MIRALAX PREP INSTRUCTIONS

PROCEDURE DATE: ____________   ARRIVAL TIME: ________ AM/PM
PROCEDURE TIME: ________ AM/PM

PLEASE REPORT TO:
☐ The Oregon Clinic ASC  1111 NE 99TH AVE, STE 302, PORTLAND
☐ Providence Portland Medical Center (Main Admitting) 4805 NE GLISAN ST, PORTLAND
☐ Providence Milwaukie Hospital (Main Admitting) 10150 SE 32ND AVE, MILWAUKIE
☐ Legacy Mt. Hood Medical Center (Main Admitting) 24800 SE STARK, GRESHAM

NO DRIVING FOR 24 HOURS AFTER YOUR PROCEDURE. YOU MUST HAVE A RIDE HOME.
You may not take a Taxi, Bus, MAX, or any type of Public Transportation unless accompanied by an adult. All rides must remain at the ASC while you are here Total time averages 1 ½–2 hours.

WHAT YOU WILL NEED:
☐ 238 gram bottle of MiraLAX Powder (over the counter)
☐ 64 ounce bottle of Gatorade, Propel, or Crystal Light to mix the MiraLAX in. No Red, Orange, or Purple.
☐ 10 ounce bottle of Green or Clear Magnesium Citrate (over the counter)
☐ 4 Dulcolax tablets (over the counter)

PREPARATION:
Take all regularly scheduled medications unless otherwise specified in these instructions

<p>| 10 DAYS PRIOR | Including but not limited to: |
| DATE: __________ | Iron, Vitamin E, Ginger, Garlic, Valerian Root, and Fish Oil. |
| STOP ALL HERBAL MEDICINES | You may continue to take a multivitamin. |</p>
<table>
<thead>
<tr>
<th>7 DAYS PRIOR</th>
<th>If you are taking Plavix, hold this medication 7 days prior to your procedure unless instructed otherwise by our office or your prescribing physician.</th>
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<tbody>
<tr>
<td>DATE: __________</td>
<td>PLAVIX</td>
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<tr>
<th>5 DAYS PRIOR</th>
<th>If you are taking Coumadin/Warfarin, hold this medication 5 days prior to your procedure unless instructed otherwise by our office or your prescribing physician.</th>
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<tr>
<td>DATE: __________</td>
<td>COUMADIN/WARFARIN</td>
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<th>3 DAYS PRIOR</th>
<th>Examples: Multi-grain breads and cereals, oatmeal, poppy seeds, sesame seeds, all fruits with seeds, jams, tomatoes, cucumbers, popcorn, nuts, etc.</th>
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<tbody>
<tr>
<td>DATE: __________</td>
<td>ELIMINATE ALL SEEDS FROM YOUR DIET</td>
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<tr>
<th>DAY PRIOR</th>
<th>No solid foods of any kind the entire day. <strong>Avoid anything that is colored RED, ORANGE, OR PURPLE.</strong> We encourage you to drink plenty of clear liquids the day before the exam to prevent dehydration and for optimal preparation. *You may drink Boost or Ensure (without added fiber) for extra protein, but only until you start the laxative prep at 5:00pm.</th>
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<tr>
<td>DATE: __________</td>
<td>START CLEAR LIQUID DIET</td>
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<td></td>
<td><strong>Examples:</strong> Water, Popsicles, Jell-O, Black Coffee, Crystal Light, Soda Pop, Tea, Gatorade, Propel, Broth, Clear/Strained Juices</td>
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| LAXATIVE PREP                     | 5:00pm: Take 2 Dulcolax Tablets  
|                                  | 6:00pm: Drink the 10 ounce bottle of Magnesium Citrate  
|                                  | 7:00pm: Mix the entire bottle of MiraLAX in 64 ounces of a clear liquid (NO RED ORANGE OR PURPLE). Mix until completely dissolved. 
|                                  | Drink ½ (32 ounces) of the mixture at the rate of one 8 ounce glass every 15–30 minutes until half the bottle is gone. The remainder of the mixture is for the next day. 
|                                  | YOU CAN EXPECT TO HAVE MULTIPLE BOWEL MOVEMENTS SOON AFTER. Continue to drink clear liquids all evening. |

| DAY OF                            | 6 hours prior to procedure: Take the remaining 2 Dulcolax Tablets  
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<th>1 hour later: Drink the rest of the MiraLAX mixture at the rate of one 8 ounce glass every 15–30 minutes until it is entirely gone.</th>
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<tbody>
<tr>
<td>DATE: __________</td>
<td>CONTINUE CLEAR LIQUID DIET AND LAXATIVE PREP</td>
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</table>
• Drink 3 more 8 ounce glasses of clear liquid over the next hour.
• Expect to have another series of bowel movements, the color of urine.
• Continue drinking clear liquids up until 2 hours before your scheduled appointment.

2 hours prior to procedure:
Nothing more to drink

ADDITIONAL INSTRUCTIONS:

• Take all regularly scheduled medications, INCLUDING PAIN MEDICATION, unless otherwise specified.
• If you have SLEEP APNEA and use a CPAP machine – Please bring this with you to your procedure unless otherwise instructed.
• If you are a DIABETIC, please be sure to obtain additional instructions from the nursing staff today.
• Bring your insurance card to your procedure.
• Do not bring valuables to your procedure.
• Friends and family may not watch your procedure.
• If your procedure is scheduled at The Oregon Clinic ASC, your ride must come to suite 302 to pick you up in the Endoscopy Center prior to 5:00pm.
• There is a $100 charge for appointments not kept or not cancelled 48 hours in advance.
If anything changes in your MEDICAL CONDITION or your MEDICATIONS, please call 503-963-2707 and let your physician know before you come for your procedure.

- **How long is this procedure going to take?**
  - *Answer:* For procedures done in the TOC Endoscopy Center Suite 302, allow 2 hours total from the time you arrive until the time you are picked up and ready to go. For Providence Portland Medical Center, or Mt. Hood Medical Center, 2 ½ to 3 hours.

- **Can I drive myself home? How about taking a taxi or a bus home? Can I walk home – I only live a few blocks away?**
  - *Answer:* NO!! You will be sedated (made sleepy) for the test and, therefore, SOMEONE MUST DRIVE YOU HOME. You will not be allowed to take a taxi or bus UNLESS ACCOMPANIED BY SOMEONE. NO, you cannot walk home after the procedure. You will be rescheduled if you have no ride or don’t have someone to accompany you home.

- **Will all of the Miralax (Glycolax) fit into the 64 oz Gatorade bottle?**
  - *Answer:* No. You will have to pour out a small amount of the Gatorade to allow for the 238 grams of MiraLAX to fit into the Gatorade bottle. Make sure the MiraLAX is completely dissolved in the Gatorade. You must drink the entire bottle of the MiraLAX mixture to have an adequate prep.

- **When will I begin having bowel movements and what should I do if I don’t have a bowel movement?**
  - *Answer:* You should have results (start having bowel movements) after you have completed the entire prep. You may, however, start having bowel movements before finishing the entire prep and that is fine. YOU MUST FINISH THE ENTIRE PREP even if you are having bowel movements.

- **I threw up my colon preparation – what should I do?**
  - *Answer:* Please call the office if before 5:00 PM or the on–call physician if after 5:00 PM to receive further instructions. The physician may call in an anti-nausea medication or give you different instructions regarding the preparation. YOU MUST DRINK THE PREPARATION in order to be cleaned out for the procedure. Therefore, if you throw it up, your preparation is ineffective for the procedure.

- **What is a clear liquid?**
  - *Answer:* A clear liquid is a liquid that, if you hold the glass up to a newspaper, you can read the print THROUGH the glass. Therefore, a clear liquid is NOT milk, or any juice that has particulate matter e.g. orange juice. Coffee is okay BUT NO CREAM.

- **Can I take my medications while I am doing my colon preparation?**
  - *Answer:* YES. You can take your usual medications except as specified by your doctor (for example, blood thinners, which need to be discontinued per instructions on your sheet). Also, diabetic patients need to follow specific instructions given to them at the time of their office visit.
• I am getting hypoglycemic? What should I do?
  o Answer: You can take sugared products, even if you are diabetic. This includes Popsicles, Jell-O, sugared juices (e.g. apple, white grape), and sugared sodas. These are all fine to drink and are considered CLEAR LIQUIDS.

• I have a cold. Can I come in for my colonoscopy?
  o Answer: Yes. If your breathing is fine and you still feel well, you can come in for your procedure. Please reschedule if you feel very ill or if your breathing is compromised.

• Should I drink fluids with my preparation?
  o Answer: YES. You must drink plenty of fluids WITH your preparation. The laxatives can dehydrate you. Please drink fluids up until two hours before the procedure in order to avoid becoming dehydrated.

• I take Xanax/Valium/Ativan for anxiety. Can I take it before I come in for my procedure?
  o Answer: YES. Take your usual dose of the prescribed medication. However, be aware that you will be receiving additional sedation and you need to make sure your physician and the nurse are aware you took the medication.

• I take antibiotics before my dental procedures because of a heart murmur. Will I need them before the upper endoscopy/colonoscopy?
  o Answer: It depends on the exact heart problem for which you get antibiotics. For some procedures, particularly a colonoscopy, antibiotics are rarely required. Please make sure you mention this to your physician at the time of the office visit.

• Accidentally, I forgot I wasn’t supposed to eat seeds or I ate one of the things on the list that I wasn’t supposed to. Can I still do my colonoscopy the next day?
  o Answer: YES. Usually one or two dietary indiscretions will not ruin the preparation or the ability of your physician to see what needs to be seen at the time of colonoscopy.

• I take a lot of herbal supplements. Can I continue to use those before my procedure?
  o Answer: No, please discontinue any herbal or dietary supplements or medications that you may purchase at the store or receive from an alternative medical provider. They should be stopped 10 days before your procedure. Valerian root, garlic, and ginger are definite no-no supplements. These may affect blood clotting.

• My hemorrhoids are flaring because of the frequent diarrhea from the laxative preparation. Also, my perianal area is quite raw and chafed. May I use something for this?
  o Answer: Yes, you may use any traditional over-the-counter hemorrhoidal remedy such as Preparation H, Anusol HC cream/ointment, or Tucks medicated pads. Also, plain Vaseline, Desitin, or generic zinc oxide-containing cream (usually diaper rash creams) can be applied to the perianal skin prior to the start of your frequent bowel movements. This may help prevent the chafing and tender skin that will come from the diarrhea and frequent wiping. You may reapply as you need.
RISKS AND LIMITATIONS OF COLONOSCOPY

While colonoscopy is the best way we have to examine the inside of the colon, there are risks and limitations of the procedure that are important to understand. These include:

1. **Bleeding**. This may occur at the time of colonoscopy or days later if cautery was used (e.g. to remove a polyp). This happens in fewer than 1% of cases. If you are on any blood thinners you should ask your physician when to stop these prior to the procedure and when to restart them after the procedure.

2. **Perforation** (causing a tear or hole in the bowel wall). This occurs in fewer than 1 in a 1000 cases and is usually apparent before you are sent home. Surgery may be required to repair the injury.

3. **Reaction to the sedation or possible aspiration**. In rare instances, people may have allergic or adverse reactions to the medications given. Also, medication used for sedation can irritate the vein which causes a red painful swelling of the vein and surrounding tissue. In addition, there is a small chance that fluid from your mouth or stomach could enter your windpipe and cause pneumonia. This is very uncommon, and you are monitored closely during the procedure. Please inform your doctor if you have had any prior trouble with sedation or anesthesia.

4. **Missed polyps or cancers**. Unfortunately, colonoscopy is not perfect at looking at the entire colon, and areas behind folds and around corners may be difficult to see. We are also sometimes limited by the quality of the preparation, which may make it difficult to see polyps or, rarely, cancers. It is important to follow the preparation instructions closely for this reason. Thus, while a normal colonoscopy makes it unlikely that you have or will develop a colon cancer, it is not a guarantee.

5. **Infection**. The risk of developing an infection from a contaminated colonoscope is estimated to be 1 in 1.7 million.

Despite these risks and limitations, colonoscopy is the most complete way to evaluate the colon for polyps and cancers and has been shown to significantly decrease the risk of developing colon cancer.
PATIENTS RECEIVING AMBULATORY SURGICAL SERVICES
(ENDOSCOPIC PROCEDURES)

You will be billed for two separate components:
1. The physician services provided (professional fees) and the
2. Surgical suite (usage of the facility including recovery suite).

PLEASE NOTE: This fee does NOT include the initial consultation, lab or pathology or any follow up visits with our providers. This means that if, during your procedure, a biopsy is taken or tissue is removed, you will also receive a separate billing for any lab or pathology services deemed necessary during your procedure.

ANY BALANCE DUE is determined by your insurance company, depending on deductible and co–insurance responsibilities. If you have medical insurance, we are legally required to bill them for services we provide.

NON–COVERED SERVICES:

• If your insurance does not cover your procedure, THE OREGON CLINIC offers a reduced fee. We must bill your insurance and receive the denial before this discount can be applied to your bill.

• You are responsible for a $500.00 deposit on the day of your procedure for non–covered services or no insurance coverage. The clinic will bill you the remaining balance due on your bill, payable within 30 days. Non–covered services may not be determined until after the appointment is scheduled but you should be notified before the date of service.

• If during your procedure it is determined that an alternate procedure is necessary ( e.g. a polyp is removed during a “screening colonoscopy”) then this changes our billing obligation as we are required to bill your insurance for the change in service. Your out of pocket cost is determined by your insurance coverage.

IF YOU HAVE ANY QUESTIONS REGARDING THE BILLING, PLEASE CONTACT
THE OREGON CLINIC BUSINESS OFFICE AT: 503–963–2900
PHYSICIAN DISCLOSURE

During your course of treatment, your physician may refer you to The Oregon Clinic Endoscopy Center, which is located at 1111 NE 99th Ave, Ste 302, Portland, Oregon 97220.

The Physicians of The Oregon Clinic Portland Gastroenterology, hereby advise you that the Physicians of The Oregon Clinic Portland Gastroenterology have ownership interest in The Oregon Clinic Endoscopy Center.

Please be advised that you have the right to obtain healthcare services at any other endoscopy center, hospital or provider of your choice.

THE OREGON CLINIC ENDOSCOPY CENTER ADVANCED DIRECTIVE POLICY

Life-sustaining efforts will be initiated and maintained on all patients who may have a cardiac/respiratory event while at The Oregon Clinic Endoscopy Center. If available, copies of any advanced directives will accompany the patient transferred to another facility.
THE OREGON CLINIC PATIENT RIGHTS AND RESPONSIBILITIES

OUR RESPONSIBILITIES
As a patient of The Oregon Clinic you can expect:

- Considerate, respectful and compassionate care in a safe and secure environment.
- The right to personal privacy.
- The right to receive care free of all forms of abuse or harassment.
- The ability to exercise your rights without being subjected to discrimination or reprisal.
- The right to voice grievances regarding treatment or care that fails to be furnished.
- Information about your diagnosis, treatment, and expected result be provided by your specialist or designated staff in terms that you can understand before it has been performed.
- To receive the necessary information about a procedure or proposed treatment in order to give informed consent or to refuse this course of treatment.
- To know who it is that is interviewing and examining you.
- Within the confines of the law, you can review your medical records and all communications and records pertaining to your care will be treated as confidential.
- All patients have the right to examine and receive an explanation of their bill, regardless of the source of payment.
- All patients or any legal representative of the patient, have the right to exercise the patient’s rights to the extent allowed by State law.
- Have in effect and documented on your medical record any Advanced Directives concerning Living wills or medical powers of attorney. For further information visit www.oregon.gov/DCBS/SHIBA/advanced_directives.shtml

YOUR RESPONSIBILITIES
As a patient of The Oregon Clinic, you and/or your representative are expected to:

- Provide complete and accurate information about your health including present condition, past illnesses, hospitalizations, medications and any other information that pertains to your health.
- Provide complete and accurate billing information for claim processing and to pay bills in a timely manner.
- Ask questions when you do not understand what your doctor or a member of your health care team tell you about your diagnosis or treatment. You should inform
your doctor if you anticipate not following prescribed treatment or are considering alternative therapies.

- Keep appointments, be on time for your appointments and notify your physician as soon as possible if you cannot keep your appointments.
- Be respectful of others and their property while in The Oregon Clinic facilities.

Rev 11/2010