

Instructions for Mag Citrate/Nulytely Extended Prep

Obtain from the pharmacy or store:

- 2 (10 ounce) bottles of Magnesium citrate (non-red). No prescription needed.
- 2 quarts of Gatorade, non-red.
- Three 5mg Bisacodyl (Dulcolax) tablets sold over the counter.
- Nulytely prescription ____ given ____ called to pharmacy (Generic equivalents: PEG 3350, Colyte, Golytely, Gavilyte).

Special Instructions:

1. Do not take these medications seven (7) days before your procedure:
 1. Iron medications.
 2. Pills containing oils such as fish oil, Vitamin E, castor oil (however, if you have taken these medications please stop now and let the physician know at the time of your procedure).
2. It is OK to continue to take an aspirin.
3. Please notify us if you are a diabetic or are on any blood thinning medications.
4. 3 days before prep – No raw vegetables, nuts, seeds, corn, or popcorn. Fruits with skins removed are ok. No bulk agents such as Metamucil or Citrucel. If you inadvertently have eaten anything you shouldn't have, go ahead and proceed with the prep as outlined below but avoid any further foods on this list.

Liquid Diet:

Drink **ONLY** clear liquids ALL day (breakfast, lunch and dinner)

Examples: tea, coffee, water, apple juice, cranberry juice (contains no red dye), clear broth, carbonated beverages, Popsicles, Jell-O, Hi-C, Gatorade, Crystal Light **Do not drink any red liquids** (cranberry juice is OK).

Two Days Before Test:

1. Clear liquid diet all day.
2. Take 10 oz. Magnesium Citrate at approximately 4:00 p.m.
3. Drink Gatorade, 2 quarts, non-red

One Day Before Test:

1. Clear liquid diet all day.
2. Take 10 oz. Magnesium Citrate at approximately 8:00 a.m.
3. In the morning, fill Nulytely jug with water (distilled, bottled, or tap). You may add Crystal Light Lemonade mix to the regular flavored Nulytely if you wish. Shake well and refrigerate.
4. Take all **3 Dulcolax** tablets at one time, **1 hour** before starting Nulytely.
5. You may **begin** drinking the Nulytely as early as **2:00 p.m.** or as late as **5:00 p.m.** Drink 1 glass (8-10 ounces) every 15-30 minutes until a ½ gallon is consumed. You may pause up to one hour if you become nauseated. You may begin to have liquid stools within one hour of starting the Nulytely. Be sure to stay near a restroom.

Day of procedure:

***5 hours before arrival time** – Drink the other ½ of the gallon of Nulytely, no other liquids. Be sure to finish the gallon of Nulytely completely within 2 hours. You should not drink any liquids within 3 hours of your arrival time.

The goal for your bowel prep is to have clean/see-through yellow-tinged output. If you are still having solid output, please contact our office the morning of your procedure for further instructions.

You must have a driver who is able to bring you to the procedure and stay with you for the duration of your visit. If your driver must leave for any reason, your procedure will be canceled. Please call the office, 815-397-7340, if you have any questions. After 5 p.m. call 815-490-5704.

DRIVER MUST STAY

For your safety, Rockford Gastroenterology Associates requires that patients who have had sedated procedure be discharged in the company of a responsible adult.

The expectation is that your responsible adult remains in the facility throughout your procedure.

An individual that you have identified will be responsible for getting you home by car, taxi, or bus.

If ordered by your physician, a responsible adult will also need to stay with you for up to 12 hours after the procedure.

If your responsible adult should need to leave our facility for any reason, please be advised that your procedure may be canceled.

Please communicate and share this information with the individual you have chosen. We understand that this may be difficult to arrange, however, your safety is our priority.

Thank you for your cooperation in this matter.

MOST OFTEN ASKED QUESTIONS FOR SEDATED PROCEDURES

1. Can I take my regularly prescribed medications before my procedure?

Yes. You may take your prescription medications including blood pressure medicines and aspirin. You should have received specific instructions if you take Coumadin, Plavix, Pradaxa, Xarelto, Pletal, Arixtra, Effient or diabetic medications.

For **7 days prior** to a **colonoscopy**, you should not take vitamins containing iron, fish oil, Vitamin E and castor oil.

2. What if the colonoscopy prep makes me nauseated (sick) or I begin to vomit?

Stop drinking the prep for 1 to 1 1/2 hours to help your stomach relax. Then start drinking it again. **The doctor cannot see the lining of the colon well if you do not drink ALL of the prep - so it is very important for you to DRINK ALL OF THE PREP.**

3. How soon after taking the prep can I expect results?

Typically you will see results within 1-4 hours; however, some individuals do not see results until starting the 2nd dose of prep. If you are experiencing solid stool in the AM day of procedure, please call and request to speak to a nurse.

4. What if I am still having liquid stools?

It is normal to have greenish-yellow liquid stools on the day of procedure; this may continue after arrival for procedure.

5. I will have my menses (period) when I have my procedure; can I wear a tampon?

Yes, this will not interfere with your exam.

6. What can I do if my bottom gets sore as I get ready for the colonoscopy?

This is very common. You can use fragrance free (non-alcoholic) baby wipes, Vaseline, A&D ointment, or Paladin ointment to make you more comfortable. You can apply these ointments before you start drinking your prep to prevent soreness.

7. Can I drive myself home after the procedure?

No. Your driver MUST be present throughout the appointment. You may take public transportation in the company of a responsible adult.

8. When can I return to work?

You can return to work the day after the procedure. The medication we give you for sedation will be in your system for 12 hours. We will be glad to give you a work excuse for the day of the procedure.

MOST OFTEN ASKED QUESTIONS REGARDING BILLING COVERAGE

Please contact your insurance company to verify your benefits before testing.

Verify that both Rockford Gastroenterology and Rockford Endoscopy Center are in network with your insurance plan.

Federal Tax ID#: 36-3081482

NPI # from RGA: 1447207741

NPI # for Rockford Endoscopy: 1871536763

Colonoscopy Categories

Diagnostic/Therapeutic Colonoscopy

Patient has present gastrointestinal symptoms, polyps, or gastrointestinal disease.

Diagnosis Codes: varies depending on condition - not covered under preventative/screening benefits.

Surveillance/High Risk Screening Colonoscopy

Patient is asymptomatic (no gastrointestinal symptoms), **has a personal history of gastrointestinal disease, colon polyps, and/or cancer.** Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years).

Preventative Colonoscopy Screening

Patient is asymptomatic (no gastrointestinal symptoms), over the age of 50, has no personal or family history of gastrointestinal disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years. Diagnosis Code: Z12.11

Your Primary Care Physician (PCP) may refer you for a "screening" colonoscopy; however, you may not qualify for the "screening" category. This is determined in the pre-procedure process. Before the procedure, you should know your colonoscopy category.

Rockford Gastroenterology Associates will bill your insurance company for our services as a courtesy to you. Please be aware that your individual health insurance policy is a contract between you and your insurance company and we are not a party to that contract. Some of our services may not be covered by your insurance policy and we will not be aware of your unique situation when we order testing or procedures for you. By presenting for care, you agree that you are responsible for all services and charges, regardless of your insurance status. If any services are rendered that are not covered by your insurance, we are not able to alter your claim, change your diagnosis, or report a service other than what was performed for the sole purpose of obtaining insurance payment. You will be responsible for payment of any balance not covered by insurance.

Because we are a specialty clinic, some insurance plans may require that you have your PCP submit referrals through them for approval (this is not a doctor to doctor referral). Your PCP will send a request directly to your insurance company for approval that will allow you to be seen at our office. This process is not required by all insurance companies.

Please check your plan requirements and proceed as follows:

- Call your insurance company to find out if you need a PCP referral
- If you do need a PCP referral, call your PCP and request that they submit a referral directly to your insurance company, referring you to our office.
- Upon approval, your insurance company will notify your PCP and Rockford Gastroenterology Associates.
- Without an approved PCP referral, your insurance company may deny payment and you will be responsible for any charges incurred.

If you have further billing questions, please contact our Patient Accounts Dept. at 815-484-7975.

For scheduling questions, please contact our Scheduling Dept. at 815-397-7340.

You will receive separate bills for pathology and/or anesthesia administered services.

Consent for Colonoscopy

Authorization and nature of Procedure: I request and hereby authorize Dr. _____ and/or associates to perform a procedure known as COLONOSCOPY, POSSIBLE BIOPSY, POSSIBLE POLYPECTOMY, POSSIBLE TATOOING AND POSSIBLE HEMOSTATIC TECHNIQUES to control bleeding.

My doctor has explained to me that the procedure is done by inserting a long, flexible instrument into the rectum to examine the entire large intestine and, at times, the small intestine and to biopsy the lining of the colon or small intestine if any abnormality is found. Also, if a polyp is found, it may be removed by using electrocautery. Before insertion of the instrument, I may be given a sedative, intravenously. If a bleeding site is found, hemostatic techniques to stop bleeding may be undertaken.

Risks and Complications: While these risks are rare, the following may occur:

1. Intravenous sedatives can cause slowing of breathing and occasionally may even cause breathing to stop. This process can be reversed with other medications.
2. Perforation of the colon (development of a hole) may occur. The incidence is about 1 per 2000. If polypectomy is done, perforation may occur more frequently.
5. Bleeding has been reported in up to 25 per 1000 patients with polypectomy, cautery or injection of a bleeding site.
6. Other rare complications reported with colonoscopy are irregular heart beat and rupture of the spleen.
7. Deaths have been reported to occur following colonoscopy and polypectomy. Incidence is 1 per 10,000 colonoscopies and 2 per 10,000 polypectomies.
8. Adverse reactions to the preparation to include electrolyte abnormalities, dehydration, and rarely renal failure
9. Risks of phlebitis, inflammation, infection, and blood clots at the IV site may occur.

Hospitalization with the possibility of surgery and possibly blood transfusions may be required if complications occur.

I acknowledge and understand from my doctor that, because no two human beings are alike, the potential risks and complications may vary considerably from person to person. For that reason, I understand that prediction of complications and risks can not be accurately made.

My doctor has explained to me, and I understand that unusual complications, not normally expected and beyond those mentioned above, can occur during this procedure, but that such complications are so infrequent that they are not usually explained to patients.

No Guarantee or Assurance: My doctor has advised me that, because of the differences that exist between human beings, both in their anatomy and in terms of their response to treatments, my doctor can give me no guarantees as to the outcome of this procedure or whether or not I will encounter any of the risks or complications, whether known or unknown, associated with this procedure. Additionally, no test is 100% capable of locating abnormalities. I do understand that this test can miss abnormalities, including cancers,, although the chance is small. Furthermore, the exam may not be completed due to anatomic, technical, or other considerations at the discretion of the physician performing the exam. Recognizing that there is a failure to diagnose, potential further testing may be warranted at some point, and I must report any persistent or unusual symptoms to my physician to better guide detection for lesions which conceivable may be missed despite the best technical performance by my gastroenterologist.

Alternative Treatments/Procedures: My doctor has advised me that there are alternatives to this procedure which may include:

1. X-ray or other imaging techniques
2. Surgery
3. No Test

Other Operations and/or Procedures: I understand that during the course of the procedure, the performance of other operations or procedures, in addition to, or different from those now contemplated, may become necessary in the medical judgement of the above named physician or his associates, and I authorize such physician or his associates to perform such other procedures as he deems necessary within the exercise of sound medical judgement.

SEDATION / ANALGESIA: I consent to the administration and such medications as may be considered necessary or advisable by the physician responsible for this service. I understand that I will be fully awake, but sedated. I also understand that I could possibly require assistance in breathing (breathing tube) or other forms of cardio respiratory assistance during this sedation.

Tissue Disposition: I consent to the appropriate disposal of any body tissue removed during the course of the above procedure after same has been examined by a pathologist at a designated laboratory.

Photographs: I understand that photographs may be taken during the course of this procedure for documenting findings thereof. In addition, I consent to the use of such photographs for teaching purposes. I also authorize reproduction of said photographs for publication or as part of a medical education program.

Opportunity For Further Information: I understand that other physicians might recommend a different procedure and that I am free to seek the advice of other physician(s) as I might choose. Prior to signing this document, I have taken the time to consider whether I wish to ask further questions of my physician or whether I desire a second opinion. I understand that by signing this document, I have voluntarily agreed to undergo the procedure described above. I understand that my signature indicates that I do not desire any further opinions from other physicians nor do I wish to ask any further questions.

Opportunity to Read Document: I acknowledge that prior to signing this document, I have had the opportunity to read this document and to thoroughly and fully understand it.

DO NOT SIGN IF YOU HAVE FURTHER QUESTIONS

Date

Signature of Patient or authorized person

Witness

Relationship to patient (if signed by authorized person)