RYAN CRENSHAW, M.D.

INSTRUCTIONS FOR COLONOSCOPY WITH OSMOPREP SPLIT DOSING

**** Please read 2 weeks prior to your colonoscopy. If you fail to follow these 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. ****

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/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 PTINR, 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/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 to take 81 mg Aspirin or 325 mg Aspirin until the day of the colonoscopy.

Any patient stopping Aspirin, Coumadin (Warfarin), Plavix (Clopidogrel) or any other blood thinner should contact the prescribing doctor (cardiologist/primary care provider) to confirm that it is acceptable to stop this medication(s) for the recommended period of time. You may take Tylenol if needed.

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

Do not eat or drink anything after midnight the night before your procedure.

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, 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.

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

Preparation Instructions with split dose Osmoprep

The day prior to your colonoscopy 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, 7 Up, Ginger Ale	Gelatin dessert
	Fruit flavored Ice	Sprite, 7 Up, Ginger Ale
	Tea/Coffee (no milk)	Tea/Coffee (no milk)

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

OsmoPrep Dosing: Take this series of two regimens of tablets with a clear liquid of your choice.

Please make a conscious effort to drink as much fluids as you can, to avoid dehydration.

Beginning at 6 PM	Beginning 6 hours prior to procedure
First Regimen:	**Second Regimen:**
One dose (4 tablets with 8 ounces of any clear liquid) Every 15 minutes for a total of 5 doses (20 tablets)	One dose every 15 minutes for a total of 3 doses (12 tablets)

After completing the OsmoPrep you can consume up to 24 ounces of clear liquid over the next 60 minutes. You must be done with clear liquid 4 hours prior to the procedure time.

You must complete the entire OsmoPrep to ensure the most effective cleansing.

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

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

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

Drink one bottle of Magnesium Citrate. Wait 2 hours and then if 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 still are not clear, using the same bottle fill with warm water from the faucet, apply 3 more enemas every 30 minutes. Do NOT exceed more than 4 enemas.

RYAN CRENSHAW, M.D.
21135 Whitfield Place, Suite 102
Sterling, VA 20165
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 charges 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
(Osmoprep)

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_____ _____
Signature of Physician Date

DOCTOR COPY
(Osmoprep)