

TriHealth Digestive Institute

Prep Instructions for Colonoscopy with OsmoPrep Tablets

Location of Procedure: {endo locations:17161}	
DATE: ***	Arrival Time: ***
PHYSICIAN: {tdi providers:16561}	Procedure Time: ***

Patient Age: @AGE@

The OsmoPrep should not be used in people over the age of 65. People taking medications (especially blood pressure medications, water pills, and certain pain relievers) should not use this prep. Please contact our office for another prep if you are over the age of 65 or on any chronic medications

Please read these entire instructions several days before your actual procedure appointment.

PRIOR TO PROCEDURE:

YOU WILL NEED TO PURCHASE:

Osmo Prep Tablets (Prescription Required. Sent to your Pharmacy @PHARM@)

Diaper Rash Cream - Optional (Over the counter)

If you have any question, please call our office during regular business at 513-794-5600 for Ohio and 812-537-5558 for Indiana. You will be at the facility approximately 2-4 hours. Please make sure you arrange for someone to bring you to the procedure and most importantly, drive you home from your procedure. If you don't have a driver your procedure will be cancelled. There must be someone responsible for your welfare such as a friend or family member. You will not be allowed to leave the facility ALONE in a cab.

All current medications that you are taking should be continued in routine dosage unless you are taking prescribed blood thinners, iron, diabetic medications, Vitamin E or Fish Oil. If applicable, your specific instructions should be indicated below if you are on any of these types of medications. Please note that you should not stop taking your blood thinners until you get the OK with instructions from your doctor.

In addition, if you are taking Aspirin prescribed by your doctor then you should continue to take it. If you are taking Fish Oil or Vitamin E please stop taking 7 days prior to your procedure. If you take a diuretic/waterpill, don't take it the morning of your procedure.

Your Specific Medication Instructions:

You are on anticoagulation medication: {prep coag:18837}
You are on diabetic medication: {diabetic:18797}
You are on Iron Medication: {iron for preps:18794}

PLEASE DRINK PLENTY OF LIQUIDS.

DAY BEFORE PROCEDURE:

STEP 1: Begin a clear liquid diet in the morning (no solid food or dairy products). It is important to drink lots of fluids to prevent dehydration. Try to drink at least 8 ounces of liquid every hour.

CLEAR LIQUID DIET

Any clear fruit juices, WITHOUT PULP, soft drinks, clear broths, (beef or chicken bouillon is fine), coffee, tea, Kool-aid, Gatorade, Jello, Gelatin, and regular Popsicles, any type of hard candy, but not soft centers or chocolate. **Do not consume dairy products or liquids with RED, BLUE, OR PURPLE COLORING ADDED.**

STEP 2: At 9 A.M., (Begin First Regimen *) Take 4 OsmoPrep Tablets with at least 8 ounces of clear liquid (water works well) every 15 minutes. Take a total of 20 tablets. **Do not exceed 20 tablets.**
Remain close to toilet facilities

EVENING BEFORE PROCEDURE:

STEP 3: At 9 P.M., (Begin your second dosing regimen **). Take at least 4 OsmoPrep Tablets with at least 8 ounces of clear liquid (water works well) every 15 minutes. Take a total of 12 tablets. **Do not exceed 12 tablets. Remain close to toilet facilities.**

STEP 4: Take nothing by mouth after midnight until after the test. You may take small sips of water with your routine morning medications. Exceptions are listed on page 1.

*** First Regimen**

One dose (4 tablets with 8 oz of any clear liquid) every 15 minutes for a total of 5 doses (20 tablets).

****Second Regimen**

One dose every 15 minutes for a total of 3 doses (12 tablets)

FINAL INSTRUCTIONS

- This exam is most successful if these instructions are followed exactly as stated.
- If you use a CPAP machine at night for sleep apnea, please bring this with you.
- Bring a list of your current medications (including dosages) with you.
- Verify any questions about co-pays with your insurance.

If you are unable to keep this appointment you must give 72 hours (business hours) notice to allow us to fill this appointment time with another patient or you may be subject to a \$75.00 no show charge which is not covered by your insurance.

There may be times when we leave Personal Health Information on your answering machine. If you do not wish for us to do this, please call the office at 513-794-5600 (Ohio) or 812-537-5558 (Indiana).

Please contact your insurance company for specific information around the processing of your upcoming claim. There are multiple guidelines and interpretations from each insurance company that could make your claim be applied to your deductible especially around colonoscopies. When calling your insurance company, please be clear to indicate to them if you are having a screening colonoscopy, if you are having a problem that is causing you to have the colonoscopy or if you have a history of colon polyps as this could potentially impact how they will process your claim. Based on the information you have provided to us while scheduling your procedure, we will most likely use the procedure code and diagnosis listed below. Please note that these codes could potentially change based on what the physician finds during the procedure or if you indicate something different at the time of your procedure to the nurses or the physician. Once your claim has been billed we aren't able to go back and change diagnoses.

Procedure code: Colonoscopy CPT CODE: 45378 **Diagnosis code:** {primary dx:19602}

CLEAR LIQUID DIET

A liquid is "clear" if you can read something through it.

Example: When placing a glass with Apple Juice over a newspaper you are able to see the words, this is a clear liquid.

Drink plenty of fluids all day. Water can get boring, so keep a variety of clear liquids on hand.

Clear liquids include any of the following:

- Water
- White Cranberry, White Grape, Apple Juices (without any pulp)
- Honey
- Any powdered drink mix with water (Crystal Light, Kool-Aid, Etc. Except for No **RED, BLUE, OR PURPLE**)
- Any Soda (Except No **RED, BLUE, OR PURPLE**)
- Lemonade
- Sports Drinks (Except No **RED, BLUE, OR PURPLE**)
- Flavored gelatin/popsicles (No **RED, BLUE, OR PURPLE**)
- Broth/bouillon
- Coffee/tea with sugar (No Milk or Creamer)
- Gum
- Hard Candies (Do not chew)
- Special K Protein Water
- Although alcohol is a clear liquid, it can make you dehydrated. You should **NOT** drink alcohol during the preparation for your test.

Sample Menus of Clear Liquid Diets (These are only samples you do not have to use these)

Menu #1

Breakfast: Hot tea with lemon juice and 1 tsp sugar (no pulp); Apple juice (8 oz); Gelatin (1 cup)

Lunch: Hot tea with lemon (no pulp) and sugar; White Grape Juice (8 oz); Fruit Ice/popsicles (1 cup); Broth (8 oz)

Snack: Fruit juice (apple, white cranberry or white grape, 8 oz.); Gelatin (1 cup)

Dinner: Hot tea with lemon (no pulp) and sugar; Apple juice (8 oz); Broth (8 oz); Fruit ice/popsicles (1 cup)

Menu #2

Breakfast: 1 glass fruit juice; 1 cup coffee or tea (without dairy products); 1 cup broth; 1 bowl gelatin

Snack: 1 glass fruit juice; 1 bowl gelatin

Lunch: 1 glass fruit juice; 1 glass water; 1 cup broth; 1 bowl gelatin

Dinner: 1 cup juice or water; 1 cup broth; 1 bowl gelatin; 1 cup of coffee or tea (without dairy products)