Preparation Instructions:

Colonoscopy with CLENPIQ (BREAKFAST)

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You are scheduled for a colonoscopy, a procedure in which the doctor examines the lining of your large intestine by looking with a flexible tube called a colonoscope. If polyps or other abnormalities are found during this procedure, the doctor may remove the abnormal tissue or take biopsies for closer examination.

**Please remember to arrange for a responsible adult to drive you home after your procedure. If you do not have a responsible adult driver your procedure will be cancelled. You may NOT take a taxi cab home from the procedure. If you do not have anyone to drive you please notify the office and recommendations can be given for approved driver services. Please review the preparation schedule below for the days preceding your colonoscopy. If you need further assistance please call the office.

1 Week Prior		1 Day Prior	<u>Procedure Day</u>
 Fill your prescription for the Clenpiq solution. Optional purchase (for irritation): -Plain or Aloe Baby Wipes -Desitin or A&D Ointment Arrange for a driver to take you home post-procedure. If you are taking iron, please discontinue this 7 days before your procedure. This includes multivitamins with iron as well. If you have diabetes you may continue your medication prior to the procedure but these medications will need to be held the day of surgery until after your procedure, unless otherwise directed. If you are taking insulin, please inform your Endocrinologist as this may need to be adjusted. Continue aspirin products if you are taking for cardiac reasons. Otherwise discontinue aspirin products. Avoid foods containing seeds (strawberries, sesame, poppy, etc.). Also avoid cracked black pepper, corn and tomato skins, as well as olestra potato chips. 	Clear Liquid Suggestions - Water - Broth (chicken, vegetable, beef) - Coffee or tea with no milk - Gatorade or Crystal Light - Soft Drinks - Juices without pulp - Jell-O(no pudding) - Popsicles Optional Items ONLY for Breakfast (NO SUBSTITUTIONS) - Yogurt (plain vanilla) - Bacon - Eggs **NO RED OR PURPLE**	 Upon waking, you may have a light breakfast (eggs, bacon, and plain yogurt) until 12 noon. Beginning at 12noon you will start a clear liquid diet and continue this through the rest of the day. Drink at least 8-10 large glasses of clear fluid throughout the entire day. At 5PM: Drink 1 bottle of Clenpiq. Drink the solution directly from the bottle and drink until the solution is gone. Once complete, drink at least 5 eightounce cups of clear liquids using the cup provided over the next 5 hours. Continue clear liquids until bedtime. 	 Wake up 5 hours prior to your scheduled procedure time. Drink the second bottle of solution directly from the bottle until it is gone. Once complete, drink at least 3 eight-ounce cups of clear liquids again using the cup provided. ALERT After your prep, the results should appear clear yellow or clear green liquid with no solid matter. If not, please call the office ASAP. NOTHING BY MOUTH IS PERMITTED including no chewing gum, hard candy or mints after you complete your Clenpiq. You may take your essential morning medications (blood pressure or heart) with a few small sips of water, unless otherwise directed



Colonoscopy Operative Request / Consent

1.	I, hereby request, consent to, and authorize Dr. Wolke, Dr. Plotner, Dr. Axelrad, Dr. Noguera			
	Dr. Valle, Dr. Lakhani, and Dr Patel (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. a member of Advanced Digestive Care, LLC 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.			
—— Sigı	nature of Patient Date Signature of Witness Date			
—— Sigı	nature 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.			
 Sigi	nature of Physician Date			