

Procedure Date:	Location: <input type="checkbox"/> Endoscopy Center 715 N. Weber Street <input type="checkbox"/> Memorial Hospital 1400 East Boulder Street	Check In Time:	Procedure Time:	<u>Approximate Pick-Up Time:</u>
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***PROCEDURE CANCELLATION POLICY** – there is a 48 hour cancellation policy. If, for whatever reason, you are unable to keep this appointment, you **MUST** contact our office **48 hours prior** to your scheduled procedure date/time to cancel or reschedule. **Failure to do so may result in a \$150.00 cancellation fee.**

IMPORTANT PATIENT INSTRUCTIONS:

Please read and follow these instructions in preparation for your scheduled procedure.

- Please complete and sign all paperwork. Please ensure all forms are completed thoroughly.
- Completed paperwork must be returned to our office at least **14 days prior** to your procedure.
- Please provide a copy of your current insurance card(s) and photo ID (*front/back*) with your paperwork.
- Review your prep instructions **in advance**. Please ensure you are clear on how and when to start and complete the prep you have been given. Contact our office if you have any questions.
- It is imperative you follow your prep instructions and complete the entire prep to ensure a proper examination. **Please pay close attention to the cutoff time for eating & drinking!**
 - **DO NOT** take any aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs) **5 days prior** to your procedure.
 - **NOTHING BY MOUTH 4 hours prior** to your procedure. (unless otherwise noted on your prep instructions) ***NO Clear Liquids, NO Solid Foods – this includes DAIRY & CREAMER. NO Gum, Candy, Mints, Lozenges or Chewing Tobacco.**
 - If you utilize and asthma inhaler(s), please bring your asthma inhaler(s) with you.
- You are required to have a responsible adult (**18 years or older**) drive you home after your procedure. **NO TAXI'S, BUSES OR WALKING** is allowed.
- Please have a driver arranged to pick you up after your procedure. If they must leave, we require a contact number be left with our office.
- You must arrive at your scheduled Check In time. Failure to do so may result in your procedure being cancelled or rescheduled.
- If you are responsible for any payment, insurance co-pay or deductibles for your procedure, it is due at time of Check In. *Payment arrangements (if applicable) must be made and approved by our office **prior** to your procedure.

PATIENT INFORMATION FOR EGD (Upper GI Endoscopy)

DO NOT take any aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs) 5 days prior to your procedure.

- This includes Motrin™, Advil™, Aleve™, Fiorinal™, Relafen™, Celebrex™, and all ibuprofen-type medications. Make sure your physician knows if you are taking any “blood thinning” medications (i.e. Coumadin™, Warfarin™, Plavix™, Heparin™, Ticlid™ or Lovenox™).
- You MAY take Tylenol™ (acetaminophen) products; as long as you don't have any advanced liver problems.

NOTHING BY MOUTH 4 HOURS BEFORE YOUR PROCEDURE

- NO CLEAR LIQUIDS – NO SOLID FOODS
- NO GUM, CANDY, MINTS, LOZENGES OR CHEWING TOBACCO!!
- *NO DAIRY or POWDERED/LIQUID CREAMER products in COFFEE!

After your initial evaluation by the admitting nurse, an IV will be started. You will then walk to the procedure room, where your vital signs will be monitored throughout the procedure. You will then be asked to lie on your left side and the physician will do a brief examination before any medications are given. The medications used for sedation (i.e. Versed™, Fentanyl™, Propofol™) will be injected through the IV that was previously started. Once the initial doses of medications are given, a bite block will be placed to keep your mouth open and to protect your teeth. The scope will then be passed through your mouth, down your esophagus into your stomach and into the first part of the small intestine. At this time, the physician may take biopsies and/or remove small growths. The biopsies will be sent to a pathologist (i.e. Miraca Life Sciences, Memorial Hospital, etc...) for further testing. You will receive written results from our office within 7 to 10 business days.

Possible complications of the procedure may include (but are not limited to) reaction to medications, irritation or infection at the IV site, bleeding or perforation of the hollow organ, which is rare. If such a rupture happens, it may need to be surgically repaired.

The medications you are given can make you sleepy and/or lethargic; for this reason you **MUST** have a ride home. **You MUST be accompanied by a friend or relative, 18 years or older, to drive you home. You MAY NOT drive, or go home by taxi or bus. THIS IS FOR YOUR SAFETY!**

Please do not hesitate to call our office at (719) 473-6115, if you have any questions, or need further information.

ACKNOWLEDGEMENT OF DRIVING POLICY

I, “*the patient*”, acknowledge that I have been informed that I **MUST** have someone to drive me home (no public transportation or walking) after my procedure has been performed. I understand that if I do not have adequate transportation when I check-in for my procedure, The Digestive Disease Endoscopy Center will **reschedule my procedure (with a \$150.00 cancellation fee) OR proceed without sedation.** I understand that I cannot drive for a **full 24 hours** after receiving sedation. Should I decide to go against this policy I release Digestive Disease Endoscopy Center of all responsibility of anything that might occur within the 24 hour period of time.

NOTICE of POLICY REGARDING ADVANCED DIRECTIVES

DDEC requires the following notice be given to each patient prior to the scheduled procedure in order to be in compliance with the Self-Determination Act (PSDA) and State laws and rules regarding advance directives. Advanced directives are statements that indicate the type of medical treatment wanted or not wanted in the event an individual is unable to make those determinations and who is authorized to make those decisions. The advanced directives are witnessed prior to serious illness or injury.

In the ambulatory care setting, if a patient should suffer a cardiac or respiratory arrest or other life threatening situations, the signed consent implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with federal and state law, **this facility (DDEC) is notifying you it will NOT honor previously signed advanced directives for any patient.** Upon admission, you will be required to initial acknowledgement of the above information.

If you have questions, please call (719) 473-6115.

Receipt of this release form acknowledges you have read and fully understand the information presented.

DIGESTIVE DISEASE ENDOSCOPY CENTER PATIENT BILL OF RIGHTS

ALL PATIENTS HAVE THE RIGHT TO:

Be treated with respect, consideration and dignity.

Receive services without regard to race, color, age, sexual orientation, religion, marital status, handicap, national origin or sponsor.

Be provided reasonable physical access.

Be provided a secure environment for self and property.

Be provided with appropriate privacy.

Expect that all disclosures and records are treated confidentially, except when required by law, and to be given an opportunity to approve or refuse their release.

Be provided, to the degree known, complete information concerning your diagnosis, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a legally designated person by the patient.

Be given the opportunity to participate in decisions involving their health care, except when participation is contraindicated for medical reasons.

Receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment, except in emergencies. Such information for informed consent should include the specific procedure and/or treatment, significant medical risks involved, and the probable duration of incapacitation. Where significant alternatives for medical care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information and the consequences of not complying with therapy.

Be informed when appropriate, of the treatment policy for an un-emancipated minor not accompanied by an adult.

Refuse treatment and be informed of consequences of refusing treatment or not complying with therapy.

Be informed as to:

- Expected conduct and responsibilities as a patient
- Services available from the facility
- Provisions for after-hours and emergency care
- Fees for service
- Payment policies
- Methods for expressing grievance and suggestions to the facility
- Disclosure of ownership
- Procedure for reporting public health concerns to the appropriate authorities

Be informed of their rights to change physician

For patient concerns contact the Manager @ (719) 473-6115 ext. 200 or 230 or any of the following agencies:

- JCAHO @ complaint@jointcommission.org
- The CO Dept. of Health & Environment @ www.HealthFacilities.info
- The Department of Regulatory Agencies @ www.dora.colorado.gov
- The Medicare Ombudsman @ www.Medicare.gov.

Notice: The Digestive Disease Endoscopy Center is owned in its entirety by Abbass Shafii, M.D.

Frequently Asked Questions

1. How many bills or EOBs (explanation of benefits) should I expect after my procedure?

There may be 3 or 4 claims put through to your insurance company – Digestive Disease Clinic (physician charge), Digestive Disease Endoscopy Center (facility charge), an anesthesia charge and Miraca Life Sciences (pathology for biopsies/polyps).

2. What is an ABN Form* and why are there 3 of them? (*Medicare ONLY patients)

The ABN form is a federally mandated form from Medicare. There are 3 forms – one is for the physician's charges, one is for the facility charges, and one will be for the anesthesia charges. These are to inform you of the estimated charges for your procedure. You will need to select 1 of the 3 options and sign and date.

3. How long does the procedure(s) take?

The **colonoscopy** will take approximately **15-20 minutes**. The **EGD (upper scope)** will take approximately **10 minutes**. **ALL** times are approximate, depending on the procedures before yours.

4. Does my ride have to stay for my procedure?

No, your ride can leave while you are having your procedure. We require that your ride leave a phone number with the receptionist, so we can notify them when you are ready for pick up.

5. So how will I know if I am cleaned out for my colonoscopy?

If you are cleaned out, the fluid that you will be passing should be yellow to clear. It should not be any shade of brown or have any stool particles left in it.

6. Can I stop the prep, if I am passing yellow to clear fluids; before having finished all of the 8 oz. glasses?

No, do not stop. Drink the entire prep. **This applies only if you are having a colonoscopy.**

7. What if I am not cleaned out the day of the procedure?

Please, take an enema at home. If the fluid after the enema is still not yellow to clear, we will ask you to do another enema at the time of our arrival in the Endoscopy Center. The nurse will assess the fluid that you are passing. If you are not clean, we may consider rescheduling you for the next day to optimize the success of the colonoscopy.

8. Will I have pain where the biopsies were taken?

No, you will not. The inner lining of the bowel has no pain receptors. Therefore, you should not have any discomfort at the biopsy sites.

9. When can I eat or drink again?

You will get something to drink in recovery. Once you are discharged, you can usually eat a normal diet right away, unless the doctor tells you otherwise. We recommend starting out with small and easy to digest meals.

10. When will I have a normal bowel movement after my colonoscopy?

Sometimes it can take a few days for everything to return to normal. It mostly depends on the amount of food and fluid that you are ingesting afterwards.

11. When will I get the results?

You will get a detailed picture report right after your procedure is over. If the doctor took biopsies, we send those to a lab, and will call you in about 7 – 10 days with the results.

12. Will my primary care or referring provider get a report as well?

Yes, we will send a written report to any doctor that you would like us to. A copy automatically goes to your referring provider that you have listed on your patient demographic sheet, unless you request otherwise.

13. Where does my ride park?

There is parking behind the building – you will be discharged through the back of the building. Please take Monument or Dale Street - go ½ way down the block to the alley. You will see blue awnings on the back of the building that say Digestive Disease Clinic.