



COLONOSCOPY PREP INSTRUCTIONS

Professional services provided by the physicians at
Syracuse Gastroenterological Associates, PC and Community Memorial Hospital.

Please report to: Community Memorial, 150 Broad Street, Hamilton, NY
<https://www.communitymemorial.org/about/>

Date _____

Arrival time _____ Procedure time _____

Any questions or concerns please call 315-234-6677

ONE (1) WEEK BEFORE YOUR COLONOSCOPY:

- Stop any iron you are taking, this includes multivitamins with iron.
- Start following the Low Fiber/Low Residue diet provided by your doctor.
- PICK UP YOUR PREP KIT at least one week prior to ensure that they have it in stock.
- If you take a blood thinner (such as Aspirin, Coumadin, Plavix, etc.), please be sure the office is aware.
- If you have a pacemaker or defibrillator, please be sure the office is aware.
- If you are a diabetic patient please call the doctor that manages your diabetes and let them know you will be prepping for a colonoscopy. They will advise you on instructions for adjusting your medications during your prep.
- You can take all necessary medications with a sip of water, at least 2 hours before your arrival time. *Do not take* diuretics (water pills), such as Lasix, hydrochlorothiazide, or any medication ending in HCT.
- Call to speak with a nurse if you develop a fever, upper respiratory illness or pneumonia.
- Before leaving for your appointment, call to speak with a nurse if you are not running clear stools
- Make sure you have someone to drive you home. You will not be able to drive or return to work the day of your procedure.
- You need to be on a **CLEAR LIQUID DIET THE ENTIRE DAY BEFORE** your colonoscopy. See the list of recommended liquids included in our instructions.
- **4 HOURS PRIOR TO YOUR ARRIVAL TIME, NOTHING MORE BY MOUTH UNTIL AFTER YOUR PROCEDURE IS DONE.** Example: If arrival time is 10:00am, you would stop everything at 6:00am.

Please bring with you:

- * Current medication list
- * Photo ID
- * Insurance cards
- * Questionnaire attached

CLEAR LIQUIDS ONLY THE DAY BEFORE YOUR COLONOSCOPY

From the moment you wake up the day before your appointment, you are to have clear liquids ONLY. You can have these clear liquids up until 4 hours prior to your arrival time, after that you are to have nothing by mouth until after your procedure is done.

Clear liquids are liquids you can see light through such as: water, ginger-ale clear fruit juices: like apple, white cranberry, white grape juice, beef or chicken bouillon, soda, tea (no milk), Gatorade, Kool-Aid, popsicles, and, Jell-O (**no red colors or dyes**)

- Avoid coffee.
- **Do not** drink anything that has RED DYE (**no red dyes**)
- **Do not** eat solid foods
- **Do not** add fruit to Jell-O
- **Do not** drink milk or milk products or artificial creamer
- **Do not** drink any beer or alcoholic beverages
- **Do not** chew gum the day of your procedure

DECEMBER 2013/DSK / JANUARY 2015

OFFICE USE:

Diabetic	Y	N
MRSA - who diagnosed/ when?	Y	N
VRE	Y	N
ESBL	Y	N
Active C-diff	Y	N
Pacer/Defib - copy pacer card, who is cardiologist	Y	N
Blood Thinners - name and who is prescribing doctor	Y	N
Clotting Disorder?	Y	N
Translator needed?	Y	N
Oxygen? How many liters?	Y	N

SEE NEXT PAGE →

***YOU MUST FOLLOW OUR INSTRUCTIONS,
NOT THE PHARMACY***

Find your specific prep instructions below

SUPREP

5:00pm the night before your appointment: pour (1) 6oz. bottle into the supplied mixing cup. Add cold water to the fill line. Drink the entire cup. Using the cup provided, drink 2 full cups of water within the next hour. Continue drinking clear liquids for the rest of the evening to prevent dehydration and headache.

Five (5) hours before your arrival time: repeat above steps with second bottle provided. Stop all liquids 4 hours prior to your arrival time. Do not add flavor. Mix only with water.

PREPOPIK

5:00pm the night before your appointment: fill the dosing cup provided with cold water to the lower (5oz) line in the cup, add the contents of one packet and stir for 2-3 minutes until dissolved. Drink the entire cup. Over the next couple hours drink five (5) eight ounce drinks of clear liquid.

Six (6) hours before your arrival time: repeat the above steps. Stop all liquids 4 hours prior to your arrival time.

GoLYTELY, TriLYTELY, NuLYTELY, Peg 3350-electrolytes, or any 128oz Generic prep

The day before your appointment, IN THE MORNING:

Fill container provided with lukewarm water to the fill line, dissolve all powder. Flavor packets can be added at this time if desired (NO RED). Refrigerate the mixture.

6:00pm the night before your appointment: begin drinking the solution at the rate of 8oz every 10-15 minutes until you have consumed half of the container or 64oz. Continue drinking clear liquids for the rest of the evening to prevent dehydration and headache. Refrigerate remaining prep.

Six (6) hours before your arrival time: finish the second half of the prep mixture at the rate of 8 oz. every 10 -15 minutes until gone. Stop all liquids 4 hours prior to your arrival time.

SUGGESTIONS:

- **Do not sip your prep.**
- **Drink each glass as rapidly as possible with a straw toward the back of your mouth.**
- Sucking on hard candy between glasses is sometimes helpful.
- If you become sick to your stomach while drinking your prep, STOP until the nausea passes. Then resume at the rate specified.

LOW FIBER/LOW RESIDUE DIET

(to be followed 7 days prior to your procedure)

The diet includes foods that will reduce (not eliminate) the residue in the colon. It is smooth in texture and is mechanically and chemically nonirritating. Food tolerance varies greatly and patients should be encouraged to eat the most liberal diet possible and include adequate fluids. Foods as noted in recommend amounts will be adequate in nutrients with the exception of calcium.

The following foods are generally ALLOWED on a low-fiber diet:

- Enriched white bread or rolls without seeds
- White rice, plain white pasta, noodles and macaroni
- Crackers
- Refined cereals such as Cream of Wheat
- Pancakes or waffles made from white refined flour
- Most canned or cooked fruits without skins, seeds or membranes
- Fruit and vegetable juice with little or no pulp, fruit-flavored drinks and flavored waters
- Canned or well-cooked vegetables without seeds, hulls or skins, such as carrots, potatoes and tomatoes
- Tender meat, poultry and fish
- Eggs
- Tofu
- Creamy peanut butter — up to 2 tablespoons a day
- Milk and foods made from milk, such as yogurt, pudding, ice cream, cheeses and sour cream — up to 2 cups a day, including any used in cooking
- Butter, margarine, oils and salad dressings without seeds
- Desserts with no whole grains, seeds, nuts, raisins or coconut

You should AVOID the following foods:

- Whole-wheat or whole-grain breads, cereals and pasta
- Brown or wild rice and other whole grains such as oats, kasha, barley, quinoa
- Dried fruits and prune juice
- Raw fruit, including those with seeds, skin or membranes, such as berries
- Raw or undercooked vegetables, including corn
- Dried beans, peas and lentils
- Seeds and nuts, and foods containing them
- Coconut
- Popcorn

Keep in mind that you may have fewer bowel movements and smaller stools while you're following a low-fiber diet. To avoid constipation, you may need to drink extra fluids. Drink plenty of water unless your doctor tells you otherwise, and use juices and milk as noted.

Example low-fiber diet menu:

Breakfast:

- 1 glass milk
- 1 egg
- 1 slice of white toast with smooth jelly
- 1/2 cup canned peaches

Snack:

- 1 cup yogurt

Lunch:

- 1 to 2 cups of chicken noodle soup
- Soda crackers
- Sandwich of drained tuna with mayonnaise or salad dressing on white bread
- Canned applesauce
- Flavored water or iced tea

Snack:

- White toast, bread or crackers
- 2 tablespoons creamy peanut butter
- Flavored water

Dinner:

- 3 ounces lean meat, poultry or fish
- 1/2 cup white rice
- 1/2 cup cooked vegetables, such as carrots or green beans
- 1 enriched white dinner roll with butter
- Hot tea



Community
Memorial

PLEASE ARRIVE
ONE HOUR BEFORE
YOUR PROCEDURE TIME.

BEFORE YOUR PROCEDURE

There are a few things that we ask all patients to do prior to coming in for their endoscopic procedure:

- Please follow all instructions given to you by your physician about eating, drinking and medications before your procedure.
- If you are taking any medications, or if you are allergic to any medications, please bring a list of them with you when you come for your procedure.
- If you take any blood thinners and have not been instructed regarding usage prior to your procedure, please contact your physician as soon as possible.
- Notify your physician if there have been any changes in your physical condition since your appointment was scheduled or since you last saw your physician.
- Please fill out the required paperwork you received and bring it with you, as well as a picture ID and your insurance cards.
- Check your benefits and eligibility with your insurance company(s), see the billing information packet you were given.
- Please do not arrive prior to 6:45 am
- Due to limited space please only have one person accompany you.
- Arrive 60 minutes prior to your procedure time.

YOUR PROCEDURE

The anticipated total time for your stay, from registration to departure is approximately 2-3 hours.

After the procedure, your recovery time will be around 30 minutes. There may be an unforeseen delay prior to your procedure.

Upon arrival, after registering, a nurse will review your medical history and the procedure with you. You will then be brought to a stretcher, where you will undress and obtain an IV line.

At any time during the process, please do not hesitate to ask any questions regarding your concerns. It is important to us that you know exactly what is involved and that you feel comfortable.

AFTER YOUR PROCEDURE

After the procedure the physician will talk to you about your procedure. If there is not anyone with you, you may not remember the conversation. Please do not hesitate to ask your nurse to speak with your physician again or you may call the office at 315-234-6677.

If your physician took biopsies during the procedure, the results will be available within 2 weeks. If you do not receive a letter regarding your results after this time please call the office at 315-234-6677.

You will not be allowed to drive home due to the anesthesia. You must have a licensed driver to drive you home and all patients must be discharged in the company of a responsible adult.

⇒ A responsible adult is a person who is physically and mentally able to make decisions for the patient is necessary. Moreover, the responsible person must understand the requirements for post-anesthetic care. (A taxi driver is not considered a responsible person for a patient who just received anesthesia/sedation).

If you are having an afternoon procedure your ride must stay and wait for you.

INSURANCE / BILLING GUIDE

Every health plan is different. While we make every effort to obtain referrals from primary care physicians and authorizations for outpatient procedures, it is also important for you to be familiar with your health care coverage. We cannot be held responsible for unpaid services due to lack of referral or prior authorization.

We strongly encourage you to check your coverage by calling your insurance company directly before any procedure is performed to verify if and how your appointment will be covered.

ALL NON-COVERED SERVICES WILL BE THE PATIENT'S RESPONSIBILITY.

1. Call the customer service representative for your insurance company. The telephone number should be listed on the back of your insurance card or in your benefits manual.
2. Tell the customer service representative that you are calling to check on your coverage for your colonoscopy which will be done at Community Memorial Hospital. All of our services are done on an outpatient basis. There are three different scenarios possible - a screening colonoscopy, a surveillance colonoscopy, or a diagnostic colonoscopy. Please understand that your benefits vary depending on your scenario. If a biopsy is done or a polyp is removed, your screening colonoscopy then becomes a diagnostic colonoscopy, the CPT code 45378 changes (e.g. 45380 or 45385), and your insurance may process the claim differently.

<p style="text-align: center;">Screening Colonoscopy "Average Risk" due to age alone, no personal or family history. CPT 45378 Diagnosis code: _____</p>	<p style="text-align: center;">Screening Colonoscopy "High Risk" CPT 45378 Family history diagnosis code: _____</p>	<p style="text-align: center;">Surveillance Colonoscopy "High risk" CPT 45378 Personal history diagnosis code: _____</p>	<p style="text-align: center;">Diagnostic Colonoscopy CPT 45378 (patient having symptoms) diagnosis code: _____</p>	<p style="text-align: center;">Upper Endoscopy CPT 43235 Diagnosis code: _____</p>
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3. You will receive a bill from Community Memorial Hospital. Their tax ID is 150548010.
4. You will receive a bill from Syracuse Gastroenterological Associates for the professional fee under their tax ID number 160989507.
5. You will receive a separate bill for anesthesia from CNY Anesthesia Group. **Some insurance companies have been changing their policies regarding Monitored Anesthesia Care (MAC). Please verify with your insurance that MAC is a covered benefit for you.** **You DO NOT need to call on Medicare or AARP insurances.

<p style="text-align: center;">Monitored Anesthesia Care (MAC) is provided and billed by CNY Anesthesia Group. Please let our office know if MAC is not a covered benefit and we can arrange to use something else for your procedure.</p>	<p style="text-align: center;">CPT codes for MAC: 00810 - during colonoscopy 00740 - during upper endoscopy 00810 - during a double procedure (Colon and Pan)</p>
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6. You will receive a separate bill from pathology if a biopsy is done. Centrex is the company that bills for pathology and their tax id is 160965561.
7. Your insurance company may require an authorization for your procedure. Upon contacting your insurance company if you learn that an authorization is required, please ask the representative to check that one has been obtained; if not please contact our office immediately so that we can call your insurance.
8. Be sure to ask your insurance company about "out-of-pocket" expenses, including copays, coinsurance, or any deductible (if not yet met). This will ensure you are fully informed of the possible costs you will incur prior to your procedure.
9. If you have any questions regarding procedure codes, the charge amounts of the procedure listed above, or diagnosis codes, please contact our billing office at (315) 234-6677

For your upcoming endoscopy procedure at Community Memorial in Hamilton.

You may receive a bill from all or some of the following companies.

Community Memorial Hospital

150 Broad Street, Hamilton, NY 13346

Billing questions call 315-824-6552

Website: <http://www.communitymemorial.org/patient-visitor-info/out-network-consumer-protection-law>

Directory: <https://www.communitymemorial.org/contact/#directory>

Syracuse Gastroenterological Associates, P.C.

739 Irving Ave #400, Syracuse, NY 13210

8100 Oswego Road #140, Syracuse, NY 13088

3045 John Trush Blvd, Cazenovia, NY 13035

Billing questions call 315-883-4896

Website: www.syracusegastro.com

CNY Anesthesia Group, P.C.

739 Irving Ave, Syracuse, NY 13210

Billing questions call 315-552-6489

They do not have a website. Please see enclosed information from their office.

Centrex Clinical Laboratories, Inc.

(bills the professional charge for any Pathology and Cytology)

28 Campion Road, New Hartford, NY 13413

Billing questions call 1-800-753-8653 Ext. 5916

Website: <http://www.centrexlabs.com/Billing.html>

Hospitals we are affiliated with:

Crouse Hospital

736 Irving Ave

Syracuse, NY 13210

Billing office 315-470-7331

Community Memorial Hospital

150 Broad Street

Hamilton, NY 13346

Billing office 315-824-6552





Community Memorial

Please report to:

COMMUNITY MEMORIAL

150 BROAD STREET

HAMILTON, NY 13346

<https://www.communitymemorial.org/>

From Route 20 Eastbound:

Make a slight RIGHT onto NY-46, 3 miles east of Morrisville

NY-46 becomes NY-12B

Follow 12B through Hamilton

Community Memorial Hospital is on the right side of the road

From Route 20 Westbound:

US-20 becomes US-20 W/NY-12B S/NY-26 S

Turn LEFT onto NY-26 just west of Madison.

Turn LEFT onto NY-46

NY-46 becomes NY-12B

Follow 12B through Hamilton

Community Memorial Hospital is on the right side of the road



SYRACUSE GASTROENTEROLOGICAL ASSOCIATES, P.C.

NO SHOW / CANCELLATION POLICY FOR ENDOSCOPY PROCEDURES

Once you have a date and a time for your endoscopic procedure, a spot has been secured in our surgical facility in your name for your procedure. Patients who cancel or reschedule without

3 business days prior notice
or who fail to show up for their scheduled appointment may be charged a \$150.00 fee.

We understand that circumstances beyond your control may arise, causing you to miss your appointment. Exceptions will be made in the event of inclement weather or real emergencies.

Please be considerate of other patients by calling our office as soon as possible if you can not keep your appointment.

Your cooperation is greatly appreciated.

Regardless of what your health insurance plan covers, Syracuse Gastroenterological Associates, PC, supports the American Cancer Society, AGA, ACG, and CDC Colon Cancer guidelines which recommend a screening colonoscopy for all patients 50 years or older regardless of symptoms. Please speak with your healthcare provider with any questions.



Community Memorial

PATIENT ACKNOWLEDGEMENT

I acknowledge that my procedure has been scheduled at **Community Memorial Hospital in Hamilton, NY** and that the following information was reviewed verbally and copies are available to me.

1. Advanced Directives
2. Physician Ownership of the Department
3. Patient Rights and Responsibilities
4. Need to have a family member / friend stay with me and drive me home after the procedure.
5. Need to bring identification and my co-payment with me the day of the procedure
6. As listed in the billing guide, please be aware you may be receiving a bill from:
 - Community Memorial Hospital, Hamilton, NY
 - Anesthesiologist
 - Physician performing the procedure (from Syracuse Gastroenterological Associates, P.C.
 - Pathologist
 - Centrex Clinical Laboratories, Inc.

These were all explained in the “Endoscopy Procedures: What you need to know”.
All is subject to your contract with your insurance carrier.

Signature _____

Print Name _____

Date of Birth: _____

Date form signed: _____

PLEASE BRING COMPLETED PAPERWORK TO YOUR PROCEDURE APPOINTMENT

First and last name: _____ Date of Birth: _____

Name of physician(s) you want report sent to: _____

Circle one: Male Female, are you pregnant? No Yes Procedure you are here for? _____

How tall are you: _____ How much do you weigh: _____

Do you have someone with you in our waiting area? No Yes, person's name: _____

Do you want that person present when the doctor speaks to you after the procedure? No Yes

Is your driver the person in the waiting area? No Yes

Does your driver need to be called? No Yes, Driver's name: _____ phone#: _____

Do you have a Health Care Proxy? No Yes

Do you have a Living Will? No Yes

Do you have a Do Not Resuscitate (DNR) order? No Yes

***If you have a Health Care Proxy, Living Will, or DNR, please bring copies to your procedure appointment*

Please circle which items you brought today: Dentures Glasses Hearing Aids Cane Walker Wheel Chair

Race:

- | | |
|---|---|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian (specify e.g. Chinese) _____ |
| <input type="checkbox"/> Native Hawaiian / Pacific Islander | <input type="checkbox"/> Other _____ |

Please circle which of these medications you take on a regular basis: Coumadin Heparin Plavix Aspirin Ibuprofen

When did you stop taking it /them? _____

What medications did you take today: _____ No meds taken today

Medication Allergy No Yes Latex allergy No Yes

Iodine/Dye Allergy No Yes Food Allergy No Yes

Please list allergies to medication or food

1. _____ list the reaction(s): _____

2. _____ list the reaction(s): _____

3. _____ list the reaction(s): _____

Other allergy notes: _____

*****PLEASE BRING A LIST OF YOUR MEDICATIONS WITH YOU*****

**PLEASE FILL OUT THE DAY OF YOUR PROCEDURE
BRING COMPLETED PAPERWORK TO YOUR APPOINTMENT**

First and last name: _____ Date of Birth: _____

Please circle if you have any of these diseases: MRSA VRE ESBL C-DIFF HEPATITIS TB
SHINGLES OTHER _____

Are immunizations up to date for patients 18 and younger? No Yes, immunizations are up to date, confirmed by parent/guardian

Do you smoke/use tobacco? No Yes

If yes, are you interested in stopping? No Yes

Syracuse Gastroenterological Associates, PC and Syracuse Endoscopy Associates, LLC encourage all patients to stop using tobacco.

There are many resources available to help you stop using tobacco (e.g., referral to counseling, <http://www.smokefree.gov>, 1-800-QUIT-NOW, pharmacotherapy). Please ask at any time for help or more information.

Do you drink alcohol? No Yes

Have you received a flu shot? No Yes, date _____

Do you take recreational drugs? No Yes

Have you had problems with anesthesia or sedation? No Yes

Have you been diagnosed with sleep apnea by a doctor? No Yes

If yes, do you use a CPAP machine? No Yes

Do you have difficulty opening your mouth? No Yes

Do you have any loose teeth or dental abnormalities? No Yes

Do you have difficulty flexing or extending you neck? No Yes

Are you receiving Dialysis? No Yes

Have you had a mastectomy and/or lymph node dissection? No Yes, circle: Right Left

Do you have internal implants? (circle one) replacement joints heart valves pacemaker/defib none

Please list implant if other than above: _____

Are you a Diabetic? No Yes, date & time of last finger stick reading? time: _____ reading: _____

If you are a diabetic are you felling lightheaded or dizzy now? No Yes

PREP:

When did you drink liquid last? _____

When did you eat solid food last? _____

THE QUESTIONS BELOW ARE FOR COLONOSCOPY AND SIGMOIDOSCOPY PATIENTS ONLY:

If you are having a colonoscopy, was colon cleansing medication taken as directed? No Yes

Prep Type _____ Suprep _____ Prepopik _____ Miralax _____ Fleets enema
_____ HalfLytely _____ GoLytely _____ Moviprep _____ Other

Prep Results _____ Clear _____ Yellow _____ Brown _____ Other, _____
_____ Watery _____ Thick liquid _____ Solid _____ Other, _____