RYAN CRENSHAW, M.D.

Instructions for Colonoscopy with Prepopik

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 5 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 our 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(s), 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 day 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 your blood, such as Ibuprofen, Motrin, Advil, Aleve, Vitamin E and/or Garlic pills 8 days prior to the procedure(s).

Five days prior to the procedure: Do not eat foods containing seeds, corn, nuts, 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 sig of water. All other medications should be brought to the hospital to be taken after your procedure.

If you are taking medications for diabetes, do not take it the day prior to or the day of the procedure. If you are on insulin, please contact your doctor on how to modify the dose of the insulin the day prior to and the day of your procedure(s).

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

Preparation Instructions for Prepopik
(Sodium picosulfate, magnesium oxide, and anhydrous citric acid)

Caution: This medication must be used with caution and may be contraindicated in patients with the following conditions: serious kidney problems, a blockage in your intestine (bowel obstruction), an opening in the wall of your stomach or intestines (bowel perforation), a very dilated intestine (toxic megacolon), problems with the emptying of food and fluid from your stomach (gastric retention), or an allergy to any of the ingredients in Prepopik.

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**

FIRST DOSE:

One day prior to your procedure complete steps 1 and 2. Both steps are required for a complete preparation.

Step 1 – At 6:00 pm: Fill the dosing cup provided with **cold** water up to the lower 5 – ounce line. Then, Pour the contents of one packet and stir for 2-3 minutes until dissolved. Drink all the liquid.

Step 2 - You must drink five 8-ounce cups of clear liquid within the next 5 hours, prior to bedtime.

SECOND DOSE:

Day of procedure:

Step 3 - 6 hours prior to your procedure time repeat step 1.

Step 4 – You will need to drink three 8-ounce cups of clear liquid. **You must be finished drinking all clear liquids at least 4 hours before your procedure. (Please follow these instructions only)**

On average, your bowel movements should be clear (clear = yellow or white liquid without solid or granular material) 3 hours after you finish drinking the solution. 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 at 2 hours after taking the second dose on the day of your procedure, please call our office and if you are forwarded to voicemail, follow directions to contact the doctor on call.**

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

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

- 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 or you could not tolerate the Magnesium Citrate, then proceed with Fleet Enema as follows:

1. Apply one Fleet Enema per rectum and wait 30 minutes.
2. If your bowel movements are still not clear, fill the same enema bottle with warm water from the faucet. Then administer warm water enema every 30 minutes until you have bowel movements consisting of clear yellow or clear white liquid. Do NOT exceed more than 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 **5 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
Prepokik

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

____________________ ________
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

DOCTOR COPY
Prepopik