Gastro Health

Anita M. Wolke, M.D.
Alan J. Plotner, M.D.
Andrew M. Axelrad, M.D
E. Christian Noguera, M.D.
Emil F. Valle, M.D.
Shilen V. Lakhani, M.D.

Reston
1939 Roland Clarke Place
Suite 200
Reston, VA 20191
703-766-2650

Procedure Scheduling for Reston Hospital Center, Reston Surgery Center and The Gastroenterology Center
703-435-3366

Reston Hospital Center
1850 Town Center Parkway
Reston, VA 20190
703-689-9000

Reston Endoscopy Center
1939 Roland Clarke Pl.
Suite 200
Reston, VA
703-766-2650

Reston Surgery Center
1860 Town Center Drive
St. G100
Reston, VA 20190
703-639-3100

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY AT LEAST TWO WEEKS BEFORE YOUR PROCEDURE:

If you have any questions, please do not hesitate to call our office.

COLONOSCOPY INSTRUCTIONS

- Prescribed medications for heart disease, high blood pressure and asthma may be taken prior to your procedure. All other medications, including diabetic medications, should be brought along with you to be taken after your procedure.
- **DO NOT** take aspirin or aspirin–type products such as Ibuprofen, Advil, Aleve, Nuprin, Motrin, Naprosyn, etc. for at least two weeks prior to procedure. You may take Tylenol. DO NOT take aspirin or aspirin-type products for 2 weeks after your colonoscopy, **if** you had a biopsy or polyp removed.
- Please stop Plavix 10 days prior to your procedure, or Coumadin 4 days prior. Please consult the physician who prescribed the medication to make them aware.
- **DO NOT** eat foods containing seeds for five days prior to your procedure, i.e. sesame or poppy seeds, strawberries, black pepper, corn or tomato skins. Do not eat olestra potato chips. If by chance you have eaten these products, still proceed with your preparation.
- Please advise the physician if you have a prosthetic heart valve or if you have a serious heart murmur. Also advise physician if you have had any cardiac procedures in the last year.
- On the day of your colonoscopy you will receive intravenous sedation. **These medications will impair your driving ability.** You must arrange for someone to take you home after your procedure. You may not drive until the next day.
- **Reston Hospital Center (703) 689-9000** – report to the Same Day Surgery department at least 1 hour prior to your scheduled procedure.
- **The Gastroenterology Center of Virginia (703) 766-2600 –** report to the center at least 1 hour prior to your scheduled procedure.
- **Reston Surgery Center (703) 639-3100** – report to the center at least 1 hour prior to your scheduled procedure.
- The physician will give you written instructions with regards to eating after your colonoscopy.
- This packet contains the **MoviPrep** Instructions. If you are unable to complete the prep, please call the Doctor's office line and the Physician on call will contact you.

MoviPrep for Colonoscopy

At Least Two Days before the Procedure:

1. Fill the prescription for MoviPrep.
   - The MoviPrep carton contains 4 pouches and a disposable container for mixing. You must complete the entire prep to ensure the most effective cleansing.

TWO Days before the Procedure:

1. At dinner time begin a clear liquid diet (see attached list).

2. Drink one bottle of magnesium citrate after dinner (around 7-8pm)

3. Continue clear liquids up until bedtime.

ONE Day before the Procedure:

4. Drink only clear liquids for breakfast, lunch, dinner, and all snacks (See attached list). Drink at least eight to ten 8 fluid oz. glasses throughout the day.

5. At 5:00 p.m., empty 1 Pouch A and 1 Pouch B into the disposable container. Add lukewarm drinking water to the top line of the container. Mix to dissolve.*

    - The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz), until the full liter is complete.

    - Drink 16 oz of clear liquid of your choice

6. Once complete with first container of the solution mix up the second container. Empty 1 Pouch A and 1 Pouch B into the disposable container. Add lukewarm drinking water to the top line of the container. Mix to dissolve and refrigerate as you will not need this container until the morning.

7. You may continue to drink clear liquids up until bedtime.

The Morning of the Procedure:

1. 5 hours prior to your PROCEDURE TIME drink the second container. Drink down one mark every 15 minutes until the liter is complete. If you feel this will take you more than an hour to drink please adjust the time you start the 2nd container as you must have NOTHING by mouth 4 hours prior to your procedure.
2. It is OK to take your blood pressure or heart medication with enough water to swallow the medications. DO NOT take diabetes medication WITHOUT PRIOR INSTRUCTION from your Primary Care Physician (your dosage may have to be adjusted).

If you have any questions or concerns, please call our office.

CLEAR LIQUID DIET

This diet provides fluids that leave little residue and are easily absorbed with minimal digestive activity. This diet is inadequate in all essential nutrients and is recommended only if clear liquids are temporarily needed. **No red or purple** liquids should be consumed!

Food Group	Foods Allowed	Foods to Avoid
Milk & Beverages *No red or purple liquids!*	Tea and coffee (no creamer), carbonated beverages, fruit flavored drinks	Milk, creamer, milk drinks
Meats & Meat Substitutes	None	All
Vegetables	None	All
Fruits & Fruit Juices	Strained fruit juices: apple, white grape, lemonade	Fruit juices with unstrained fruit
Grains & Starches	None	All
Soups	Clear broth, consommé	All others
Desserts	Clear flavored gelatin, popsicles *No red or purple flavors*	All others
Fats	None	All
Miscellaneous	Sugar, honey, syrup, clear hard candy, salt	All others

The following menu is only a suggestion

Breakfast	Lunch	Dinner
4 oz. White grape juice	4 oz. Apple juice	4 oz. Lemonade
6 oz. Clear broth	6 oz. Clear broth	6 oz. Clear broth
JELL-O®*	JELL-O®*	JELL-O®*
Tea	Tea	Tea

* Plain only, no fruit or toppings

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1. I, _____ hereby request, consent to, and authorize Dr. Wolke, Dr. Plotner, Dr. Axelrad, Dr. Noguera, Dr. Valle, and Dr. Lakhani (the "Practitioner") and such surgical assistants as may be selected by him/her to perform the following procedure(s): **colonoscopy with possible biopsy**. Risk of drug allergy, over sedation, aspiration, bleeding, perforation and need for surgery have been explained to me.
   The Practitioner has advised me there is a small possibility of missing lesions.

2. It has been clearly explained to me that during the course of this operation, some other conditions which had not been expected may present themselves. I recognize that if such conditions are discovered it will be necessary to do more than that which is specified in paragraph #1 above. I, therefore, authorize and request that the above named Practitioner and his/her 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 the Anesthesiologist or nurse anesthetist selected by the Anesthesiologist to administer whatever anesthesia they feel is indicated; and authorize the use of blood transfusions 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 by a representative of The Gastroenterology Group, P.C. 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.

_____ _____ _____ _____
Signature of Patient Date Signature of Witness Date

_____ _____
Signature of Next of Kin or Guardian Date

PHYSICIAN'S STATEMENT:
I have personally explained, in non-technical terms, the proposed procedure to the patient, and/or relative/guardian, the major risks or consequences of this procedure, and any alternatives.

_____ _____
Signature of Physician Date

OPERATIVE REQUEST/CONSENT
(Colonoscopy)