

Important Things to Know:

1. 5 days before the procedure DO NOT TAKE: Warfarin (Coumadin), Aggrenox, Plavix, Effient, aspirin, iron or iron containing supplements, Vitamin E or Vitamin E containing supplements, fish oil, or any medications that are considered blood thinners. **Please call your cardiologist to get clearance before holding your prescription blood thinners.** DO NOT TAKE any fiber supplements such as Metamucil, Konsyl, Fibersure, Benefiber, or Fibercon.
2. If you have a living will or advance directive please bring a copy with you on the day of the procedure. If you do not have one, please disregard. It is required that a copy be placed in your chart, only if available.
3. If you usually take medications for blood pressure, heart problems or seizures it is recommended that you take them with only a sip of water first thing in the morning on the day of your procedure. If you have any chronic medical conditions that require continuous medications, please ask the prescribing doctor before stopping these medications.
4. **You must bring a driver with you.** All patients are sedated so if you do not have a driver the procedure cannot be performed and will be rescheduled. The person that comes with you is required to stay at LRDC during your procedure. No public transportation allowed which includes taxis, Medicaid rides, or other public transport (unless you have a family member or friend that will ride with you.)
5. Colon preparation affects everyone differently so you may want to bring an extra set of clothing and a towel with you in the event of an accident, especially if you are traveling a long distance. Wear comfortable clothing.

Preparation Instructions

2 days before your procedure begin you clear liquid diet at NOON.

The day before your procedure:

1. Continue on the clear liquid diet. The more liquids, the better. **NO SOLID FOODS.**
2. If you take medications at night, you may take those as you do regularly, as long as they are *not* included in the medications listed above.
3. Drink at least 8oz of clear liquid every 1-2 hours throughout the day.
4. Begin your Moviprep regimen at 2 pm. Follow this with **AT LEAST** five 8-ounce cups of clear liquids. *The more you hydrate, the more likely you will have a successful prep.*
5. At 7 pm, begin packet 2 of your Moviprep. Followed by at least three 8-ounce cups of clear liquids. **Have nothing to eat or drink after midnight.**

If you have heart, blood pressure, or seizure medications that you must take in the morning, you may take those with your liquids early in the morning.

Clear Liquid Diet

Clear liquids include any liquid that you can see through.

Avoid anything red or purple. Do not drink milk or milk products, vegetable juices, or fruit juices with pulp.

Some recommended items for you clear liquid diet:

Water	Clear Juice	Tea
Jell-O	Gatorade/Powerade	Kool-Aid
Lemonade	Black Coffee (no dairy)	Broth/Bouillon cubes

*Please call Dr. Hughes' nurse, Bethany, at (501) 221-5881 with any questions or concerns.

*Call the Endoscopy Front Desk at (501) 221-5845 with any questions the day of your exam.

**LITTLE ROCK DIAGNOSTIC CLINIC, PA
d/b/a LRDC ENDOSCOPY CENTER
PATIENT BILL OF RIGHTS**

Rights

As a patient you, or as appropriate, a legally authorized representative has the right:

- To be fully informed of your rights and the expectations regarding your behavior while at LRDC Endoscopy Center.
- If you do not speak or understand English, reasonable efforts will be made to provide an interpreter.
- To confidentiality of your medical record to the extent protected by law.
- To be provided considerate, respectful and safe care while maintaining your personal privacy.
- To be given care in a setting which is free from abuse and harassment.
- To know your diagnosis, treatment, health status, and any known prognosis. You may at your own request and expense consult with a medical specialist.
- To make decisions involving your treatment and consent for treatment or tests. You may refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal; however, when refusal of treatment violates ethical and professional standards, we may reevaluate our relationship with you.
- To access information in your medical records within a reasonable time frame.
- To be informed of any continuing healthcare requirements needed following discharge.
- To be free from restraint or seclusion that is clinically justified.
- To refuse to communicate with anyone not officially connected with LRDC Endoscopy Center or directly involved in your care.
- To participate in appropriate assessment and management of pain.
- To receive a detailed explanation of your total bill for services provided by LRDC Endoscopy Center at your request.
- To formulate an advance directive (such as a living will, health care proxy, or durable power of attorney for health care).
- To consent to participate in proposed research, investigation and clinical trials.
- To express a grievance* to the Management of the Little Rock Diagnostic Clinic without fear of reprisal, you may call 501-227-8000. *A grievance is defined as a question or concern not promptly resolved by staff who are present. You may also contact the Arkansas Department of Health directly at 5800 West Tenth Street, Suite 400, Little Rock, AR, 72204/ phone number /501-661-2201 or visit the website for the Office of the Medicare Beneficiary Ombudsman at www.cms.hhs.gov/ombudsman/resources.asp to lodge a grievance. This institution is an equal opportunity provider.

Arkansas Advance Directive

It is the policy of the surgery center that advanced directives will not be honored as all scheduled procedures are elective in nature. Therefore every effort will be made to sustain life. However, an advanced directive form will be provided if requested, as required by law.

1. The **Arkansas Declaration** is your state's living will. It allows you to state your wishes about medical care in the event that you either: (1) develop a terminal condition and are unable to make your own medical decisions; or, (2) you are in a permanently unconscious state. The Declaration becomes effective when you are in either of these states, your doctor and one other doctor has determined you are in such a state, and the Declaration has been communicated to your doctor.
The Declaration lets you name a Health Care Proxy to make decisions about your medical care – including decisions about life support – if you can no longer make your own decisions about health care.
2. The **Arkansas Durable Power of Attorney for Healthcare** lets you name someone to make decisions about your medical care any time you lose the ability to make medical decisions for yourself. Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).

Physician Interest and Ownership

The following physicians have ownership of this facility:

Drs. Lee Abel, James Abraham, Terence Angtuaco, Beverly Beadle, Timothy Boehm, Bradley Boop, Robert Brewer, Jennifer Co, Thomas Cain, Angelo Coppola, Mark Dyer, Raymond Edwards, Zulekha Hamid, James Hazlewood, Robert Henry, Samer Homs, Richard Houk, J. Brett Ironside, S. Michael Jones, R. Steven Jones, Thomas Kovaleski, Lisa Lowery, Cummins Lue, Hanan Makhoul, David McElreath, Ganesh Nair, Laura Otter, Elizabeth Berry, Richard Rapp, Allen Redding, Abdel-Rahman Saleh, Gerald Silvano, Robert Silzer, R. Paul Svoboda, Laura B. Trigg, Sue Ulmer and Paul Williams