RYAN CRENSHAW, M.D.

Instructions for Colonoscopy with MiraLax/Gatorade

Please read 2 weeks prior to your procedure. If you fail to follow the instructions and the procedure has to be cancelled, the cancellation fee will be charged.

If you need to cancel your procedure, please let us know 3 business days prior to the procedure. If you fail to do so, you will be charged a $250.00 cancellation fee.

You will receive a confirmation call from our office staff at least 5 days prior to your scheduled procedure(s). All procedure(s) must be confirmed in order to remain on the schedule. If you do not receive a call from our office, please contact us at 703-444-4799.

If you take blood thinners such as Aspirin, Plavix or Coumadin, Dr. Crenshaw may recommend for you to hold these medications anywhere from 4-8 days prior to your procedure, depending on what agent you are taking.

Patients on Coumadin (Warfarin): If approved by the prescribing physician (i.e. cardiologist, neurologist or primary care provider), you will be asked to stop your Coumadin 5 days prior to your procedure(s). You will also be asked to obtain a PT/INR, PTT blood test the day prior to your procedure(s). If you did not receive an order for this blood test please contact our office at (703) 444-4799. Dr. Crenshaw will instruct you regarding the date to restart Coumadin (Warfarin) on the day of your procedure(s).

Patients on Plavix (Clopidogrel): If approved by the prescribing physician (i.e. cardiologist, neurologist or primary care provider), you will be asked to stop your medication 7 days prior to your procedure(s). Dr. Crenshaw will instruct you regarding the date to restart Plavix (Clopidogrel) on the day of your procedure(s).

Patients taking Aspirin: Please make sure one of the two boxes is checked off below. If not, please contact our office at (703) 444-4799.

- ☐ Please continue to take 81 mg Aspirin or 325 mg Aspirin until the day of the colonoscopy.
- ☐ Please discontinue taking 81 mg Aspirin or 325 mg Aspirin 8 days prior to the colonoscopy.

Any patient stopping Aspirin, Plavix, Coumadin or any other blood thinner should contact the prescribing doctor (primary care physician, or cardiologist) to confirm that it is acceptable to stop this medication(s) for the recommended period of time. You may take Tylenol if needed. Please do not take any other medication or products that can thin the blood, such as Ibuprofen, Motrin, Advil, Aleve, Vitamin E and/or Garlic pills, for 8 days prior to the procedure.

Five days prior to the procedure: Do not eat food containing seeds, corn, black pepper, lettuce, raw vegetables, fruits with seeds or skin as they can be difficult to lavage from the colon. Please do not take fish oil.

It is highly recommended that you take your medication for heart disease, high blood pressure and asthma the morning of your procedure. Please take them 5 hours prior to your procedure with a small sip of water. All other medications should be brought to the hospital to be taken after your procedure.

If you are taking medications for diabetes consult with the medical provider that is managing your diabetes to inform him/her that you are being asked to change your diet in preparation for colonoscopy. Please ask this provider how you should change your diabetes medication regimen to reduce the risk of your blood sugar becoming too low or too high during your preparation for the procedure.

You will need someone to drive you home from the hospital after your procedure. You should not drive until the next day.

Preparation Instructions with MiraLax/Gatorade

The day prior to your procedure you will be on a **clear liquid diet** (no solid food) for the entire day beginning with your breakfast meal.

****SAMPLE MENU FOR CLEAR LIQUID DIET****

Breakfast	Lunch	Dinner
White Cranberry Juice	Chicken broth	Chicken broth
Gelatin dessert	Apple Juice	White Grape Juice
Tea/coffee (no milk)	Sprite, 7up, Ginger Ale	Gelatin dessert
	Fruit-flavored Ice	Sprite, 7up, Ginger Ale
	Tea/coffee (no milk)	Tea/coffee (no milk)

****Please avoid any food or beverage product(s) that contains red coloring****

Day prior to your procedure:

One - 238 gram bottle of MiraLax (available over the counter)
Four - Dulcolax Tablets
One - 64 ounce bottle of Gatorade (not red or purple in color)

At 3 pm take 2 Dulcolax tablets with an 8 ounce glass of water.

At 6 pm mix the bottle of MiraLax with the 64 ounce bottle of Gatorade, drink an 8 ounce glass of the mixture every 10 to 15 minutes until you drink ½ which is equal to 32 ounces of the preparation then refrigerate the remaining 32 ounces of preparation.

At 9 pm take 2 Dulcolax tablets with an 8 ounce glass of water.

Day of procedure:

Step 2: On the morning of your procedure, 7 hours prior to your scheduled procedure time, consume the remaining 32 ounces of MiraLax/Gatorade preparation. Try to consume 8 ounce glass every 10 minutes to be completed 5 hours prior to the scheduled procedure time. (for example: if your procedure is at 12 pm, begin drinking the am dose of MiraLax/Gatorade preparation at 5 am to be finished by 7 am).

After completing the MiraLax/Gatorade preparation, you can consume up to 24 ounces of clear liquids over the next 60 minutes. You must be done with the clear liquids 4 hours prior to your scheduled procedure time. **Please note that consuming any liquids or medications too close to your procedure may result in delaying or canceling your procedure. Do not consume any liquids or medications by mouth for 4 hours prior to your procedure time.**

On average your bowel movements should be clear (clear = yellow or white without solid or granular material) 3 hours after you finish drinking the MiraLax/Gatorade prep. However, delays in the onset of bowel movements and/or becoming clear can occur several hours after completing the solution. **If you are not clear by 5 hours prior to procedure time, please call our office and if you are forwarded to voicemail, follow directions to contact the doctor on call.**

Bloating and/or nausea are common after the first few glasses due to the large volume of liquid being ingested. This is temporary and should disappear once bowel movements begin. You may feel a chill as you continue drinking the preparation, but this will pass.

If you are unable to complete and/or tolerate the MiraLax/Gatorade preparation, please follow these instructions:

Purchase the following (no prescription is necessary), and begin this preparation one half hour after the last glass of MiraLax.

- One bottle of Magnesium Citrate
- One bottle of Fleet Enema

Drink one bottle of Magnesium Citrate. Wait 2 hours and if your bowel movements are not clear, proceed with Fleet Enema as follows:

1. Apply one Fleet Enema per rectum and wait 30 minutes.

2. If bowel movements are still not clear, fill the empty enema bottle with warm water from the faucet. Then apply one warm water enema rectally every 30 minutes rectally until clear. Do NOT exceed a total of 4 enemas.

If you still encounter significant difficulties with your preparation, please contact our office at 703-444-4799.

DR. RYAN P. CRENSHAW, M.D.
21135 WHITEFIELD PLACE, SUITE 102
STERLING, VA 20156
(703) 444-4799

OPERATIVE REQUEST/CONSENT

1. I hereby request, consent to, and authorize Dr. Crenshaw (the "Practitioner") to perform the following procedure(s) along with surgical assistants selected by him: colonoscopy, possible biopsy. Risk of drug allergy, over sedation, aspiration, bleeding, perforation and need for surgery have been explained. The Practitioner has advised me there is a small possibility of missing lesions on (the "Patient"):

   Please print your name:____________________________________

2. It has been clearly explained to me that during the course of this operation some other conditions that have not been expected may present themselves. I recognize that if such conditions are discovered it will be necessary to do more than that which was specified in paragraph #1 above. I therefore authorize and request that the above named Practitioner and his surgical assistants perform such surgical procedures which in their best professional judgment will be effective in their attempt to heal and/or diagnose. This includes, but is not limited to, pathology and radiology. I further authorize Anesthesiologist to administer whatever anesthesia they feel is indicated and authorize the use of blood transfusion(s) when attending personnel feel such is required.

3. I fully understand that this operation, like any operation, is accompanied by some degree of risk and that no cure is guaranteed.

4. The nature of my (or the patient's) condition, the nature of the procedure(s) listed under paragraph #1 above, the risks involved and whatever other choices are available to me (or the patient), if any, have been explained to me by the Practitioner, and I have been given the opportunity to ask any questions that I may have regarding that explanation and my questions have been answered satisfactorily.

5. I am aware of the "Cancellation Policy" and understand that I will be held responsible for a $250.00 fee if notice is not provided at least **3 business days** in advance of scheduled date for procedure.

6. If your procedure is cancelled due to non-compliance with both verbal and written instructions given (for example, not complying with the clear liquid diet the day prior to your procedure), you will be charged the cancellation fee.

7. It is the patient's responsibility to contact their insurance to check coverage for the requested procedure(s), as well as obtaining the necessary referrals. It is also the patient's responsibility to notify our office immediately if your insurance changes, otherwise, the patient will be held responsible for any changes for the requested procedure(s).

____________________ __________
Signature of Patient Date

____________________ __________
Signature of Witness Date

____________________ __________
Signature of Parent/Guardian Date

PHYSICIAN'S STATEMENT

I have personally explained, in no technical terms, the proposed procedure to the patient, and/or Relative/guardian, the major risks or consequences of this procedure, and any alternative.

____________________ __________
Signature of Physician Date

PATIENT COPY
MiraLax/Gatorade

DR. RYAN P. CRENSHAW, M.D.
21135 Whitfield Place, Suite 102
Sterling, VA 20165
703-444-4799

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Signature of Patient Date Signature of Witness Date

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Signature of Parent/Guardian Date

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____________________________ __________

Signature of Physician Date

DOCTOR COPY
MiraLax/Gatorade