RYAN CRENSHAW, M.D.

Instructions for Colonoscopy with OsmoPrep

Please read this packet, in its entirety, at least 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 at least 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 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, Xarelto or Coumadin, Dr. Crenshaw may recommend for you to hold these medications anywhere from 2-8 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 the Plavix (clopidrogel) 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 lines is checked off below. If not, please contact our office at (703) 444-4799.

__ Please continue to take Aspirin, 81 mg or 325 mg, daily, including the day of the colonoscopy.

__ Please stop taking Aspirin, 81 mg or 325 mg, 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 8 days prior to the procedure(s).

It is highly recommended that you take your medication for heart disease, high blood pressure and asthma every day, including the day of your procedure. If you take any medication(s) around the time that you are taking a dose of the laxative to prepare for your colonoscopy, please take the laxative first, then your medication. **When taking medication(s) on the day of your procedure, the medication(s) must be taken at least 4 hours prior to your procedure time with water. At 4 hours prior to procedure time, you should stop consuming liquids, stop taking medications and not take anything orally until your procedure has been completed.** 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, or surgical center, after your procedure. You should not drive until the next day.

Preparation Instructions for OsmoPrep

Caution: This preparation must be used with caution and may be contraindicated in patients with the following conditions: Kidney failure or compromise in kidney function, heart arrhythmias, history of seizures, impaired gag reflex, gastric bypass or stapling procedure, Crohn's disease or ulcerative colitis, severe, chronic constipation and/or esophageal narrowing. If you have any of these conditions, please call the office to confirm this preparation is appropriate for you.

Five days prior to the procedure: Do NOT eat food 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, krill oil, lemon oil or any supplements or foods that contain a significant amount of oil such as potato chips.

The day prior to your procedure, you will be on a clear liquid diet (no solid food, except for Jello) for the entire day beginning with your breakfast meal. On the day before your colonoscopy, the more clear liquids you consume, the better for your preparation. In addition, adequate hydration will reduce the risk of developing headaches, lightheadedness and dizziness which can occur during the preparation.

It is also important to vary the liquids you are consuming. Do NOT restrict yourself to drinking water only. Please make sure you consume liquids with salt such as soup broth. And liquids with carbohydrates/sugars such as apple juice. By varying the liquids consumed, you reduce the risk of developing electrolyte abnormalities such as a low sodium. **Please avoid any food or beverage product(s) which contain red or purple coloring.**

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
Gatorade or similar sports drink	Fruit-flavored ice	Sprite, 7up, Ginger Ale
	Tea/coffee (no milk)	Tea/coffee (no milk)

OSMOPREP MEDICATION INSTRUCTIONS

Day prior to procedure at 6 PM: Take 1 dose (4 tablets with 8 ounces of any clear liquid) every 15 minutes for a total of 5 doses (20 tablets).

Day of the procedure at 6 hours prior to procedure time: Take 1 dose (4 tablets with 8 ounces of any clear liquid) every 15 minutes for a total of 3 doses (12 tablets).

After completing the OsmoPrep tablets as outlined above, you can consume up to 24 ounces of clear liquids over the next 60 minutes. You must stop consuming clear liquids at 4 hours prior to procedure time.

On average, your bowel movements should be clear (clear = yellow or white liquid without solid or granular material) 3 hours after you finish the tablets. However, delays in the onset of bowel movements and/or becoming clear can occur several hours after completing the preparation. **If you are not clear at 2 hours after taking the second dose of OsmoPrep tablets as outlined above, please follow the instructions written below.**

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

Purchase the following (no prescription necessary) and begin this preparation 1/2 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. 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 a warm water enema per rectum every 30 minutes until you have bowel movements which consist 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. If you are forwarded to voicemail, follow directions to contact the doctor on call.

RYAN P. 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 has 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. 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 his/her insurance provider 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 provider 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 non-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 Patient Date Signature of Witness Date

_____ _____

Signature of Parent/Guardian Date

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_____ _____

Signature of Physician Date

DOCTOR COPY: OsmoPrep