

Patient: \_\_\_\_\_ Doctor: \_\_\_\_\_

Date of procedure: \_\_\_\_\_ Time to report: \_\_\_\_\_

<b>Location:</b> <b>Endoscopy Center, 1st Floor</b> <b>1825 Rt 23 S Wayne, NJ</b> <b>973-996-4009</b>	<b>Chilton Hospital Access Center</b> <b>97 W Parkway Pompton Plains, NJ</b> <b>973-831-5115</b>	<b>Wayne Surgical Center</b> <b>1176 Hamburg Tpke Wayne, NJ</b> <b>973-709-1900</b>
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Diabetes:  Blood Thinner:(see below\*):  Pacemaker:  Defibrillator:  Latex allergy: 

**DIET:** No iron supplement, seeds, nuts, quinoa, corn, popcorn, tomatoes, cucumbers or salad for three days before the procedure.

**PREPARATION: \*\*IMPORTANT- Please make sure to follow our instructions, not those on box.**

Please obtain ***One SUFLAVE boxed kit*** from your pharmacy at least a few days before the procedure.

**ON THE DAY BEFORE THE PROCEDURE:**

1. **Before 11 am.** You may have a light breakfast.
2. **After 11 a.m.** Only clear liquids can be consumed. Clear liquids include the following:

Water	Clear juices (apple, white grape)	Italian ices	Bouillon	
Tea	Jell-O	7-Up, ginger ale, seltzer	Coffee	Gatorade
3. **At 4 p.m.** Open 1 prep and pour it into 1 bottle. Fill the bottle with lukewarm water up to the fill line. Replace the cap and gently shake until all the powder has dissolved. Refrigerate the bottle for 1 hour before drinking for best taste
4. **At 5 p.m.** Drink 8 ounces of the solution every 15 minutes until the bottle is empty.
5. Make sure to drink an additional 16 ounces of clear liquids during the evening.

*Feelings of bloating, nausea or chills are common after the first few glasses. This is temporary and will decrease once bowel movements begin. If the nausea worsens, stop drinking the solution for 30 minutes, then resume drinking every 15 minutes as before.*

Clear liquids may be continued following the preparation.

**ON THE DAY OF THE PROCEDURE:**

If you take **blood pressure pills, pills for your heart, seizure medications or Parkinson's medications**, take them as usual with small sips of water.

1. **Six** hours prior to the procedure, repeat the above instructions number 3, 4 and 5.
2. **You MUST FINISH drinking all liquids and water at least 4 hours prior to your scheduled arrival time or your procedure will be delayed. DO NOT CONSUME ANYTHING ELSE BY MOUTH-NOT EVEN WATER. Do not smoke marijuana or vape within 24 hours of the procedure. No gum chewing the morning of the procedure.**
  - Do not bring valuables such as jewelry with you. The Endoscopy Facility cannot be responsible for your belongings.
  - After the procedure you must not drive, work or do anything that could result in injury.
  - You must have a friend or family member drive you home. No ride share services such as Uber/Lyft are allowed. Pick up will be approximately 1 1/2 hours after you are dropped off.

**\* SPECIFIC MEDICATIONS:**

**Blood thinners:** If you take **Coumadin, Pradaxa, Eliquis, Xarelto, Effient, Plavix, Ticlid or other blood thinners/ anticoagulants** make sure you have discussed this with your physician.

**GLP-1 agonists** such as **Ozempic, Wegovy, Trulicity and Mounjaro**. Make sure you have specifically discussed these medications with your physician or your procedure may be cancelled.

## Colonoscopy

To evaluate your symptoms or to check for polyps your doctor has recommended a colonoscopy. During this procedure a flexible tube (colonoscope) is inserted into your rectum and passed up into the intestinal tract. The entire large bowel/colon is examined. Any abnormalities are noted. Biopsies are taken if necessary. Small growths or polyps are removed.

All dentures and eyeglasses must be removed prior to the start of the procedure. You may prefer to remove contact lenses at this time.

Sedation is generally given during this procedure. A needle to administer intravenous (IV) medicines will be placed in your arm vein prior to the procedure. Medicine will be injected through this needle that will make you sleepy and relaxed. Most people have little or no discomfort. You will not feel anything if a biopsy taken or if a polyp is removed.

After the procedure you may feel slightly bloated because the colon is filled with air. The air must be passed after you wake up. Once the air is expelled you will feel more comfortable. You will feel fine by the time you leave the facility.

Many people do not recall any of the procedure because of the effect of the medicine. After the procedure, you will probably feel drowsy and may sleep for a short time. The doctor will then discuss the findings with you and the nurse or technician will give you written instructions to follow when you go home.

In general the procedure takes one half hour and you should expect to be in the facility for about 1-1/2 hours. Someone will have to drive you home. You cannot work or drive until the next day.

If you have any questions, please feel free to ask your doctor or nurse.

## **Upper Endoscopy, Colonoscopy and Anesthesia**

### **The Consent process**

Endoscopic procedures such as upper endoscopy and colonoscopy are extremely safe medical procedures. However, as with any invasive procedure, there are certain risks. We are fully equipped to deal with any complications that might occur. These risks fall into 4 broad categories:

1. They can be bleeding during or following the procedure.
2. A hole (perforation) can be made in the intestinal wall. In the worsen case scenario, this would require an operation to repair.
3. Certain abnormalities could be missed. No test is perfect. A normal endoscopy does not guarantee that there is no problem.
4. There could be reactions to or problems from the medications you are given for sedation. Allergic reactions may occur during the procedure. Sedatives can also be associated with problems of breathing, heart rate or blood pressure.

Please understand that the above situations are very unusual. Our physicians have each performed thousands of these procedures and our rate of complications is extremely low. Generally, experts believe that often the risk of not performing an indicated endoscopic procedure is greater than the risks of the procedure itself.

If you have any questions or concerns please reach out to your doctor who will be happy to explain any of the above in more detail.

## **Billing Policy and Financial Disclosure**

We have written this disclosure in an effort to clarify your financial responsibility. Please read it thoroughly. If you have any questions regarding this policy please call and we will clarify it for you.

When a procedure is performed at an Ambulatory Surgery Center such as North Jersey Gastroenterology, Wayne Surgical Center or at a Hospital, several services are provided. Each of these services is billed separately as required by insurance law. ***You will be informed by the facility providing services if any of the physicians caring for you are out-of-network.***

The services are broken down as follows:

- **Physician**- The physician that performs your procedure will bill for his or her professional services- the ***professional fee***. *The gastroenterologist may not participate in your insurance plan.*
- **Facility**- If your procedure is performed at the North Jersey Endoscopy Center or the Wayne Surgical Center, the Facility will generate a ***facility fee***, as would a hospital based procedure. The facility may not participate in your insurance plan. Procedures performed in the facility are ***not*** office-based procedures. The Facilities are physician owned entities.
- **Pathology**- Sometimes it is necessary for biopsies to be taken during the course of a procedure. These biopsies are first processed in a pathology laboratory and then analyzed by a pathologist who is a physician. Both the ***laboratory*** and the ***pathologist*** will bill your insurance for these services. *The pathologist or laboratory may not participate in your insurance plan.*
- **Anesthesia**- If anesthesia is administered by a physician ***anesthesiologist*** during the procedure this service will also generate a bill. This bill will be submitted to your insurance. *The anesthesiologist may not participate in your insurance.*

**If your procedure is performed at North Jersey Gastroenterology and Endoscopy Center, we will inform you if any of the doctors are out-of-network.**

- Our front office staff will verify that your insurance plan is active but *will not* verify what your responsibility will be after insurance pays its portion; *this is your responsibility.*
- Our Billing Department will submit the above services to your insurance company.
- If you would like to know what your responsibility will be, please contact your insurance company by calling the Member Services number on your card. Please be aware that your insurance may apply a deductible and a co-insurance to their payment resulting in an out-of-pocket responsibility for you.
- If, after calling your insurance company, you still have questions- please contact our office and we will make every effort to assist you.

## **Colonoscopy: Screening, Surveillance or Diagnostic?**

You have been scheduled for a colonoscopy examination. A colonoscopy procedure can be performed for several reasons. These are the accepted terms for the reasons why colonoscopy exams are performed.

### **Screening colonoscopy:**

A colonoscopy exam to look for colon cancer and polyps in a completely asymptomatic individuals who has never had colon polyps or colon cancer. Some insurance plans only pay fully for screening exams in people who do not have any symptoms whatsoever and who have not had a colonoscopy within 10 years. Many insurance companies wave deductibles, co-pays and coinsurances in this type of exam.

### **Surveillance colonoscopy:**

A colonoscopy exam performed in a patient who has a history of colon polyps or colon cancer. This type of exam is covered by insurance but usually triggers deductibles, co-pays and coinsurance.

### **Diagnostic colonoscopy:**

To evaluate a patient's symptoms such as cramping, change in bowel habits, rectal bleeding or anemia. This type of exam is covered by

# Screening vs. Diagnostic vs. Surveillance Colonoscopy

In people younger than 50, colorectal cancer is now the leading cause of cancer-related deaths in men and the second in women. Getting screened is critical to detecting and preventing colorectal cancer. Timely screenings can save your life. A variety of different screening methods are available; however, a colonoscopy is the gold standard — the only screening method that can detect and prevent colorectal cancer. There are three different types of colonoscopy, with each one serving a different purpose. To better understand each one, an overview has been provided below.



## Screening Colonoscopy

Screening colonoscopy is recommended starting at age 45 for individuals of average risk\* of colorectal cancer. Average risk means that the person has no first-degree relatives including father, mother, child and/or siblings or personal history of colorectal cancer or polyps and no history of ulcerative colitis or Crohn's disease. The goal is to detect precancerous polyps or early cancer before symptoms arise. Procedure is done once every 10 years if the initial exam is normal and if the patient remains at average risk. It is a preventive measure.



## Diagnostic Colonoscopy

Diagnostic Colonoscopy is recommended for patients with signs or symptoms consistent with colorectal cancer or to evaluate positive stool or blood-based screening tests. The purpose of investigating symptoms is to diagnose any underlying conditions, such as inflammatory bowel disease or cancer. Symptoms may include the following:

- Bowel changes — Diarrhea, constipation or a feeling that the bowel doesn't empty completely
- Blood in stool — Can be bright red or dark
- Abdominal pain — Abdominal pain, aches or cramps that do not go away
- Weight loss — Unexplained weight loss
- Fatigue — Feeling tired or weak
- Other symptoms — Frequent gas pains, bloating or abdominal fullness

Positive stool or blood-based screening tests must be evaluated with colonoscopy to exclude cancer or precancerous polyps.



## Surveillance Colonoscopy

Surveillance Colonoscopy is recommended for patients if they have had polyps removed in the past or after they have been treated for colorectal cancer. Surveillance Colonoscopy may also be considered for those with ulcerative colitis or Crohn's disease, requiring more frequent checks than 10 years.

## Paying For Your Colonoscopy

Screening Colonoscopy	Diagnostic/ Surveillance Colonoscopy
<ul style="list-style-type: none"><li>• May be covered at 100%* <b>IF</b><ul style="list-style-type: none"><li>• You are 45 years or older.</li><li>• No polyps are removed during the procedure. (Although most plans will still cover with appropriate insurance plan modifiers.)</li><li>• Procedure is done once every 10 years if the initial exam is normal and if the patient remains at average risk.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>MAY NOT</b> be covered at 100%* <b>WHEN</b><ul style="list-style-type: none"><li>• Polyps are found and removed during a screening colonoscopy.</li><li>• Polyps are removed during a surveillance colonoscopy.</li><li>• Procedure is done more frequently than once every 10 years in a patient without previous CRC or polyps.</li><li>• You may receive a bill from your surgery center or Anesthesia provider for your cost share based on your plan benefits.</li></ul></li></ul>

\*NOTE: Because insurance plans and coverage can differ, we recommend patients check with their health insurance carrier to determine if there will be any costs incurred with their screening, diagnostic or surveillance exams.