

COLONOSCOPY - MagCitrates/MiraLax/MagCitrates

Your PROCEDURE is scheduled with:	■ Dartmouth-Hitchcock	■ St. Joseph Hospital
<input type="checkbox"/> Jack Bueno, MD <input type="checkbox"/> Prasanna Gulur, MD <input type="checkbox"/> Srikrishna Nagri, MD <input type="checkbox"/> Timothy Scherer, MD 603-577-4081	2300 Southwood Dr. Exit 8 “Bottom floor” Lower Level- Endoscopy Dpt. Nashua, NH 03063 <i>**Certain medical conditions require a hospital setting.</i>	172 Kinsley St., 2nd Floor- Endoscopy Dpt. Nashua, NH 03060 <i>Pre-Registration is required a week prior to your procedure.</i> PHONE 603-598-3323 OR Via the INTERNET http://www.stjosephhospital.com/

PATIENT NAME:	DATE:	PROCEDURE TIME:	ARRIVAL TIME:
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****Please note that scheduling conflicts with the Endoscopy unit sometimes occur due to emergencies and cancellations. We reserve the right to change the time of your appointment and will try to give you at least 24 hours' notice if possible. If you are unable to keep your appointment, please notify us in advance or we may not be able to reschedule you. Thank you.**

7 DAYS PRIOR	3 DAYS PRIOR	1 DAY PRIOR		PROCEDURE DAY
ARRANGE ride. NO DRIVING day of procedure Pg.2 REVIEW prep instructions REVIEW Medication list Pg.2 PREPARE a copy of your medication/allergy list CALL your prescribing provider for instructions on stopping blood thinners and/or diabetic meds CONTINUE to take your prescribed medications	PURCHASE- over the counter <u>10oz</u> bottle(s) of Magnesium Citrate 1- 8.3oz bottle of MiraLax/ generic laxative prep 1- 64oz bottle of clear liquid STOP eating seeds, peels & nuts	BREAKFAST- Prior to 9AM <i>Easy to prepare or Restaurant</i> OR <i>Healthy</i> 2 eggs any style with or without condiments 2 slices of white bread or 1 plain bagel with butter, jelly or cream cheese Coffee/tea with milk/cream & sweeteners	1 cup yogurt (no seeds, berries, nuts) 1 banana Coffee/tea with milk/cream & sweeteners	4 - 4 ½ HOURS Prior: Drink 1 bottle of Magnesium Citrate followed by (3) 10oz glasses of clear liquid in one hour Must take MEDS Pg.2 3 HOURS Prior: NOTHING BY MOUTH No GUM No Hard Candy No Smoking No Water ARRIVE 1 HOUR prior to procedure: BRING your Insurance card BRING your medication/allergy list/saline eye drops LEAVE all jewelry at home ALLOW 2 hours at the facility
		LUNCH- Prior to 1PM 1 plain chicken or turkey sandwich on white bread with condiments only, no lettuce or tomato OR 5 chicken tenders or 10 nuggets with condiments OR 1 cup macaroni and cheese OR 1 baked potato (no skin) with butter or sour cream	1/2 chicken breast- baked 1 cup cottage cheese with a small can or fresh (skinless) peach or pear	
		AFTER 1PM DRINK ONLY clear liquids Pg.2- NO Milk		
		START PREP		
		Drink 1 bottle of Magnesium Citrate Mix bottle of MiraLax into 64 oz. clear liquid drink slowly over 3 hours.	Last drink of the night 1 HOUR prior to bedtime Take your regular evening meds	

ALLOWED CLEAR Liquids	NOT ALLOWED
<p>CLEAR LIQUIDS - natural fruit juices without pulp, i.e. any flavor of Ocean Spray juices, Gatorade, Powerade ZERO (sugar-free), Kool-Aid, Crystal-Light, vitamin water, water or other fruit flavored drinks. <i>Don't pick anything too sweet!</i></p> <p>OKAY TO DRINK carbonated soft drinks-regular or diet; clear broth and bouillon (any flavor); Ice Popsicles; Jell-O-NO Red flavors</p> <p>Coffee & Tea (<i>NO milk/cream after 1pm the day prior</i>)</p>	<p>Alcohol</p> <p>Orange Juice</p> <p>Chalky antacids</p>

MEDICATIONS- CONTINUE TO TAKE 7 DAYS PRIOR to your procedure					
anti-anxiety, anti-depression, bipolar or psychiatric aspirin (low dose 81mg) asthma inhalers	blood pressure cardiac (heart) & beta-blockers daily narcotic	daily prescription meds seizure Tylenol			
<p>CALL YOUR prescribing provider for instructions on how to take your medications prior to and after your procedure if you take:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"> <ul style="list-style-type: none"> • Anticoagulants (Blood thinners) i.e. Aggrenox, Coumadin, Plavix, Pradaxa, Rivaroxaban, Ticlid or, Warfarin </td> <td style="width: 33%;"> <ul style="list-style-type: none"> • You are an insulin dependent Diabetic </td> <td style="width: 33%;"> <ul style="list-style-type: none"> • Lovenox injections must be stopped eight (8 hours) prior to the procedure </td> </tr> </table>			<ul style="list-style-type: none"> • Anticoagulants (Blood thinners) i.e. Aggrenox, Coumadin, Plavix, Pradaxa, Rivaroxaban, Ticlid or, Warfarin 	<ul style="list-style-type: none"> • You are an insulin dependent Diabetic 	<ul style="list-style-type: none"> • Lovenox injections must be stopped eight (8 hours) prior to the procedure
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MEDICATIONS- STOP 7 DAYS PRIOR to your procedure	
<p>NSAIDS-Non-steroidal anti-inflammatory drugs, i.e....</p> <p>Anaprox Advil (Ibuprofen) Motrin Aleve / Naprosyn (<i>Naproxen</i>) Arthrotec Indocin Lodine</p>	<p>Voltaren (<i>Diclofenac sodium</i>) Cold/sinus with Ibuprofen Cold/sinus with ephedrine Diet aids with ephedra Iron Pills Multi-vitamin with Iron</p>

3 HOURS Prior to your procedure TIME					
<p>TAKE ALL YOUR prescribed medications this morning with a sip of water:....including:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <ul style="list-style-type: none"> • anti-anxiety, anti-depression, or psychiatric • ASTHMA inhaler (bring with YOU) • cardiac(heart) & beta-blockers • daily narcotic • seizure </td> <td style="width: 50%;"> <ul style="list-style-type: none"> • Blood pressure- EXCEPT for Ace Inhibitors (Lisinopril, Enalapril, Benazepril, Quinapril, Ramipril) • Blood pressure- EXCEPT for Diuretics (hydrochlorothiazide, furosemide/Lasix) • Oral Diabetic meds (i.e. Metformin, Glyburide)-Take AFTER your procedure </td> </tr> </table>		<ul style="list-style-type: none"> • anti-anxiety, anti-depression, or psychiatric • ASTHMA inhaler (bring with YOU) • cardiac(heart) & beta-blockers • daily narcotic • seizure 	<ul style="list-style-type: none"> • Blood pressure- EXCEPT for Ace Inhibitors (Lisinopril, Enalapril, Benazepril, Quinapril, Ramipril) • Blood pressure- EXCEPT for Diuretics (hydrochlorothiazide, furosemide/Lasix) • Oral Diabetic meds (i.e. Metformin, Glyburide)-Take AFTER your procedure 		
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ARRIVE 1 HOUR Prior to your procedure TIME	
<ul style="list-style-type: none"> • Bring your glasses and do not wear your contact lenses. • Leave all jewelry at home including any body piercings • Okay to brush teeth and wear dentures • Bring your own saline drops-dry eyes may result 	<ul style="list-style-type: none"> • If menstruating, you may wear a tampon • Bring a COMPLETE list of ALL medications you're currently taking to the Facility with you

Example

- | | |
|----------|---|
| 10:00 AM | Colonoscopy Start Time |
| 9:00 AM | Arrive at designated Facility (1 hour prior to procedure time) |
| 7:00 AM | Stop intake of all fluids (3hrs prior to procedure start time) |
| 6:00 AM | Drink 10oz Magnesium citrate followed by 3 glasses of clear liquid |

TRANSPORTATION
<ul style="list-style-type: none"> • It's required that you have a ride home, and it's preferred that your ride stay and wait for you. No taxis, unless accompanied by a responsible adult. No walking home and no driving yourself due to anesthesia. • You cannot drive the remainder of the day of your procedure. Plan to return to work the following day.

If your Insurance plan changes once YOU HAVE BEEN SCHEDULED you must notify us directly as prior authorization may be required. Thank you.

INSURANCE Information

Check your insurance benefits. Questions to ask your insurance company:

1. **What is my coverage for a Screening colonoscopy (V76.51) with anesthesia administered by an anesthesiologist and potential pathology?** *Defined as patient having no current GI symptoms; over the age of 50; no personal or family history of GI colon polyps and/or cancer.*
2. **What is my coverage for a Surveillance/High Risk Screening colonoscopy (V12.72) with anesthesia administered by an anesthesiologist and potential pathology?** *Defined as patient having no GI symptoms; has a personal history of GI colon polyps and/or cancer OR family history of GI polyps and/or colon cancer.*
3. **What is my coverage if I have a Screening/Surveillance colonoscopy and polyps are found and removed?** *Ask if you are now subject to a deductible or have an out of pocket expense to include pathology.*
4. **What is my coverage/out of pocket expense for a Diagnostic colonoscopy with anesthesia administered by an anesthesiologist?** *Defined as a medical reason for having a colonoscopy; i.e. rectal bleeding, constipation, change in bowel habits, or other symptoms.*
5. **If you're having an EGD and a Colonoscopy, please verify any possible out of pocket expense for anesthesia administered by an anesthesiologist and/or pathology?**
6. **If your insurance company has trouble finding the Facility in their dictionary here are their Tax ID#'s.**
Dartmouth Hitchcock-222-519-596 St. Joseph Hospital-020-222-215

FINANCIAL ASSISTANCE

Arrangements for payment can be made by contacting the provider of service individually at the phone numbers listed below:

ANESTHESIA

- Nashua Anesthesia Partners- 978-226-3448 ask for Holly (**If your procedure is at Dartmouth-Hitchcock endoscopy**)
- Granite State Anesthesiology- 603-882-1501 (**If your procedure is at St. Joseph Hospital**)
 - Anesthesia provided at St. Joseph hospital is not covered if you receive NH Health Access Network (NHHN)

PROCEDURE

- Dartmouth Hitchcock- 603-577-4055 ask for Beth Harris
- St. Joseph Hospital- 603-882-3000 ask for Financial Assistance department

BILLING

Your procedure will be submitted to your Insurance carrier. All claims are billed out separately, by department (i.e. anesthesia, pathology, provider, facility). Dartmouth Hitchcock is considered an outpatient surgery center.

DID YOU Know?

- Our D-H data shows us that we find polyps on average in 74% of the screening colonoscopies performed.
- Basically there are two types of polyps:
 - Hyperplastic- typically benign and the most common found.
 - Adenomatous- are benign but have the potential to turn cancerous over time.
- One patient every 4 minutes is diagnosed with colon cancer in the US.
- For most people, colon cancer is preventable by having any and all polyps removed before they have a chance to become cancerous.
- Most often there are no signs or symptoms that someone has developed colon cancer.
- All polyps are removed or biopsied via a snare then cauterized and retrieved through suction or grasper.
- Colon cancer is the 2nd leading cause of death from cancer in the U.S. today and it affects both men and women equally and all races. Colon cancer is found in all segments of the colon.
- A majority of people who get colon cancer have no family history, no symptoms and are over 50.
- A Colonoscopy test is 96% accurate in the detection of polyps and colorectal cancer.
- For more information on your procedure go to <http://www.nlm.nih.gov/medlineplus/> or call 877-572-7423 ext. 747

What to Expect the Day of Your Colonoscopy

Preparation:

We ask that you arrive 1 hour prior to your procedure to begin the admitting process. This includes meeting with the anesthesiologist and your gastroenterologist. Your medical history will be reviewed and a signature of consent forms is required. An IV will be started and you will be connected to a heart monitor to measure your heart rate. A blood pressure cuff will be fitted for your arm and you may feel the cuff tighten a few times during the procedure in order to monitor your blood pressure. Oxygen will be administered and a probe (oximeter) will be attached to your finger to monitor your oxygen levels throughout the procedure.

Sedation:

An anesthesiologist will administer general anesthesia via IV (the standard at this time is Propofol). There is a charge for their services, and the vast majority of patients choose this option.

You will be asleep and wake up feeling refreshed. You may request conscious sedation (standard is Fentanyl (narcotic) and Versed (sedative)) which is given IV by the endoscopist/nurse during the procedure. You may or may not be asleep through the procedure. Recovery time can be a bit longer.

Position / Insertion:

Your colon does not have any pain fibers therefore you won't feel anything when a polyp is removed or biopsies taken. Air is used to smooth out the walls and expand the colon so that polyps that may be hiding in folds along the colon walls can be seen, which explains why you may feel some discomfort.

The goal of the procedure is to have the scope reach the cecum, which is where the small bowel connects. Once the scope reaches this level the doctor will slowly withdraw the scope, conduct their examination and remove any polyps found along the way.

Recovery:

Once you are in the recovery room you may find that you will have air left in the colon that will need to be expelled (it's ok to expel). If a very large polyp was removed, you may need to follow a full liquid diet for one or two days to protect the biopsy site. In some cases a metal clip is used to control any bleeding, but these clips will pass on their own. **DO NOT HAVE AN MRI for 2 months after your colonoscopy if metal clips were placed. It is also recommended you have an abdominal flat plate x-ray prior to your next MRI.** Your facility discharge papers will provide complete instructions.

You can resume your normal diet after the procedure unless otherwise instructed. If you have a biopsy or a polyp removed, you might notice a few drops of blood from your rectum- this is normal and can occur intermittently for up to 2 weeks. You will receive special written instructions after your procedure if you have a biopsy or polyps removed.

Do NOT RETURN to work after your procedure. Do NOT drink ALCOHOL after your procedure.

Pathology:

You will receive written notification from our office after a procedure if polyps were removed or biopsies were taken, which will include what type they were and recommendations for future colonoscopies. Recommendations are based on what type of polyps you had and your personal risk factors. You should expect to **receive this letter within approximately 2 weeks after the procedure.** A copy of this will be forwarded to your primary care provider.

In accordance to the standards of the facility any specimens removed during a procedure are sent to pathology for examination. Specimens removed at Dartmouth Hitchcock will be sent to Mary Hitchcock hospital Lebanon, NH. Specimens removed at St. Joseph hospital will be sent to St. Joseph hospital pathology.

RISKS AND POTENTIAL COMPLICATIONS

If you experience any of the following symptoms after your procedure:

- A fever over 101 degrees (38.3C).
- Prolonged or worsening abdominal pain or abdominal hardness.
- Nausea, vomiting, weakness or faintness.
- Bleeding from your rectum that is severe, or persists beyond 24 hours, or bleeding between bowel movements.

Go to the Emergency Room or call us at once.

Dr's. Bueno, Gulur, Nagri or Scherer at 603-577-4081

- Risks can include but are not limited to bleeding, infection, perforation, over sedation, and allergic reactions to the medication used. Surgery, transfusion and hospitalization may be required in the event of a significant complication.
- Complication rates can range up to 3%. This can occur when a biopsy or polypectomy is being performed, or up to several days after if a large polyp was removed.

Patient Rights and Responsibilities

PATIENT RIGHTS

Patient rights will be exercised without regard to sex, culture, economic, educational or religious background or the source of his or her background or the source of payment for care. Patient can expect:

1. Considerate and respectful care.
2. Appropriate privacy.
3. Patient disclosures and individual medical records are confidential, and secure except when required by law for reporting purposes. Patients have the right to sign a waiver of release if they so choose.
4. Patients, designated individual by the patient or legally responsible persons are provided to the degree known complete information concerning diagnosis, evaluation, treatment and prognosis.
5. Patients are given the opportunity to participate in decisions involving their healthcare.
6. Information is available to patients and staff regarding:
 - Patient rights
 - Patient Conduct and Responsibilities
 - Provisions for After Hour and emergency care- call 603-577-4081 first and MD on call will respond
 - Fees for Services- 1-800-238-0505
 - Payment arrangements or requesting financial assistance- 603-577-4055
 - Right to refuse to participate in experimental research
 - **Advance Directives** <http://www.healthynh.com>
 - Credentials of health care providers – will be offered on request
7. Patients have the right to change providers if another qualified provider is available.
8. Patients are informed about process of expressing suggestions, complaints, compliments or grievances
9. Dartmouth-Hitchcock patient relations 603-879-8497
10. Patient has the right to be free of all abuse or harassment.
11. Patient has the right to be fully informed about the treatment, procedure and expected outcome prior to procedure.
12. If a patient is adjudged incompetent under applicable state health and safety laws by court, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
13. If a court has not adjudged a patient as incompetent any legal representative designated by the patient may exercise the rights of the patient to the extent allowed by law.

14. A patient has the right to his or her rights without being subjected to discrimination or reprisal.
15. Patients have the right to choose another facility for their care.
16. The Dartmouth-Hitchcock Providers do not have a personal financial interest in Dartmouth-Hitchcock, Nashua ASC.

PATIENT RESPONSIBILITIES

1. Give accurate information about medical conditions, medications including over the counter products, dietary supplements and allergies.
2. Follow the treatment plan recommended by the provider and participate in your care.
3. Provide a responsible adult to transport them home from the facility. No driving at all after the procedure if receiving sedation or anesthesia.
4. Inform staff of a living will, medical power of attorney or advance directive that could affect your care if. It is advisable to have these signed and notarized documents scanned into the medical record for future use if needed
<http://www.healthynh.com>
5. Accept personal responsibility for charges not covered by insurance.
6. Be respectful of all health care providers and staff, as well as other patients.
7. Patients are responsible for their actions if they refuse treatment or do not follow the provider's instructions.

PATIENT COMPLAINT OR GRIEVANCE

- If you have a problem or a concern please speak to the receptionist, nurse or care giver, so we can address your concerns promptly.
- If necessary a concern can be addressed through the nurse manager 603-577-4241 or the Dartmouth-Hitchcock, Nashua Patient Relations Advisor 603-879-8497.
- If you are not satisfied with the response of the ASC, you may contact:

For Medicare and Medicaid patients you may contact:

- All Medicare beneficiaries may file a complaint or grievance with the Medicare Beneficiary Ombudsman @1-800-Medicare or write them at:
www.cms.hhs.gov/center/ombudsman.asp or
- Center of Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

This is your copy- you will be asked to sign a copy for your medical record when you arrive.