



Community
Memorial

COLONOSCOPY PREP INSTRUCTIONS

Procedure Date _____

Arrival time _____ Procedure time _____
(ARRIVE ONE HOUR PRIOR TO PROCEDURE TIME)

Any questions or concerns please call 315-234-6677



**PICK UP YOUR PREP KIT NOW FROM THE PHARMACY
and keep it in your cabinet at home until needed**

**Please report to:
COMMUNITY MEMORIAL HOSPITAL
HAMILTON, NY**

Your doctor has ordered this test to screen for colon cancer including finding and removing potentially harmful polyps. You will need to follow the instructions included to be properly prepped/clean for your procedure or the procedure will need to be rescheduled and a \$150 cancellation fee will be charged to you. This is an important screening tool, we understand the prep can be difficult for some, but we ask that you follow these instructions so we can provide you with the best care we can in a timely manner.



Can you see the pot holes in the above picture? This is the equivalent of your doctor trying to see polyps during your colonoscopy if your prep is not done correctly.



This is a clear road that allows for easily seeing the pot holes in the road. This is the difference of a prep done completely and following our instructions and a poor prep. This picture would allow your doctor to do a more thorough exam because they best view the colon.

OFFICE:	Diabetic	MRSA	VRE	ESBL	Active C-Diff	Pacer/Defib: copy card - cardio's name	Bld thinners: Prescribing dr	Clotting disorder	Translator needed	Oxygen - how many liters?	Malignant Hyperthermia
---------	----------	------	-----	------	---------------	---	---------------------------------	----------------------	----------------------	------------------------------	---------------------------

Staff: Circle for yes. Cross off for no.

7 DAYS BEFORE YOUR COLONOSCOPY:

- Stop these vitamins & supplements
 - IRON
 - Multivitamins
 - Vitamins A&E
 - Phentermine
 - Herbal medicines
 - Fish Oil
 - Carfate
 - Alli weight loss pills
- A week before your appointment you will receive a call to review instructions and confirm your appointment. Please return that call if it is missed.
- Start following the Low Fiber/Low Residue diet included in this packet.
- Make sure you have your prep. Only one of the four prep drinks on the following page will apply to you.
- **You will not be allowed to drive after your procedure OR for the rest of the day.** Please arrange for a responsible adult to drive you home. If it is necessary for you to use a Taxi or Uber, you still **MUST** have a responsible adult, like a family member or friend, accompany you on the drive home.
- If you take a blood thinner (such as 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.
- If you have had **COVID** in the **2 months prior to your procedure** please call the office.

2 DAYS BEFORE YOUR COLONOSCOPY

- Do not take any Viagra, Cialis, or any erectile dysfunction medications.
- Do not use any type of marijuana

1 DAY BEFORE YOUR COLONOSCOPY STARTING WHEN YOU WAKE UP:

- Clear liquid drinks only all day today. Drink extra amounts of CLEAR liquids today to help you feel full, to keep hydrated and help flush your system.
- **DO NOT EAT FOOD TODAY. CLEAR LIQUIDS ONLY THE ENTIRE DAY.**

CLEAR LIQUIDS INCLUDE:

Gelatin (NO pudding) (NO red or purple)
Water
Tea with no cream
Broths such as chicken or beef
White grape or white cranberry juice
Soda - no colas or dark soda
Gatorade or Kool Aid (NO red or purple)
Popsicles (NO red or purple)
One cup of black coffee is okay *in the morning (the day BEFORE your procedure ONLY).*

WHAT YOU CAN NOT EAT/DRINK

Milk or milk products
Anything with Red or Purple dyes
Any form of alcohol

PREP INSTRUCTIONS

2:00pm THE DAY BEFORE YOUR PROCEDURE:

MIRILAX PREPS ONLY! Take 4 Dulcolax tablets (over the counter medication)

***YOU MUST FOLLOW
OUR INSTRUCTIONS...
NOT THE PHARMACY'S***

5:00pm THE NIGHT BEFORE YOUR PROCEDURE:

******Find your specific prep instructions below (only ONE of these will apply to you).**

CLENPIQ:

Drink one 5.4oz bottle of CLENPIQ. Over the next two hours drink at least five (5) eight ounce glasses of clear liquids. More fluids will help the prep work better.

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

Dissolve powder in warm water, add flavor packet if desired (NO RED or PURPLE). Begin drinking the solution at the rate of 8oz every 10-15 minutes until you have consumed half of the container, or 64oz.

PLENVU:

Empty [Dose 1 pouch] into mixing container. Fill to the line with water and mix with a spoon until completely dissolved. Drink entire contents of the container over 30 minutes. Then drink 16 ounces of clear liquids over 30 minutes.

SUTAB (see next page)

MIRALAX PREP

Dissolve **HALF** of the 255g bottle of Miralax in 32oz of Gatorade (NO RED or PURPLE). Drink the entire mixture within 1 hour.

THE MORNING OF YOUR APPOINTMENT:

- Do not take any diuretics or any blood pressure medications that contain a diuretic
- ***Blood pressure medications WITHOUT diuretics please take as directed.***

6 HOURS BEFORE YOUR ARRIVAL TIME:

- **CLENPIQ, GoLYTELY, or any 128oz Generic prep:** Repeat above steps.
- **PLENVU PREP:** Empty both [Dose 2 Pouch A and B] into the mixing container. Fill to the line with water and mix with a spoon until completely dissolved. Drink entire contents of the container over 30 minutes. Then drink 16 ounces of clear liquids over 30 minutes.
- **MIRALAX PREP:** Repeat the above steps from 5:00pm

**TO PREVENT DEHYDRATION
AND HEADACHE...
CONTINUE DRINKING ALOT
OF CLEAR LIQUIDS**



4 HOURS BEFORE YOUR SCHEDULED ARRIVAL:

- You should **STOP** drinking all liquids, including water. (you may take your medications with 1-2 sips of water up to 2 hours before your arrival time)
- **No gum chewing**, no hard candy, and no chewing tobacco.

SUGGESTIONS WHILE PREPPING



- You may use topical ointments or flushable wipes to help prevent skin irritation.



- Do not sip your prep.
- Drink each glass as rapidly as possible with a straw toward the back of your mouth.
- If you become sick to your stomach while drinking your prep, STOP until the nausea passes. Then resume at the rate specified



PREP INSTRUCTIONS FOR SUTAB

**YOU MUST FOLLOW OUR
INSTRUCTIONS...
NOT THE PHARMACY'S**

5:00pm THE NIGHT BEFORE YOUR PROCEDURE:

- Open one(1) bottle of twelve(12) pills and fill provided cup with plain water to the fill line of 16 ounces.
 - Over 15 to 20 minutes, use this water to take each pill with a good sip and then finish the entire 16 ounces. Use more water if needed. Take pills and water slower if you begin to feel uncomfortable. (Take one(1) pill at a time, wait 1-2 minutes before taking next pill).
 - Use the provided cup to drink at least 32 ounces of plain water over the next two(2) hours. Spread your water-drinking over this time instead of drinking it all immediately after taking the pills.
 - For example drink 16 ounces around an hour after the start of dose one(1), then another 16 ounces around an hour and a half after the start of dose one(1).
- IMPORTANT: for dose two(2),** keep in mind all the water must be consumed before the fasting period, which begins four(4) hours before the arrival time.
- After dose one(1), continue the clear liquid diet for the evening in order to stay hydrated.

THE MORNING OF YOUR APPOINTMENT:

- Do not take any diuretics or any blood pressure medications that contain a diuretic
- ***Blood pressure medications WITHOUT diuretics please take as directed.***

6 HOURS BEFORE YOUR ARRIVAL TIME:

- Start dose 2. Repeat the steps above.
- NOTE: You must consume all water at least 4 hours before your arrival time.

4 HOURS BEFORE YOUR SCHEDULED ARRIVAL:

- You should **STOP** drinking all liquids, including water. (you may take your medications with 1-2 sips of water up to 2 hours before your arrival time)
- **No gum chewing**, no hard candy, and no chewing tobacco.

**TO PREVENT DEHYDRATION
AND HEADACHE...
CONTINUE DRINKING
CLEAR LIQUIDS**



SUGGESTIONS WHILE PREPPING



- You may use topical ointments or flushable wipes to help prevent skin irritation.



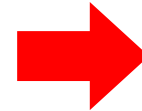
- Do not sip your prep.
- Drink each glass as rapidly as possible with a straw toward the back of your mouth.
- If you become sick to your stomach while drinking your prep, STOP until the nausea passes. Then resume at the rate specified

GOOD PREP

This is a similar color and similar consistency of stool for a well prepped patient



***YOU MUST
FOLLOW OUR INSTRUCTIONS...
NOT THE PHARMACY'S***



POOR PREP

This would be what your stools would look like with poorly followed prep instructions. Call our office before coming in if your stools are like this.



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

- Any white pasta, rice, crackers, or anything made with white flour
- White rice, plain white pasta, noodles and macaroni
- Canned or cooked fruits or vegetables without skins, seeds or membranes, or juices with no pulp
- Meats (ground beef and soft meats), fish, eggs, tofu
- Creamy peanut butter
- Milk and milk products (yogurt, pudding, ice cream, cheeses and sour cream), 2 cups a day
- Butter, margarine, oils and salad dressings without seeds
- **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

The diet includes foods that will reduce (not eliminate) the residue in the colon. This diet is smooth in texture and is mechanically and chemically nonirritating.

Keep in mind that you may have fewer bowel movements and smaller stools while you're following a low-fiber diet. To avoid constipation, dehydration, and headaches, you need to drink extra fluids.

LOW FIBER/LOW RESIDUE DIET



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 or for the rest of the day 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.

ENDOSCOPY PROCEDURES: WHAT YOU NEED TO KNOW

COLONOSCOPY CATEGORIES

- **Diagnostic / Therapeutic Colonoscopy** - Patient has gastrointestinal symptoms, colon polyps or gastrointestinal disease requiring evaluation or treatment by colonoscopy.
- **Surveillance / High Risk Colonoscopy** - Patient has no gastrointestinal symptoms and has a personal history of gastrointestinal disease (such as diverticulitis, Crohn's disease or ulcerative colitis) a personal or family history of colon polyps and/or cancer.
- **Colonoscopy Screening** - Patient is asymptomatic (no present gastrointestinal symptoms), is 50 years old or older and has no personal hx of gastrointestinal disease, colon polyps and/or cancer. Patients in this category have not undergone a colonoscopy within the last 10 years.

Please note that these are not the final diagnosis codes. Final diagnosis codes cannot be determined until after your procedure occurs.

COLONOSCOPY CPT CODE 45378 DIAGNOSIS CODE(S) _____

UPPER ENDOSCOPY CPT CODE 43235 DIAGNOSIS CODE(S) _____

See the next page for more information about billing and insurance coverage

NO SHOW / CANCELLATION POLICY

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.

BEFORE YOUR PROCEDURE

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

- **YOU MUST FOLLOW OUR PREP INSTRUCTIONS**, the instructions we gave you about eating, drinking and medications before your procedure.
- Check your benefits, eligibility and coverage with your insurance company(s), see the billing information packet you were given.
- Please bring a current medication, allergy list, picture ID and your insurance cards to your appointment.
- 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, If you did not receive it we will give it to you when you arrive.
- Please do not arrive prior to 6:45 am
- Due to limited space please only have one person accompany you.
- Arrive 45 minutes prior to your procedure time.

Visit our website! www.syracusegastro.com

12/2018

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



For your upcoming endoscopy procedure at Community Memorial Hospital

Although your primary care provider may refer you for a “screening” colonoscopy, you may not qualify for the “preventative colonoscopy screening” category. Example, **if a biopsy is done or a polyp is removed, your screening colonoscopy then becomes a diagnostic colonoscopy** and your insurance may process the claim differently. We recommend checking your benefits for each scenario.

Due to increasing number of individual insurance plans and policies, we strongly encourage all patients to call their insurance company before ANY procedure, testing, and/or appointment to verify their coverage.

Call the customer service number on your insurance card. Document your phone call for your records. You should check you coverage for every company listed below. We have numbered them to make it easier if you need to write down something regarding only one specific company.

Date of Call _____ Insurance company _____ Phone # _____

Representatives name _____ Tell the representative that you are calling to check coverage for your procedure which will be done at Community Memorial Hospital. All of the services are done on an “outpatient hospital setting”.

Are ALL of the companies “in-network” . . . ☐ No ☐ Yes, _____

Is a referral or authorization needed . . . ☐ No ☐ Yes, _____

Are there any out of pocket expenses . . . ☐ No ☐ Yes, _____

Other notes _____

Call reference number _____



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



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.

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.

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	<input type="checkbox"/> No <input type="checkbox"/> Yes	Latex allergy	<input type="checkbox"/> No <input type="checkbox"/> Yes
Iodine/Dye Allergy	<input type="checkbox"/> No <input type="checkbox"/> Yes	Food Allergy	<input type="checkbox"/> No <input type="checkbox"/> 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**

PAGE 26/2018

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 ___ clenpiq ___ Miralax ___ Fleets enema
 ___ HalfLytely ___ GoLytely ___ Moviprep ___ Other

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