sugar levels throughout the prep process and especially if feeling light-headed or ill. **Immediate treatment for low blood sugar readings is critical.**

7. What if I forgot and took a blood thinner the week before the colonoscopy?

If your doctor gave you permission to stop taking Plavix- or Coumadin-type medications, but you make a mistake and take it within a week of your colonoscopy, it is best to give your GI doctor a call for advice as soon as possible during the day or the next morning.

8. Last time they told me I couldn't take Aspirin or Anti-inflammatory drugs like Motrin and Aleve. What changed?

You are now allowed to continue taking aspirin and NSAIDS like Motrin, Advil, Naprosyn, and Aleve during the week of your colonoscopy. This is a change from some instructions given in the past. Studies have shown that these medications are not potent enough to cause problems during colonoscopy.

9. Are there any other "easier preps", or colon exams that do not require a prep?

Our prep program is designed to be the easiest and most effective prep regimen available. Over 90% of patients rate it as "excellent or good", and many people comment on the convenience, tolerable taste, and ease of administration. All preps require drinking at least 64 oz of fluid, including the so-called "pill prep".

All studies that look at the inside of the whole colon, such as traditional and virtual colonoscopy, require a cleansing prep. There are studies that do not visualize the entire colon, or don't visualize the colon at all. But these studies are more limited in their sensitivity and usefulness. If you are receiving a colonoscopy for a bowel problem, there is no substitute for a colonoscopy with a prep. If you are being screened for colon cancer, there are some less sensitive screening tests that don't require a prep, but they are much less sensitive and miss cancers more frequently.

Call 302-225-2380 for URGENT ISSUES