

Procedure Performed At:
Hackettstown Medical Center
651 Willow Grove St. Hackettstown, NJ 07840
Phone: (908) 850-6929

DATE: _____ TIME: _____ ARRIVAL: _____

Before you begin: Purchase 238 g of Miralax, 2 bottles of Gatorade 28 oz (not red), 4 tablets of Dulcolax and 1 tablet of Gasex

One week prior to the procedure: Stop iron containing supplements, pain medications like Ibuprofen, Motrin, Advil, Naproxen (NSAIDs), Aspirin, Plavix and fish oil supplements.

If you are on Coumadin, Eliquis, Xarelto, Pradaxa or other similar medications, confirm with the office when to stop them.

If you are on Ozempic, Wegovy, Mounjaro or similar medications, do not take them the week before.

Three days before the procedure: Begin a low fiber diet, avoid eating nuts, seeds, popcorn, peas, tomatoes- these will clog the scope and interfere with the procedure.

Day before the procedure: Begin a clear liquid diet (you should be able to see through the glass filled with the liquid) ex. Water, black coffee or tea, clear soup or bouillon, sports drinks (not red), apple juice, plain Jello, Italian ices, popsicles without added fruit or milk, ensure clear.

If you are a diabetic, take half of your diabetes medications.

At 5 PM: Take 2 tablets of Dulcolax. Mix the Miralax in the 2 bottles of Gatorade, stir until it is completely dissolved and drink 8 oz every 10 minutes till finished. Take the Gasex pill after the first 4 glasses. If you develop cramping, nausea or bloating stop drinking for 30 minutes. You may then resume drinking the solution. It will take 1-2 hours before you start moving your bowels and the diarrhea may last several hours. 30 minutes after drinking the Gatorade/Miralax solution, take 2 tablets of Dulcolax with water. Continue drinking clear liquids till 6 hours before the procedure.

If you have any questions or concerns, please call us at 908-684-3000

*Please arrange for someone to accompany you. You are given sedating medication and will not be allowed to go back on your own

**Failure to take the prep as directed will result in incomplete cleansing and will result in cancelling the procedure and repeating the procedure.

***Follow-up in the office 2 weeks after the procedure.

Results are not given over the phone.

THE FOLLOWING MEDICATIONS NEED TO BE STOPPED PRIOR TO YOUR PROCEDURE

DIABETES / WEIGHT CONTROL MEDS

GLP-1 AGONISTS:

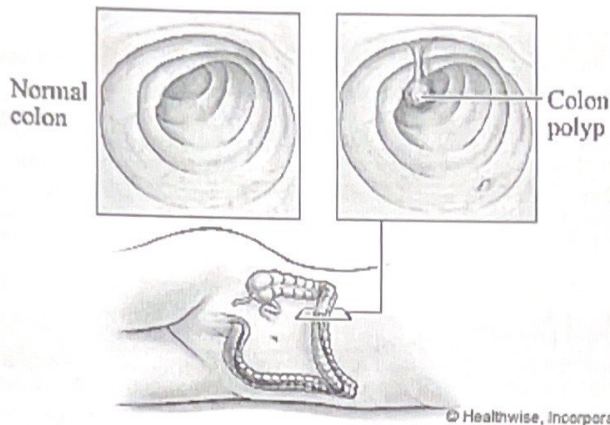
EXANATIDE (2 X DAILY)	BYETTA	HOLD 1 DAY PRIOR
EXANATIDE ER	BYDURION	HOLD 1 DAY PRIOR
LIXENATIDE (DAILY)	ADLYXIN	HOLD 1 DAY PRIOR
LIRAGLUTIDE (DAILY)	VIKTOZA, SAXENDA	HOLD 1 DAY PRIOR
SEMAGLUTIDE (DAILY)	RYBELSUS	HOLD 1 DAY PRIOR

DULAGLUTIDE (WEEKLY)	TRULICITY	HOLD 1 WEEK PRIOR
SEMAGLUTIDE (WEEKLY)	OZEMPIC, WEGOVY	HOLD 1 WEEK PRIOR

SGLT-2 AGENTS:

DAPAGLIFOZIN	FARXIGA	HOLD 4 DAYS PRIOR
BEXAGLIFOZIN	BREZAVVY	HOLD 4 DAYS PRIOR
CANAGLIFOZIN	INVOKANA	HOLD 4 DAYS PRIOR
EMPAGLIFOZIN	JARDIANCE	HOLD 4 DAYS PRIOR
ERTUGLIFOZIN	STEGLATRO	HOLD 4 DAYS PRIOR

Learning About Colonoscopy



What is a colonoscopy?

A colonoscopy is a test (also called a procedure) that lets a doctor look inside your large intestine. The doctor uses a thin, lighted tube called a colonoscope. The doctor uses it to look for small growths called polyps, colon or rectal cancer (colorectal cancer), or other problems like bleeding.

During the procedure, the doctor can take samples of tissue. The samples can then be checked for cancer or other conditions. The doctor can also take out polyps.

How is a colonoscopy done?

This procedure is done in a doctor's office or a clinic or hospital. You will get medicine to help you relax and not feel pain. Some people find that they don't remember having the test because of the medicine.

The doctor gently moves the colonoscope, or scope, through the colon. The scope is also a small video camera. It lets the doctor see the colon and take pictures.

How do you prepare for the procedure?

You need to clean out your colon before the procedure so the doctor can see your colon. This depends on which "colon prep" your doctor recommends.

To clean out your colon, you'll do a "colon prep" before the test. This means you stop eating solid foods and drink only clear liquids. You can have water, tea, coffee, clear juices, clear broths, flavored ice pops, and gelatin (such as Jell-O). Do not drink anything red or purple.

The day or night before the procedure, you drink a large amount of a special liquid. This causes loose, frequent stools. You will go to the bathroom a lot. Your doctor may have you drink part of the liquid the evening before and the rest on the day of the test. It's very important to drink all of the liquid. If you have problems drinking it, call your doctor.

Arrange to have someone take you home after the test.

What can you expect after a colonoscopy?

Your doctor will tell you when you can eat and do your usual activities.

Drink a lot of fluid after the test to replace the fluids you may have lost during the colon prep. But don't drink alcohol.

Your doctor will talk to you about when you'll need your next colonoscopy. The results of your test and your risk for colorectal cancer will help your doctor decide how often you need to be checked.

After the test, you may be bloated or have gas pains. You may need to pass gas. If a biopsy was done or a polyp was removed, you may have streaks of blood in your stool (feces) for a few days. Check with your doctor to see when it is safe to take aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs) again.

Problems such as heavy rectal bleeding may not occur until several weeks after the test. This isn't common. But it can happen after polyps are removed.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

Where can you learn more?

Go to <https://www.healthwise.net/PatientEd>

Enter **Z368** in the search box to learn more about "**Learning About Colonoscopy**".

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Hackettstown Regional Medical Center

MINOR PROCEDURES DEPARTMENT

Dear Outpatient,

Thank you for choosing to have your procedure at Hackettstown Regional Medical Center. To make your experience as positive as possible, please complete the following steps:

1. Please call the Minor Procedures Department 2-3 business days prior to your scheduled procedure at 908-850-6929, between the hours of 1:30 pm – 4 pm, Monday through Friday. We are closed on holidays and weekends. Due to the high volume of calls, you may be connected to our voicemail system. Please leave a message including your name, date of procedure, and telephone number; a Minor Procedures nurse will return your call at least one business day prior to your procedure. In the telephone conversation, the Registered Nurse will ask you to list any allergies you may have to medication or other sources. There will be questions about your medical and surgical history. You will be asked to list your medications, including dosage and frequency. The Nurse will also review the final scheduled time you should arrive to register on the day of your procedure. You will be reminded of your physician's instructions and they will be reviewed with you, so you can be assured you will be ready for the prescribed procedure. The Nurse can answer any questions you may have at this time.

Please note: If you are receiving sedation for your procedure, do not drink fluids within 4 hours of your procedure time. Also, you must have a friend or relative present to sign your discharge papers and drive you home. No bus, taxi, or car service is allowed for transportation unless you are accompanied by a responsible party other than the hired driver.

2. Once your procedure is scheduled with your physician, the pre-registration office staff will contact you if information is needed. If you are not contacted within 48 hours of your procedure, please call the Registration Department at: (908) 441-1187. If you must leave a message, a representative will call you back by the next business day. Please have your insurance information available.

If you have any questions, please write them down prior to the telephone call to make certain that we have answered all of your concerns. We look forward to talking with you and making your procedure as comfortable as possible for you.

Sincerely,

Minor Procedures Nurses
Hackettstown Regional Medical Center
Rev. 1/6/2014



**Atlantic
Health System**

OUTPATIENT MEDICATION RECONCILIATION

This is not a retail Pharmacy script

[illegible]



CONSENT FOR PROCEDURE/ TREATMENT

☐ Morristown Medical Center
100 Madison Avenue, Morristown, NJ 07960

☐ Overlook Medical Center
99 Beauvoir Avenue, Summit, NJ 07901

☐ Newton Medical Center
175 High Street, Newton, NJ 07860

☐ Chilton Medical Center
97 West Parkway, Pompton Plains, NJ 07444

☐ Hackettstown Medical Center
651 Willow Grove Street, Hackettstown, NJ 07840

☐ Atlantic Medical Group (specify): _____

TO THE PATIENT: You have been given information about your condition and the recommended surgical, medical, dental or diagnostic procedure(s) to be used. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure(s).

1. Condition: Dr. Madane has explained to me that the following medical/dental condition(s) exist in my case:
(Explain in lay terms): _____

2. Proposed Procedure(s)/ Treatment: I understand that the procedure(s)/treatment proposed for evaluating and treating my condition is(are):
Colonoscopy, which is an examination of the colon with a flexible instrument. Possible biopsy, which is the removal of a small sample of tissue for microscopic examination. Possible polypectomy, which is removal of a polyp using a wire loop and cautery. Possible injection or coagulation therapy. Possible dilation
And will be performed by: Dr. Madane

3. Risks/Benefits, Alternatives of Proposed Procedure(s)/ Treatment: Just as there may be benefits to the procedure(s)/treatment proposed, I also understand that surgical, medical and dental procedures as well as the administration of anesthetic agents involve risks. These risks include allergic reactions, bleeding, blood clots, infection, adverse side effects of drugs, and even loss of bodily function or life. Other risks include:
Perforation, infection, bleeding

I understand that some of the alternatives and their risks/benefits include, but are not limited to:
☐ Medical Management ☐ No performance of procedure
☐ Other: _____
The potential benefits and risks of the proposed procedure(s)/treatment, the above alternatives and the likely result without such treatment have been explained to me. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers.

4. Complications, Unforeseen Conditions, Results: I am aware that in the practice of medicine, dentistry and surgery, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s)/treatment, unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.

5. Ambulatory Procedures: For AMBULATORY procedures requiring anything other than straight local anesthesia, I understand that I may not leave without someone to accompany me, that someone should be available to assist me at home for 12 hours, and that I should not drive for 24 hours after anesthesia. In addition, I further realize that my postoperative condition may require inpatient admission if my physician(s) considers it necessary for my safety.

6. Consent to Procedure(s) & Treatments: Having read this form and talked with my physician or dentist, my signature below acknowledges that I voluntarily give my authorization and consent to the performance of the procedure(s)/treatment described above (including examination and/or disposal of tissue) by my physician, dentist and/or such assistants as may be selected by him/her. I understand that it may be necessary for my healthcare provider(s) to take photographs, film, record and/or take other like images during the procedure described above for medical treatment, education and/or continuity of care purposes.

☐ Moderate Sedation

✓ Patient (or Person Authorized to Sign for patient) _____ Relationship to Patient _____ Date _____ Time _____
✓ Witness _____ Date _____ Time _____

7. Physician's Attestation:

I have described the procedure and informed the patient of the risks, benefits, alternatives, likelihood of the patient achieving his or her goals, potential problems that might occur during recuperation, consequences of treatment, non-treatment and alternatives. I have answered all the patient's questions to the best of my abilities.

✓ Madane _____ Date _____ Time _____
Physician