

# Dr. Rosenfeld's Crystal Light Colonoscopy Prep Sheet

## Read all pages carefully before beginning the prep!

Your doctor has recommended a colonoscopy to evaluate your colon. This exam will use a long tube with a camera and a light at its end. In order to see the inside of your colon clearly, the colon must be washed out the day before the procedure. This is the most important part of the procedure. None of the bowel preps on the market are pleasant, but the one prescribed below should be well-tolerated as it only tastes like Gatorade as the medicine is completely tasteless and odorless. Plan to stay at home once you begin taking the prep. You will need to be close to a bathroom as it causes a lot of diarrhea. Your colon must be very clean or polyps and even cancer may be missed due to retained stool. Follow the preparation instructions on page three EXACTLY AS STATED!

Dr. Rosenfeld is following the recommendation of the American College of Gastroenterology (ACG) which now recommends splitting the dose of colonoscopy bowel preps. The first dose is to be taken the night before the colonoscopy and the second dose is to be taken the morning of the procedure. The literature has shown split-dose preps to have a better quality, tolerance, and a decrease in missed polyps and cancers. I understand it will be unpleasant to get up very early to take the bowel preparation but it is important.

## INSTRUCTIONS

1) **Location:** Your surgery has been scheduled at:

a) Simi Valley Hospital - (805) 955-6000  
2975 N. Sycamore Drive  
Simi Valley, CA 93065

b) Aspen Surgery Center (805) 955-8160  
2750 N. Sycamore Drive  
Simi Valley, CA 93065

i) For any billing and insurance questions: Please call ASPEN  
(805)924-7300.

2) **Schedule:**

a) Date: \_\_\_\_\_

b) Time: \_\_\_\_\_ am / pm

3) **Arrival:**

a) You must arrive at \_\_\_\_\_ am / pm

b) You must have someone drive you to and from your procedure. You are not allowed to take a cab or other limo service home. You must leave the facility with a responsible adult.

4) **Registration:** You must arrive and register at the facility at the above arrival time

5) **Medication:**

a) If you take prescribed medication every morning, you may do so on the morning of the colonoscopy with just a sip of water.

- b) If you are a diabetic on insulin, take ½ of your morning dose on the morning of the colonoscopy.
  - c) For an ache or pain you may use Tylenol as it contains no aspirin.
  - d) **IMPORTANT:** You are not allowed to take any non-steroidal anti inflammatory medications starting 7 days prior to the procedure. This includes but is not limited to:
    - i) **Aspirin,**
    - ii) **Celebrex,**
    - iii) **Ibuprofen (Motrin)**
    - iv) **Advil**
    - v) **Aleve**
    - vi) **Bayer**
    - vii) **Persantine (Dipyridamole)**
    - viii) **Bufferin**
    - ix) **Anacin**
    - x) **Excedrin**
    - xi) **Alka-Seltzer or any other medicine containing aspirin.**
    - xii) **Redux or any kind of diet pills.**
  - e) **IMPORTANT:** If you are taking any of the below medications or any other blood thinning medication not on the below list please inform Dr. Rosenfeld. These medications need to be stopped before the procedure and this must be coordinated with your cardiologist or prescribing doctor.
    - i) **Pradaxa (Dabigatran)**
    - ii) **Xaerlto (Rivaroxaban)**
    - iii) **Eliquis (Apixaban)**
    - iv) **Savaysa (Edoxaban)**
    - v) **Coumadin (Wafarin)**
    - vi) **Plavix (Clopidogrel)**
    - vii) **Effient (Prasugrel)**
    - viii) **Brilinta (Ticagrelor)**
  - f) **Warning:** If you take herbal supplements listed on page 4 please stop one week before surgery. If you are on any of these please inform the doctor.
- 6) **Travel:** You must be in town for 2 weeks after the procedure. If you have plans to travel within this time we will need to reschedule the procedure or you will need to change your plans.
- 7) **Driving:** You can not drive for 24 hours after the procedure. **You need a ride to and from the facility!** You should not make any major decisions for 24 hours after the procedure. (i.e. can't go back to work later that day, buy or sell stocks, etc.)
- 8) **Questions:** Call my office (805) 230-2889 (BUTZ) at any time if you have questions.
- 9) **Bowel Prep:**
- a) Start the prep the day before your colonoscopy.
  - b) Take as directed.

10) **Consent:** Please sign this form, below, and fax or email it to the office.

11) **What you will need to make the preparation (all below available over the counter no Rx needed)**

- a) One 510 gram bottle of MiraLAX (e.g. Powderlax or Clearlax). This bottle has more powder than is needed so you will need a measuring cup to measure how much MiraLAX to mix (See instructions below)
- b) Two packets of Crystal Light Lemonade (makes 2 quarts each).
- c) 4 Dulcolax tablets (5mg Bisacodyl).

**I understand that it is my responsibility to read this information fully and by signing this form I am consenting to the procedure as described. I understand that if I have any questions after reading this material I am to call the office before my scheduled procedure to address them.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## START THE BOWEL PREP SCHEDULE ON THE DAY BEFORE YOUR PROCEDURE.

Morning	2:00pm	3:00PM Prepare the Solution:	5:00 PM to 7 PM	8:00 PM to 9 PM	6 ½ hours before start time	4 1/2 hours before colonoscopy start time
Do not eat solid food today. You are only allowed to drink clear liquids (see below). Gatorade is the best as it has electrolytes. Do not eat any fruit or vegetables today! Liquids only. Drink a lot of liquids during the morning and day!	Take 4 Dulcolax tablets with a 6 oz glass of clear liquid. Drink another 6 oz glass of clear liquid (see list below) at both 2:30 and 3:30.	You will need a measuring cup. Mix one package of Crystal Light Lemonade powder, 1.5 cups of MiraLAX Powder (e.g. Powderlax or Clearlax) and 64 ounces of water into a pitcher. Stir solution until MiraLAX is completely dissolved. Put in refrigerator.	At 5:00 you will start drinking four glasses filled with 8 ounces of the solution. <ul style="list-style-type: none"> <li>● 5 PM to 5:30 PM Drink one 8 ounce glass of solution.</li> <li>● 5:30 PM to 6 PM Drink one 8 ounce glass of solution.</li> <li>● 6 PM to 6:30 PM Drink one 8 ounce glass of solution.</li> <li>● 6:30 to 7 PM Drink one 8 ounce glass of solution.</li> </ul> <p style="text-align: center;">Be close to a bathroom for the next 2 hours!!</p>	At 8:00 you will start drinking two glasses filled with 8 ounces of the solution. <ul style="list-style-type: none"> <li>● 8 PM to 8:30 PM Drink one 8 ounce glass of solution.</li> <li>● 8:30 PM to 9 PM Drink one 8 ounce glass of solution.</li> </ul> <p>You will have extra mixture in the pitcher. Throw the remaining mixture away.</p>	At 6 ½ hours before your colonoscopy mix one half of the 2nd package of Crystal Light Lemonade powder, with 3/4 cup of MiraLAX Powder (e.g. Powderlax or ClearLax) and 32 ounces of water into a pitcher. Stir solution until MiraLAX is completely dissolved. <p>Drink one 8oz glass of solution over 30 minutes for a total of 4 glasses. This will take 2 hours (1 glass every 30 minutes X 4).</p>	Take nothing by mouth 4 1/2 hours before the colonoscopy start time. If you take a prescribed morning medication(s) take them 4 1/2 hours before the colonoscopy start time with only a sip of water.

### List of Clear Liquids (liquids with little or no color and without pulp): No red or purple beverages

- Gatorade - A favorite and strongly suggested as it replaces electrolytes you will be losing with the diarrhea. Choose the yellow flavor.
- Power Aide - Also a favorite and strongly suggested as it has electrolytes you will be losing with the diarrhea. Choose the clear or yellow flavor.
- Vitamin Water – This also comes in clear flavors.
- Lemonade Flavored diabetic or non-diabetic drinks – Lemonade flavors (i.e. Crystal Light or generic of Crystal Light , Country Time Lemonade)
- 7-Up, Sprite, or Ginger Ale
- Water
- Coconut water
- Popsicles – WITHOUT pulp or fruit pieces (yellow or green only)
- Tea or coffee - **MORNING ONLY** (no milk or milk substitute may be added!!!)
- White grape juice or White cranberry juice
- Apple juice
- Soup broth - Chicken bouillon only (**NO** chicken, rice, noodles, crackers, or vegetables)
- NO JELLO!

**DO NOT TAKE ANYTHING BY MOUTH AFTER 4 1/2 HOURS BEFORE THE PROCEDURE**

## WARNING

**TAKING HERBAL MEDICATIONS CAN INCREASE THE RISK FOR COMPLICATIONS WHEN HAVING SURGICAL PROCEDURES.**

**If you are taking any of the below herbal supplements you must stop 1 week prior to your procedure.**

Herbal Supplement	Risk for surgery
Bromelain	May cause bleeding
Danshen	May cause bleeding
Dong quai	May cause bleeding
Feverfew	May cause bleeding
Garlic	May cause bleeding
Ginger	May cause bleeding
Ginkgo	May cause bleeding
Ginseng	May cause bleeding, may cause rapid heartbeat.

**I understand that it is my responsibility to read all of the information fully and by signing this form I am consenting to the procedure as described. I understand that if I**

**have any questions after reading this material I am to call the office before my scheduled procedure to address them.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

# ANESTHESIA

## MEMBER (PATIENT) RESPONSIBILITY AGREEMENT (ABN)

Your insurance company will be billed for your anesthesia care needed to perform your colonoscopy. Unfortunately, many plans do not pay for anesthesia for a colonoscopy if they feel it is not *medically necessary*. If Your insurance company does not pay for the anesthesia, participating health care professionals (“Providers”) are prohibited from charging members for any service, product or upgrade (collectively, “Service”) that is deemed not medically necessary, unless the member specifically requests such Service and agrees in writing to be financially responsible for it. This waiver form shall be used to document the Member’s agreement to be responsible for such Services. To be effective and valid, this document must be executed prior to the delivery of any non-medically necessary Service.

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
PLEASE PRINT

PROVIDER: Simi Valley Anesthesia MG

PROVIDER PHONE: **(818) 845-8345**

PROVIDER TAX ID: **36-4418750**

By signing below, I agree to pay Provider for those Services determined for the reason(s) specified below ***not to be covered under my Benefit Agreement:***

- Not medically necessary;
- Primarily for comfort and convenience; or
- Otherwise not a covered benefit or excluded under my coverage

**I understand that a Provider may not charge me for a Service determined to not be *medically necessary* unless I specifically agree to pay for it. I also understand that the Provider and/or I may appeal any determination that a Service is not medically necessary by filing a grievance or appeal with your insurance company or the Department of Managed Health Care (“DMHC”) pursuant to the grievance and appeals procedures described in my Benefit Agreement or Evidence of Coverage (“EOC”). I also understand that I may also have the right to Independent Medical Review through the DMHC, as described in my Benefit Agreement or EOC.**

Date of Service	Service	Total Cost	Member’s (patient’s) responsibility if the claim is not covered by the insurance
	Anesthesia for Colonoscopy	\$250.00	\$250.00

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Insurance Member/Subscriber

**\* For anesthesia billing questions: Please call Rina at (559) 372-3654.**

**\* If your insurance company does approve the procedure you, as the member (patient), understand that you will be billed and held responsible for any applicable co-payment, deductible, and/or coinsurance as stated in your Member’s Benefit Agreement.**





## Medications to Avoid for Colonoscopy Procedures

- Some medications (prescription and over-the-counter) can reduce your body's ability to form blood clots and taking these before GI endoscopy procedures may increase your risk of bleeding during and after these tests. For this reason, it is generally recommended to withhold certain drugs if you are scheduled to have one of these procedures performed. These are sometimes referred to as **blood thinners**.
- The decision about whether to stop any medication is always based on an estimate of the risk of having a significant medical problem during the short time that you are off of them compared to the risk of bleeding complications from the procedure you are to undergo.
- For medications used to treat arthritis (regular dose **aspirin or nonsteroidal anti-inflammatory drugs**, also known as NSAIDs), there is little or no risk to stopping these, but you may have more arthritis pain or swelling. They are usually **stopped for four (4) days prior to any procedure**. It is safe to take acetaminophen (Tylenol) before an endoscopy for arthritis pain or headaches.
- For aspirin (81 or 325 mg daily) used to prevent heart problems, this is usually safe to stop for seven (7) days prior to any procedure. If you have severe heart problems you may need to consult with your heart specialist to determine if it is safe to stop it.
- For **anti-platelet drugs** it is usually important to speak with your heart doctor, vascular surgery specialist, neurologist or primary physician to determine if these are safe to stop. These are usually **stopped for seven (7) days prior to any procedure**.
- For **anti-coagulant** drugs it is almost always important to consult with the prescribing physician to determine if it is safe to stop them and for how long. For most people who are taking **Coumadin (Warfarin)** for chronic heart rhythm problems (like atrial fibrillation) it is usually safe to **stop it for four (4) days prior to the procedure**. However there may be special circumstances where the medication is not stopped or other medications are used to prevent clotting after it is stopped. You should get specific advice from your doctor on how to handle this.

Below is a list of many medications (but not all) that fall into the categories of medicines to avoid before a colonoscopy. It is important to remember that there are hundreds of over-the-counter medications that contain NSAIDs or aspirin, so it is important to carefully read the label of any medication that you are taking (prescription or over-the-counter).

### Nonsteroidal anti-inflammatory medications – NSAIDs (generic name in italics):

*Diclofenac* (Cataflam, Voltaren, Arthrotec)  
*Diflunisal* (Dolobid)  
*Etodolac* (Lodine)  
*Fenoprofen* (Nalfon)  
*Flurbiprofen* (Ansaid)  
*Ibuprofen* (Motrin, Advil, Motrin IB, Nuprin)  
*Indomethacin* (Indocin)  
*Ketoprofen* (Actron)  
*Meclofenamate* (Meclomen)  
Mefenamic Acid (Ponstel)  
*Meloxicam* (Mobic)

### Anti-platelet drugs:

Aspirin (*present in many medications*)  
*Cilostazol* (*Plental*)  
*Clopidogrel* (*Plavix*)  
*Dipyridamole* (*Persantine*)  
*Dipyridamole/Aspirin* (*Aggrenox*)

*Nabumetone* (Relafen)  
*Naproxen* (Naprosyn, Naprelan, Anaprox, Aleve)  
*Oxaprozin* (Daypro)  
*Piroxicam* (Feldene)  
*Salicylates* (sodium salicylate, Magan, Mobidin, Mobogesic, Arthritab, Bayer Select, Doan's pills)  
*Salsalate* (Amigesic, Marthritic, Salflex, Slasitab)  
*Sulindac* (Clinoril)  
*Tolmetin* (Tolectin)

*Eptifibatide* (*Integrilin*)  
*Pentoxifylline* (*Trental*)  
*Ticlopidine* (*Ticlid*)  
*Tirofiban* (*Aggrastat*)

**Anti-coagulants:**

Heparin

Low Molecular Weight Heparins (*Fragmin, Lovenox, Danaparoid*)

Warfarin (*Coumadin*)

**THE BUTT DOCTOR'S TALE OF A COLONOSCOPY (written by Dr. Rosenfeld)**

Oh the time has come, the day you fear  
Yes it's time that I look in your rear  
A colonoscopy is the procedure's name  
Anyone 50 or over is fair game  
Why is it needed, oh you want an answer  
Well it's to look for and remove polyps, to prevent colon cancer  
The test is a breeze because you are asleep  
It's prepping your colon which makes you weep  
Yes the colon cleanse is quite the chore  
But it must be clean for Dr. Rosenfeld to explore.  
The laxative has many nasty flavors one is lemon-lime  
If used in an interrogation it would be considered a war crime  
You drink so much liquid you soon choke it down  
You look in the mirror, yes your eye balls are brown  
The laxative you drink makes your intestines rumble  
You'll rush to the toilet and pray you don't stumble  
You'll crap and you'll crap and you'll crap some more  
You'll go so much you'll nearly crap on the floor  
In and out of bed you get little sleep  
It's 6am and your alarm goes beep, beep, beep.  
You stand for a while to make sure you're all done  
Because crapping in your car will not be fun.  
You arrive at the location ready for the fun to start  
Oh no not again, whew it was just a fart.  
You have the procedure with an anesthesiologist at your side  
So when you wake up you still have your pride  
You see, a small look in your rear was actually a misquote  
I look in so deep I'll see the back of your throat  
When the 6 foot long tube is removed from your rump  
It's time to pass the gas in your colon that I did pump  
In recovery I will show you the pictures I took  
So you can scan them to post on Facebook  
Yes the world will know that you are brave  
And the more people you tell the more lives you may save!

**Best Ever Proctologist Music Video. Dr. Rosenfeld does a hilarious music video on prepping your colon for colonoscopy. Help spread colorectal cancer awareness and pass this along on Facebook!**

Search "Best Prep Shuffle" on  
YouTube  
OR  
Scan below QR code.



LIKE US ON FACEBOOK!  
"Dr. David Rosenfeld MD  
Proctologist"



# COLONOSCOPY INFORMATION SHEET

At this time you are due for a colon evaluation. The reason to evaluate the colon is to look for polyps (growths in the colon which can be pre-cancerous or non-precancerous), cancer, inflammation and other abnormalities. Without a colon evaluation there is a risk of developing colon cancer.

The two alternatives to colonoscopy include a flexible sigmoidoscopy followed by a barium enema or a virtual colonoscopy. Virtual colonoscopy is neither the standard of care nor covered by insurance. Although the risks are smaller, these alternative exams are neither as good as a colonoscopy, nor can diagnostic biopsies be performed. Just so you know I had my colonoscopy in October of 2009 so I know first-hand what you're going through!

Below are the guidelines from The American Cancer Society.

## American Cancer Society recommendations for colorectal cancer early detection

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### People at average risk

The American Cancer Society believes that preventing colorectal cancer (and not just finding it early) should be a major reason for getting tested. Finding and removing polyps keeps some people from getting colorectal cancer. Tests that have the best chance of finding both polyps and cancer are preferred if these tests are available to you and you are willing to have them.

Starting in 2019 the guidelines changed and screening begins at age 45 for both men and women at *average risk* for developing colorectal cancer should use one of the screening tests below:

### Tests that find polyps and cancer

- Flexible sigmoidoscopy every 5 years\*
- Colonoscopy every 10 years
- Double-contrast barium enema every 5 years\*
- CT colonography (virtual colonoscopy) every 5 years\*
- Stool DNA test (sDNA) – Finds DNA of polyps and cancer. It is very effective in finding cancer and less effective for finding polyps. If the test is positive (abnormal) a colonoscopy is mandatory.\*\*\*
  - ColoGuard

### Tests that mainly find cancer

- Fecal occult blood test (FOBT) every year\*,\*\*
- Fecal immunochemical test (FIT) every year\*,\*\*
- Stool DNA test (sDNA) – Finds DNA of polyps and cancer. It is very effective in finding cancer and less effective for finding polyps. If the test is positive (abnormal) a colonoscopy is mandatory.\*\*\*
  - ColoGuard is the name of the test.

*\*Colonoscopy should be done if test results are positive.*

*\*\*For FOBT or FIT used as a screening test, the take-home multiple sample method should be used. An FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.*

*\*\*\*This test is Medicare approved and covered by Medicare*

## People at increased or high risk

If you are at an increased or high risk of colorectal cancer, you should begin colorectal cancer screening before age 50 and/or be screened more often. The following conditions make your risk higher than average:

- A personal history of colorectal cancer or adenomatous polyps
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- A strong family history of colorectal cancer or polyps
- A known family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC)

Of the guidelines listed above for average risk patients and high risk patients, I feel that a full colon evaluation is the most reliable and accurate. Both the CT colonography and colonoscopy will evaluate the whole colon. Of the two choices I prefer the colonoscopy as it is the gold standard. Colonoscopy is the only test which biopsies and polyp removal can be done at the same time as the evaluation. Colonoscopy has also been shown to be effective in decreasing the risk of death from colon cancer by 50%. Virtual colonoscopy is not covered by insurance and diagnostic biopsies and polypectomy can not be performed at the same time so if abnormalities such as inflammation or a polyp/cancer is found a colonoscopy will need to be scheduled. Barium enema is archaic and rarely used. It is done usually in times when a colonoscopy is unsuccessful to evaluate the area of the colon not accessible via the colonoscopy.

Colonoscopy is a very safe and effective procedure. The risks of colonoscopy are small but include and are not limited to: death, stroke, heart attack, clots in the legs that can dislodge and go to the lungs, anesthesia complications, perforation (a hole in the colon), missed lesions (including polyps and cancer) and severe bleeding. Treatment for bleeding or perforation may require surgery; however; they will require hospitalization until you are well enough to go home.

**I understand that it is my responsibility to read this information fully. I understand that if I have any questions after reading this material I am to call the office at least 72 hours before my scheduled procedure to address them.**

Signature \_\_\_\_\_

Date \_\_\_\_\_