Colonoscopy

Your procedure is scheduled on: _____(Date)

Please check in at the Reception desk at _____. Your procedure is scheduled for _____.

Pre-Procedure Information:

To schedule your procedure, please call Centers for Gastroenterology at 970-207-9773

- ✓ ***Harmony Surgery Center is located at***:
  2127 East Harmony Road, Suite 200
  Fort Collins, CO 80528
  If you need directions to our facility, please visit our website at www.harmonyasc.com

- ✓ ***Please Remember***
  - ✓ ***You must have a driver to take you home. Your driver will need to be 18 years of age or older and must be willing to sign you out as your responsible party. You will not be permitted to drive or take a cab home after the procedure. You are not allowed to drive until the next day. If you do not have a driver your appointment will be cancelled.***
  - ✓ Please leave all jewelry and valuables at home.
  - ✓ Please bring your **Insurance Card** and a **Photo ID** (driver's license, passport or military ID).
  - ✓ If you need to cancel or reschedule your procedure for any reason, please call our scheduling department at 970-207-9773. If you cancel with less than one weeks' notice, you may be charged $250.00 from ***Harmony Surgery Center***. If the cancellation is within a 72-hour notice before your procedure you may also be charged a $300.00 cancellation fee from your physician's office - ***The Centers for Gastroenterology***.

General Information:

- ✓ The laxative will cause diarrhea. Good visualization of the colon depends on adequate colon cleaning.
- ✓ If you are unable to complete your prep, notify Harmony Surgery Center at 970-297-6303. If you have an urgent request ***after hours***, please call 970-207-9773 and the gastroenterologist on-call can assist you.
- ✓ Take your medications as you normally would up until 4 hours before your procedure.

Centers for Gastroenterology
Specialists in Digestive Health

COLONOSCOPY PREP – Golytely/Colyte/Nulytely

Please read the following instructions carefully at least 7 days before your scheduled procedure.
It is absolutely necessary that you complete the following instructions, with no changes, unless specified by your physician.

TIMELINE	What YOU Need to Do	Comments
7 days before procedure	▪ **Avoid ALL Nuts, seeds, corn, and RAW green vegetables** ▪ Arrange for a responsible adult to drive you to the facility on the day of your procedure ▪ **IF YOU TAKE BLOOD THINNER PRODUCTS**: Follow the instructions for your blood thinner products as you were directed by your GI physician, cardiologist, or prescribing physician. ▪ **IF YOU TAKE INSULIN PRODUCTS OR ORAL DIABETES PILLS**: Contact your physician to obtain specific directions for dosages on the day before and day of your procedure.	**You will need a responsible adult to drive you home from the procedure. It is the facilities policy to cancel the procedure if you do not have a ride home.**
5 days before procedure (or as soon as it is ordered go and get your prep and Dulcolax)	▪ Go to the pharmacy and pick up the following: ☒ Your prescribed Golytely/Colyte/Nulytely Kit ☒ ****1 box with at least 2 Bisacodyl (Dulcolax) laxative tablets (do not use stool softeners) you will find this over the counter in the laxative aisle**	**You will find this over the counter in the laxative aisle, it is NOT a prescription.**
1 day before procedure	▪ **BREAKFAST:** You may have a **light** breakfast. **This MUST be completed by 9AM.** ▪ Choose from **ONE** of the following: ○ White bread/toast **OR** ○ Rice cereal **OR** ○ Cream of wheat **OR** ○ Eggs **You may also have the following:** ○ Milk ○ Juice (no red, blue, or purple) ▪ **After 9am and until AFTER YOUR PROCEDURE, do not eat anything and drink only clear liquids** (no red, blue, or purple). Clear liquids include: ▪ Water & Tea ▪ Plain coffee, no creamer or milk ▪ Clear juices such as apple or white grape juice ▪ Lemonade from powdered mix ▪ Kool Aid or Crystal Light ▪ Clear Soda (7-Up, Sprite, Ginger Ale) ▪ Gatorade/PowerAde ▪ Fat free broth/ bouillon/ consommé ▪ Plain/flavored gelatins **(no fruit added)** ▪ Italian ices, sorbet, popsicles	▪ BREAKFAST MUST BE COMPLETED BY 9AM ▪ CLEAR LIQUIDS ONLY AFTER 9AM

Centers for Gastroenterology
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COLONOSCOPY PREP – Golytely/Colyte/Nulytely

TIMELINE	What YOU Need to Do	Comments
1 day before your procedure at **12:00PM**	☒ **Take 2 Bisacodyl (Dulcolax) laxative tablets.**	***You will find this over the counter in the laxative aisle, it is <u>NOT</u> a prescription.**
1 day before your procedure at **5:00PM**	▪ **Mix the Colyte/GoLytely/NuLytely with 1 gallon (4 liters) of water in the container provided.** ▪ **Shake or mix well.** ▪ You may chill the solution but do not ice it. To improve the taste, you can add Crystal Light (not red or purple colored) to the prep ▪ Continue with clear liquids for the rest of the evening	Stay close to restroom. You may use baby wipes or A&D ointment to alleviate discomfort from your prep results.
1 day before your procedure at **6:00PM**	**1. Begin drinking the prep solution.** **2. Drink 8 ounces (1 cup) every 10-15 minutes until you have drunk 12 cups. This is ¾ of the gallon container.** **3. Save 4 cups (or ¼ of the container) for the next morning.** **4**. Continue drinking clear liquids for the rest of the evening	
DAY OF PROCEDURE: **FIVE hours prior before check-in time** (For example, if you are to check-in at 7:15am, you will need to get up at 2:15am and drink the rest of the liquid in the gallon container.)	▪ You may take your medications as instructed (especially heart and blood pressure) up to 4 hours prior to checking in for your procedure. ▪ **Begin drinking the remaining prep solution.** ▪ **Drink 8 ounces (1 cup) every 10-15 minutes until you have finished the remainder of the gallon container.** ▪ Follow specific directions given by your physician regarding insulin, oral diabetic pills, and blood thinners. ▪ **After that, stop all fluids.** ▪ **Nothing by mouth, including gum, mints, and candy starting 4 hours prior to your procedure until after your procedure is complete.**	**DO NOT take any medications <u>after</u> completing your 2nd dose of prep.** Your bowel movements will turn watery and -toward the end of the prep-will appear yellow or clear. If the bowel movement is NOT YELLOW OR CLEAR, notify the pre-op nurse when you arrive at the facility.
Appointment time	▪ Arrive at your appointment check-in time with your responsible adult driver (see page 1).	**For your safety, your procedure will be cancelled if you do not have a ride home arranged.**

<u>VIDEO INSTRUCTIONS ALSO AVAILABLE WITH QR CODE</u>

Open the camera on your cell phone and center the viewfinder over the QR code. Tap on the notification that appears in the viewfinder of the camera to be directed to the video instructions.

Colonoscopy Consent Form
Informative copy only, please do not fill out

I,_____permit Dr._____and any other assistant needed in performing the procedure my doctor has recommended. The procedure my doctor has recommended is a COLONOSCOPY which is defined below and may include any of the following:

Colonoscopy: Examination of the large intestine with a flexible tube which is passed through the anus.
Biopsy: Removal of small pieces of tissue from within the intestine for analysis.
Polypectomy: Removal of small growths from within the intestine.
Hemorrhoid Ligation: Endoscopic ligation of internal hemorrhoids

Benefits of a colonoscopy include but are not limited to the following: The lining of the colon is surveyed for inflammation, tumors, polyps, blockage from post-surgical colon stricture, and bleeding sites. Pre-cancerous polyps can be removed before they turn into colon cancer.

Alternatives to colonoscopy include: Doing no testing, the colon being alternatively viewed by barium enema x-ray and if abnormal one would require a colonoscopy, polyps may be removed through a surgical procedure.

Risks associated with a colonoscopy:

1. These are very accurate procedures, but as with any medical test, there is a small chance of missing something (polyps and/or cancer).
2. Possible rare complications associated with Colonoscopy include:
   - Perforation (making a hole) in the colon or intestine, which would require admission to the hospital and surgery for the correction of the perforation.
   - Bleeding (either immediate or delayed a few weeks) particularly if a biopsy is taken or a polyp is removed.
   - Heart or lung problems, aspiration, pneumonia.
   - Reaction (allergy) to medications.
   - Infection
   - Extremely low risk of injury to the spleen during a colonoscopy.
   - Hemorrhoid ligation: Pain, bleeding, urinary symptoms, edema, tissue ulceration and band dislodgement
3. Any procedure which involves anesthesia/sedation has some risks.

I consent to the administration of intravenous medications during this procedure. The primary intent of administering this medication is to produce a state of relaxation while still being able to breath easily, swallow, answer questions and follow simple commands. You may lose consciousness and possibly be fully or partially immobilized. Recall of events during this procedure may also occur. The administration of medication carries some risk of complication. Few complications occur, most are minor and last only a short time. Some of the complications that rarely occur are: over sedation, low blood pressure, slow or ineffective breathing, pneumonia, and prolonged recovery time. Should any complication arise, both the physician directing the administration of these medications and the anesthesia provider who are with you are prepared and trained to intervene with the necessary treatment.
It has been explained to me that during the course of the procedure, unforeseen conditions may be revealed that necessitate an extension of the initial procedure or a different procedure than set forth above. I therefore authorize and request the above named physician or his designated consultants perform such procedures that are in his judgment necessary and desirable.

I consent to the study and retention or disposal of tissue parts that may be removed during the above procedure.
I consent to the presence of observers in the operating room, such as students, medical residents, medical equipment representatives, or other appropriate parties approved by my physician(s). Medical students may participate in my surgical care under the direct supervision of my physician(s).

I consent to the taking of photographs (including motion pictures) and the preparation of drawings and similar illustrated graphic material, and I also consent to the use of such photographs and other materials for scientific purposes in accordance of this institution.

Your physician and anesthesia provider are not employees of the Center; they are agents of you. The Surgery Center is responsible for and provides supportive nursing and procedural services. The Surgery Center is not responsible for actions of the physician or anesthesia provider.

I have had sufficient opportunity to discuss this procedure with Dr._____and I understand the nature of the procedure, the possible benefits, risks (including need for surgery), and alternatives listed.

HARMONY SURGERY CENTER, LLC
Patient Admission Assessment Form

Allergies (medications, latex, products):

☐ None

Do you or your responsible party need information on the following (circle needs)? Medications Treatment/Procedures Current Illness Follow-up care Diet/Nutrition Hygiene/Grooming/Oral Care Home Care Community Resources Equipment

Preferred Learning Method (circle)? Listening Demonstration Reading Hands-on Other:

Barriers to learning or care (circle)? Cognitive Hearing Reading/Writing Language Culture Vision Emotional Physical Financial Religion Other:

Pain Evaluation: Current Pain? ☐ Yes ☐ No If yes: Pain level (1-10)_____ Location:
Description (circle): Dull Sharp Burning Aching Current pain treatment:

Please list any belongings you have with you:
Note: HSC is not responsible for belongings. Please give all valuables to your ride home.

Who is taking you home today? (note – you are advised to have a responsible adult with you for 24 hours after procedure**):**

Name of Ride: _____ **Phone Number:** _____
**Prior to your discharge, do you grant our staff permission to go over procedural information, medications and discharge instructions with your ride? ☐ Yes ☐ No

Health History:	Yes	No
Seizure/stroke or other neurological problem? Describe:		
Problems with your heart? Describe:		
Chest pressure, chest pain?		
Shortness of breath with exertion or exercise?		
Pacemaker or defibrillator?		
Cardiac stent/blood vessel stent or cardiac bypass?		
High blood pressure?		
Blood thinner medication? Clotting problems?		
Take aspirin or aspirin-like meds (i.e., Motrin, Aleve, Ibuprofen, etc.)?		
Blood disorder? Describe:		
Autoimmune disorder? Describe:		
Lung problems or problems breathing? Describe:		
Do you currently smoke?		
Have you ever smoked? When did you quit?		
Supplemental oxygen?		
Sleep apnea? CPAP? Oxygen at night?		
Kidney problems?		
Gastrointestinal problems?		
Liver problems?		
Diarrhea or abdominal cramping? For how long?		
Thyroid, Parathyroid, or adrenal gland problems?		
Cancer treated with chemotherapy or radiation?		
Have you had surgery on any of the following? ☐Heart ☐Brain/Spine ☐Transplant ☐Implants		
Have you been hospitalized in the last 90 days?		

	Yes	No
Currently have a contagious or infectious condition? Describe:		
Illness, infection or fever in the past 2 weeks?		
Diabetes and/or high blood sugar?		
Taken steroids (i.e. Prednisone) in the last year?		
Suffer from anxiety, depression, panic attacks or PTSD?		
Used recreational drug(s) within the last 3 days?		
Smoked or consumed marijuana in the past 3 days?		
Drink alcohol? ☐ Daily ☐ Weekly ☐_____		
Dentures or problems with your teeth?		
Eye or vision problems?		
Hearing problems? ☐ Hearing Aids		
Use wheelchair, walker, cane, etc.?		
Frequent heartburn?		
Object to blood products under any circumstances?		
Problems with anesthesia (self or blood-relative)? Describe:		
Any concerns about anesthesia? Describe:		
Is there any possibility you could be pregnant? ☐N/A		
Currently breastfeeding? ☐N/A		
Date of your last menstrual period? ☐N/A		
Do you have an Advance Directive: ❑ CPR Directive ❑ Living Will ❑ Power of Attorney ❑ Other		
Who is your Primary Care Doctor?		
Weight: **Height:**		
Signature of patient or person completing form: **X**		

Harmony SURGERY CENTER

Medication Reconciliation Form

****Please list all medications on this form. We are NOT able to accept a copy of your medications****

Patient: Please list all medications taken on a regular basis (including over the counter and herbal preparations).

Medication Name	Dose	Route	Frequency	Last Taken	RN to complete: Continue after discharge OR refer to prescribing physician: CONTINUE	REFER to MD
1.					❑	❑
2.					❑	❑
3.					❑	❑
4.					❑	❑
5.					❑	❑
6.					❑	❑
7.					❑	❑
8.					❑	❑
9.					❑	❑
10.					❑	❑
11.					❑	❑
12.					❑	❑
13.					❑	❑
14.					❑	❑

New Prescriptions Prescribed at HSC	Dose	Route	Frequency	Last Taken	Use
1.					
2.					
3.					
4.					

I will be provided with a copy of this list upon discharge. Please note, all routine medications marked "REFER to MD" should be clarified with the prescribing physician before continuing. **Medication Safety:** To safely manage routine and new medications, it is important to give a copy of your Medication Reconciliation Form to your primary care physician. It is also important to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added.

Patient/Responsible Party Signature:_____ Date:_____

RN Signature:_____Date:_____

Important Billing Information…..

As you prepare for your procedure, we want to make sure you understand how you will be billed for the services you receive. At a minimum, you will receive three separate bills. Depending on your specific procedure, you may also get additional bills.

Billing Sources…

- **Surgery Center's Bill:**
  You will get a bill from us for what is known as the facility fee. This fee is for the staff, supplies, equipment and medications we provide for your safe and successful experience here.
- **Surgeon's Bill:**
  Since the physician performing your surgery is not an employee of the Center, you will be billed separately for these services. The physician's bill will be sent from the physician's office.
- **Anesthesia Bill:**
  Anesthesia is provided by Center's for Gastroenterology's team Certified Registered Nurse Anesthetists. For questions about your anesthesia bill, please contact them directly at 970-207-9773.

Other Bills: Depending on several factors related to your procedure, you may receive services and additional bills which may include:

- **Laboratory Bill:** May include fees for blood or urine tests.
- **Pathology Bill:** - May include testing of any tissue samples taken during the procedure. Pathology results will be available from your physician's office **7-10** days after your procedure.

Colonoscopy Guidelines to Keep in Mind…

The Affordable Care Act passed in March 2010 allowed for several preventative services, such as colonoscopies, to be covered at no cost to the patient. However, there are many caveats that prevent patients from taking advantage of this provision. There are now strict guidelines that explain which colonoscopies are defined as a preventative service (screening). These guidelines may exclude many patients with gastrointestinal histories from taking advantage of the service at no cost. Patients may be required to pay co-pays and deductibles. In addition, an inadequate bowel prep may result in additional charges.

Diagnostic/therapeutic colonoscopy

Patient has past and/or present gastrointestinal symptoms, polyps, or gastrointestinal disease. This may equate to patient copay, deductible or coinsurance.

Surveillance Colonoscopy

Patient is asymptomatic (no gastrointestinal symptoms), has a personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at varying ages and intervals based on the patient's personal history. Surveillance colonoscopy is performed to monitor the potential risk of reoccurrence of the condition/disease. This may equate to patient copay, deductible or coinsurance.

High Risk Screening Colonoscopy

Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a family history of gastrointestinal disease, colon polyps, and/or cancer.

Preventive Colonoscopy Screening

Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 45, has no personal or family history of gastrointestinal disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

Can a diagnosis or procedure code be changed, added, or deleted so that I may be considered a screening procedure?

No. Often insurance representatives will tell a patient that if only the claim was coded with a "screening" diagnosis it would have been covered at 100%. However, the "screening" diagnosis can only be amended if it applies to the patient. Many insurance carriers only consider a patient over the age of 45 with no personal or family history as well as no past or present gastrointestinal symptoms as a "screening" (Z12.11). However, if any polyps are found and removed the procedure may then become diagnostic. Furthermore, the patient encounter is documented as a medical record from information you have provided as well as an evaluation and assessment from the physician. It is a binding legal document that cannot be changed to facilitate better insurance coverage. Please understand there are strict government, insurance company and coding guidelines against altering a chart or bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law.

Our staff will do their very best to help you with questions and guide you to the proper sources of information. Please contact your insurance company in advance to verify network status, benefits and facility coverage. If you have any questions about this information, please contact us at (970)297-6449, (970)297-6435 or (970)297-6454. Thank you!

Are you having a colonoscopy? This guide will help answer some basic billing questions

Are you having any gastrointestinal symptoms? Common examples: nausea, vomiting, diarrhea, blood in your stool, abdominal pain or cramping, hemorrhoids, IBS diagnosis, Crohn's diagnosis.

Yes → Your procedure would be considered diagnostic. This will go to your deductible/coins/copay as assigned by your plan.

No ↓

Are you over age 45?

Yes → Was your last colonoscopy <u>less than</u> 10 years ago?

Yes → Your procedure is considered surveillance. This likely means that it will process to your deductible/copay/coins as assigned by your plan.

No ↓

Was your last colonoscopy <u>less than</u> 10 years ago?

No ↓

Do you have a family history of colon cancer or colon polyps in your mother, father, sister or

Yes → Do you have a personal History of colon polyps or colon cancer?

Yes → Your procedure is considered surveillance. This likely means that it will process to your deductible/copay/coins as assigned by your plan.

No ↓

Do you have a personal History of colon polyps or colon cancer?

No ↓

Some plans will cover colonoscopies for screening purposes at age 45. Have you confirmed this with your insurance policy?

Yes → If there is no history of polyps or cancer, and you are not experiencing symptoms, your procedure may be considered as a screening eligible for higher coverage under your plan. However, if polyps are removed during this procedure, your procedure may still be considered diagnostic by your plan.

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