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Procedure Performed At:
Newton Medical Center
175 High St. Newton, NJ 07860
Phone: (973) 579-8570

NAME: _____

DATE: _____ TIME: _____ ARRIVAL: _____

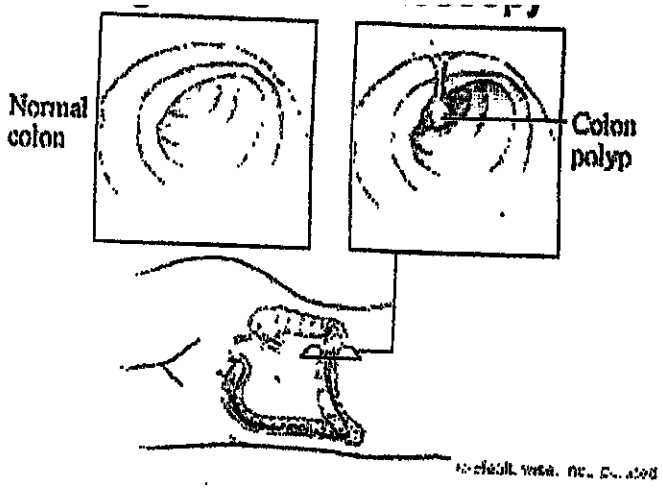
Colonoscopy preparation with MiraLAX/Gatorade

- **Before you begin: Purchase MiraLAX 238g (8.3 oz.), Dulcolax Laxative 4 tablets (OTC), and two 32 oz. bottles of Gatorade- NO RED, ORANGE OR PURPLE**
- **One Week prior to the procedure:** Stop all supplements (including iron, multivitamins, and fish oil) and blood thinners. These medications include Aspirin or Aspirin-like products (Aleve, Naprosyn, Advil, Motrin and Ibuprofen, Plavix, Coumadin and Percodan). **Tylenol/Acetaminophen** is safe to take prior to procedure. If you are a diabetic, please inform the doctor of any medication you are on or if you are insulin dependent. You may continue your regular medications unless instructed otherwise.
- **On the day before the procedure: NO SOLID FOOD ALL DAY.** Do not have dairy products or juices with pulp. Examples of clear liquids include water, soda, ginger ale, black coffee or tea, juices, clear soup, broth and Jell-O. Do not drink anything red, purple, or orange in color. **It is important to drink as much clear liquids as you can to flush the bowels out and to prevent dehydration.**
  ***If you are a diabetic, you make take half of your diabetes medication this day.**
- **AT 5PM the night before:** Divide the 238g of MiraLAX evenly between the two bottles of Gatorade. Stir until completely dissolved. Drink 8 oz. every 10 minutes until it is gone. If you develop cramping, nausea, or bloating you should stop drinking preparation for 30 minutes. Then you can resume drinking the solution. It may take 1-2 hours before you get diarrhea and it will continue for several hours after completely drinking the preparation.
- **30 minutes after drinking the preparation take the 4 tablets of Dulcolax Laxative with water. Continue clear liquids until 6 hours before the procedure and then you must STOP ALL LIQUIDS.**

***If you have any question or concerns do not hesitate to call us at 908-684-3000.**
****Please arrange for someone to accompany you. You will be given sedating medication and will not be allowed to go home on your own.**

*****NOTE:** FAILURE TO TAKE THE PREP AS DIRECTED WILL RESULT IN INCOMPLETE CLEANSING AND MAY REQUIRE CANCELLATION OF THE PROCEDURE OR REPEATING THE PROCEDURE.

******FOLLOWUP IN OFFICE TWO WEEKS AFTER THE PROCEDURE RESULTS ARE NOT GIVEN OVER THE PHONE*****



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 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 do not 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.

A colonoscopy usually takes 30 to 45 minutes. It may take longer if the doctor has to remove polyps.

How do you prepare for the procedure?

You need to clean out your colon before the procedure so the doctor can see all of your colon. You may start the cleaning process a day or two before the test. This depends on which "colon prep" your doctor recommends.

To clean your colon, 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, such as grape juice or fruit punch. And do not eat red or purple foods, such as grape ice pops or cherry gelatin.

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. It is very important to drink all of the colon prep liquid. If you have problems drinking the liquid, call your doctor.

For many people, the prep is worse than the test. It may be uncomfortable, and you may feel hungry on the clear liquid diet. Some people do not go to work or do their usual activities on the day of the prep.

Arrange to have someone take you home after the test.

What can you expect after a colonoscopy?

The nurses will watch you for 1 to 2 hours until the medicines wear off. Then you can go home. You will need a ride. Your doctor will tell you when you can eat and do your usual activities.

Your doctor will talk to you about when you will 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.

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.

Atlantic
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CONSENT FOR PROCEDURE/TREATMENT

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 with possible biopsy, polypectomy, control of bleeding. 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 and Missed lesion I understand that some of the available 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 ☐ **Moderate Sedation**	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. √ Patient (or Person Authorized to Sign for patient) √ Relationship to Patient √ Date Time √ Witness
7. Physician's Attestation:	I have described the procedure and informed the patient of the risks, benefits, alternatives, and consequences of treatment, non-treatment and alternatives. I have answered all the patient's questions to the best of my abilities. Mad √ Physician √ Date √ Time

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