COLONOSCOPY - PATIENT PREP INSTRUCTIONS

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

- ARRANGE ride. NO DRIVING day of procedure (see Transportation section)
- REVIEW Prep Instructions
- REVIEW Medication List
- PREPARE a copy of your medication/allergy list
- CALL your prescribing provider for instructions on stopping blood thinners

MEDICATIONS – STOP TAKING 7 DAYS PRIOR TO AND UP TO DAY OF YOUR PROCEDURE

Aspirin - Only if your procedure is based on diagnosis of dysphagea (difficulty swallowing) or dilation

NSAIDS-Non-steroidal anti-inflammatory drugs, for example:

- Anaprox
- Advil, Motrin (ibuprofen)
- Aleve
- Arthrotec
- Cold/Sinus with ephedrine
- Cold/Sinus with ibuprofen
- Diet aids with ephedra
- Indocin
- Iron Pills
- Lodine
- Multi-vitamin with iron
- Voltaren (Diclofenac sodium)

1 DAY PRIOR

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Prior to 9am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to Prepare or Restaurant</td>
<td>OR</td>
</tr>
<tr>
<td>2 eggs any style with or without condiments</td>
<td>1 cup yogurt (no seeds, berries, or nuts)</td>
</tr>
<tr>
<td>2 slices of white bread or 1 plain bagel with butter, jelly, or cream cheese</td>
<td>1 banana</td>
</tr>
<tr>
<td>Coffee/Tea with milk/cream and sweeteners</td>
<td>Coffee/Tea with milk/cream and sweeteners</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lunch</th>
<th>Prior to 1pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to Prepare or Restaurant</td>
<td>OR</td>
</tr>
<tr>
<td>1 plain chicken or turkey sandwich on white bread with condiments, no lettuce or tomato</td>
<td>½ chicken breast – baked</td>
</tr>
<tr>
<td>OR</td>
<td>1 cup cottage cheese with a small can of fresh (skinless) peach or pear</td>
</tr>
<tr>
<td>5 chicken tenders or 10 nuggets with condiments</td>
<td></td>
</tr>
</tbody>
</table>
OR
1 cup macaroni and cheese
OR
1 baked potato (no skin) with butter or sour cream

AFTER 1pm – DRINK ONLY clear liquids – NO Milk

ALLOWED LIQUIDS

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. Don't pick anything too sweet!

OKAY TO DRINK - carbonated soft drinks-regular or diet; clear broth and bouillon (any flavor); Ice Popsicles; Jell-O-NO Red flavors; Coffee & Tea (NO milk/cream after 1pm the day prior)

DIABETICS - Drink regular, sugary drinks along with diet to keep your blood sugar in normal range

NOT ALLOWED LIQUIDS
Alcohol, Orange Juice, and Chalky Antacids

1 DAY PRIOR START PREP

Please Note: If you were instructed to purchase 2 bottles of Magnesium Citrate, drink ONLY one bottle at 3pm today, then drink the other bottle day of procedure.

Mix bottle of MiraLax into 64 oz clear liquid and drink slowly over 3 hours beginning at 5pm

Last drink of the night 1 HOUR prior to bedtime

Take your regular evening meds

PROCEDURE DAY 3– 3 ½ HOURS PRIOR TO YOUR ARRIVAL TIME

Drink 1 bottle of Magnesium Citrate followed by three (3) 10 oz glasses of clear liquid within ONE HOUR

Must take Meds (See Medications Section on first page)

PROCEDURE DAY
NOTHING BY MOUTH 2 HOURS PRIOR TO YOUR ARRIVAL TIME

No Gum, No Hard Candy, No Smoking, and No Water

PROCEDURE DAY
DO NOT TAKE ANY OF THE FOLLOWING PRESCRIBED MEDS:
Blood pressure - Ace Inhibitors (Lisinopril, Enalapril, Benazepril, Quinapril, Ramipril)
Blood pressure - Diuretics (hydrochlorothiazide, furosemide/Lasix)

Please Note: If you have an ASTHMA inhaler, bring it with you to your Procedure. After your procedure you may take Oral Diabetic meds (i.e. Metformin, Glyburide)

PROCEDURE DAY
- Bring your glasses and do not wear your contact lenses
- Leave all jewelry at home including any body piercings
- Bring your own saline drops - dry eyes may result
- If menstruating, you may wear a tampon
- Bring a COMPLETE list of ALL medications you are currently taking to the facility with you

TRANSPORTATION
- 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.

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

Check your insurance benefits. Questions to ask your insurance company:
1. What is my coverage for a Screening colonoscopy (Z12.11) 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 (Z86.010) 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-(603) 889-2624 ask for Kelly
  *(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 Krista Anel
- 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 will give you the arrival time which is typically 1 hour prior to your procedure to begin the admitting process. Please make note of the ARRIVAL TIME. 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, 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 choose to do so.
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 staffing 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 - call 1-800-238-0505
   - Payment arrangements or requesting financial assistance - call 603-577-4055
   - Right to refuse to participate in experimental research
   - Advance Directives [http://www.healthynh.com](http://www.healthynh.com)
   - Credentials of health care providers - will be offered on request
7. Patient 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 - call 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. It is advisable to have these signed and notarized documents scanned into the medical record for future use if needed. [http://www.healthynh.com](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 caregiver, so we can address your concerns promptly.
• If necessary, a concern can be addressed through the nurse manager - call 603-577-4241 or the Dartmouth-Hitchcock, Nashua Patient Relations Advisor - call 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 - call 1-800-Medicare or write them at http://cms.hhs.gov/center/ombudsman.asp
    • Center of Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244