



GI Associates of New Hampshire

60 Commercial Street, Suite 404

Concord, NH 03301

Phone: 603-228-1763 Fax: 603-228-7088

A COLLABORATIVE PRACTICE BETWEEN

CONCORD GASTROENTEROLOGY, PA

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- Samuel C. Somers, MD
- Robert J. Chehade, MD

DARTMOUTH-HITCHCOCK

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- Scott R. Oosterveen, MD
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Your Procedure: _____ is scheduled at **Concord**

Hospital Day Surgery Center on _____. Your arrival time will be

determined by Concord Hospital on your telephone interview or at your preoperative testing appointment.

Your preoperative telephone interview is: _____ at: _____

OR

Your preoperative testing appointment is: _____ at: _____

Please report to preoperative testing at Concord Hospital Day Surgery for this appointment.

****It is important that you complete your preoperative testing appointment or phone interview as scheduled or your procedure may be cancelled.**

Please use the **Hospital Main Entrance** and ask for directions to **Day Surgery**.

Your procedure is being performed under anesthesia. You must follow the specific fasting instructions given to you at the time of your preoperative appointment or phone interview.

You must have someone to drive you home after the procedure. Sedation will be given for the exam and this may affect you for several hours. You will not be allowed to drive for 24 hours following the procedure. A taxi can only be used if you are accompanied by a friend or family member. When you return home it is advisable for someone to stay with you until effects of the sedation have worn off.

NO WORK UNTIL THE FOLLOWING DAY.

****If you need to reschedule your appointment, please call us at least 2 weeks in advance so we may accommodate other patients waiting to be seen****

MEDICATIONS BEFORE YOUR PROCEDURE

It is important that you continue your medications as prescribed by your doctor.

****However, there are certain medications that need to be stopped or adjusted before your procedure.**

Over the Counter Medications

- **5 days before your procedure, stop taking:** Fish oil supplements, any vitamin supplements that contain vitamin E and/or iron and NSAIDS (Ibuprofen, Motrin, Aleve, Naprosyn, and any pain medications that contain NSAIDS).
- **If you are having an Upper Endoscopy procedure: stop all aspirin and also all of the above medications 5 days before your procedure.**
- **You may take Tylenol products** as directed by the package labeling

Arthritis Medication

- **3 days before your procedure, stop taking certain arthritis medication.** Call the GI Associates office (number below) to find out if your arthritis medication must be stopped.

Diuretics (Water Pills)

- **The day before your procedure,** stop diuretics or “water pills” until after your procedure. These medications can make you dehydrated and affect your blood pressure during your colon preparation.

Diabetes Medication

- **The day before your procedure, take ½ of your usual dose of diabetes medications (injections and/or pills)**
- **Do not take these medications on the day of your procedure**
- It is important to monitor your blood sugar while doing your bowel preparation. Be sure to check your blood sugar at home at all meals, bedtime, and the morning of your exam.
- If you use an insulin pump, please call your primary care physician or the diabetic educator for instructions.

Blood Thinning Medications

Certain blood thinning medications may be stopped by your doctor. We will contact your doctor, and let you know if you need to stop them 5 days before your procedure. If you take Coumadin (Warfarin), you will need to have a prothrombin time performed before 11:00 AM the day before your procedure.

If you have questions, or are unsure how to take your medications, call the GI Associates Office at (603) 228-1763 8:30 AM to 4:30 PM

LOW FIBER DIET – 2 days before procedure

A low fiber diet includes foods that are easy to digest and do not leave residue in your colon while you are preparing for your colonoscopy.

Low Fiber Foods Include:

- Enriched white bread (NO whole wheat, oat or multigrain)
- White rice or plain enriched pasta or noodles
- Cereals with NO MORE THAN 1 GM of dietary fiber per serving
- Canned fruits without skins, seeds or membranes (examples: canned peaches, pears, fruit cocktail)
- Canned soups without corn or peas (examples, tomato or chicken noodle soups)
- Eggs
- Well cooked turkey, chicken or fish
- Juices without pulp
- Condiments (plain yellow non-grainy mustard, mayonnaise, ketchup)
- Well-cooked white potatoes cooked without the skin
- Small amounts margarine, butter or oil for cooking

DO NOT USE:

- **Whole wheat, whole grain, oats or multigrain bread and other products containing these**
 - **Brown or wild rice**
 - **Raw or Dried fruits and vegetables**
 - **Dried beans, baked beans, peas or corn of any kind**
 - **Flax or any food products containing flax, nuts or seeds**
 - **Popcorn or any snack food containing corn, nuts or seeds**
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CLEAR LIQUID DIET – Day before procedure

A clear liquid diet includes only liquids without pulp and particles and that when held up to light you can see through it. All red colored liquids must be avoided as they may hide polyps and/or alter the natural color of the colon mucosa.

Clear liquid choices are:

- Water
- Juice that you can see through (examples: apple, cranberry, white grape juice)
- NO JUICES CONTAINING PULP (examples: orange, grapefruit, tomato, apricot, etc.)
- Jell-O® (gelatin) any flavor **except** red coloring
- Popsicles, Italian ice, or ice pops without fruit (no sherbet or ice cream)
- Fat free chicken or beef broth or bouillon
- Soda
- Sports drinks – **any flavor except red drinks**
- Powdered clear “juice” mixes such as Kool-Aid® or Crystal Light® – **any flavor except red flavors/dyes**
- Coffee or tea with sugar or artificial sweetener but **NO dairy** (milk, cream or non-dairy creamers)

DO NOT USE:

- **Dairy products (milk, cream, non-dairy creamers, half and half, ice cream, soy milk, etc.,)**
- **Juices with pulp (orange, grapefruit, pineapple, tomato, apricot, etc.)**
- **Soups such as chicken noodle soups or other soups that contain vegetables, noodles, pasta or tomato. Broths must be clear and “see-through” without particles.**



Colonoscopy Prep – Colyte®

With Anesthesia (MAC)

If you need to cancel or reschedule your procedure, please call us at 603-228-1763 at least 2 weeks in advance so we may accommodate other patients who are waiting to be seen

Your prescription for Colyte® (GoLYTELY®, NuLYTELY® or generic is okay) has been faxed to your pharmacy.
Please notify your pharmacist that your prescription was called in on _____.

5-7 Day Prior	2 Days Prior	1 Day Prior	Procedure Day
<p><u>Required Supplies from the Pharmacy</u></p> <ul style="list-style-type: none"> • Colyte® (GoLYTELY®, NuLYTELY® or generic is okay) • Simethicone (Gas-X®, Mylanta®, or generic) <u>tablets</u> – You will need 4 tablets. • <u>If you have a tendency to be constipated or take medications that cause constipation</u>, also purchase Milk of Magnesia to take 2 days before your procedure. <p><u>Recommend Supplies</u></p> <ul style="list-style-type: none"> • Zinc oxide or Desitin® ointment may be used to protect your skin during the bowel preparation. Apply it before starting the bowel prep to prevent irritation to the rectal area. • Crystal Light® or any powdered flavoring - for flavoring, NO RED COLORED FLAVORS 	<p>Start a Low Fiber Diet</p> <ul style="list-style-type: none"> • No beans, corn, peas, tomatoes, cucumbers, nuts or any food containing seeds such as poppy, sesame, or sunflower. • No foods containing flax or fish oil <p>For more details on a Low Fiber Diet see the guidelines included with this packet.</p> <p><u>If you tend to be constipated</u> – take one ounce of Milk of Magnesia at 4:00pm.</p>	<p>Drink only clear liquids – No Dairy. NO SOLID FOODS</p> <ul style="list-style-type: none"> • See the Clear Liquid Guidelines included in the packet. • No red colored liquids or Jell-O® <p>Mix the Colyte® according to the package directions and refrigerate. It tastes better cold.</p> <ul style="list-style-type: none"> • You may add Crystal Light® to the solution for flavor if desired. Try it in one glassful first to see if you like the taste before mixing it into the whole gallon. Do not use red colored flavors <p>5:00pm – Start drinking the Colyte® solution. Drink 8 ounces every 15 to 20 minutes until the gallon is 75% (3/4) gone.</p> <ul style="list-style-type: none"> • If you feel bloated or full, take a break but be sure to drink at least 75% (3/4) of the solution before going to bed. <p><u>Immediately after completing 75% of the solution</u> – Take 2 Simethicone tablets.</p> <p>Your doctor requests that you drink some of the solution the next morning to give you the best results.</p>	<p>Starting 6 hours prior to your procedure – Drink the remaining amount of the Colyte® solution. Drink 8 ounces every 15 to 20 minutes until gone. <u>You need to finish the entire solution at least 4 hours prior to your procedure.</u></p> <p><u>Immediately after finishing the solution</u> – take the last 2 Simethicone tablets.</p> <p>Be sure to drink all of the prep. Not completing the bowel prep or eating solid food may result in rescheduling your procedure.</p> <ul style="list-style-type: none"> • Results should be watery and without solid particles, however there may be a few flecks in the morning. • If you have questions about your results call the GI Associates office at 603-924-1759. <p>You must stop everything by mouth 4 hours before your procedure – NO FOOD, NO LIQUIDS, AND NO WATER</p>

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This information will help you to understand your colonoscopy procedure at Concord Hospital. You will be asked to sign an informed consent based on the following information. If you have any questions after reading this information, please call GI Associates of NH at 603-228-1763. Your questions are important to us and we want you to feel good about taking this important step to improving your health. While Colonoscopy procedures and sedation are effective and safe, we are required to tell you about all of the possible side effects and complications. **The nurses will explain the procedure to you during the admission process when you arrive for your procedure and you will also have the opportunity to ask the physician any questions you may have before your procedure and before you receive any sedation.**

- **What is a colonoscopy?**

Colonoscopy is the direct visualization of the digestive tract with a narrow, flexible and lighted instrument. A camera system in the colonoscope allows the physician to take pictures of your digestive tract. The lining of the digestive tract will be inspected thoroughly and possibly photographed. Following the diet instructions and completing the bowel preparation in this packet allows the gastroenterologist a clear view of the gastrointestinal tract. Abnormalities can be hidden from view if food debris or stool is still present in the gastrointestinal tract. On the rare occasion that the preparation is not sufficient, we may have to reschedule your procedure with an additional prep in order to visualize the entire gastrointestinal tract clearly.

- **What if I have polyps?**

If the gastrointestinal specialist who is performing your procedure identifies or suspects an abnormality, a small portion of the tissue may be removed (biopsy) or the lining may be brushed for cells. Small growths (polyps) may also be removed using a snare (a thin wire device that looks like a small lasso) and cautery. Polyps vary in size from the size of small dots to several inches. Any tissue samples from your digestive tract are sent to the laboratory for analysis. It takes approximately 7 to 10 working days for the results to reach your physician. The physician's office will then notify you by mail or telephone about your results and any follow-up care that may be needed.

- **Will I have pain?**

There are no painful sensations when biopsies are taken or polyps removed. You may experience a sensation of fullness, temporary bloating in your abdomen or mild abdominal cramps from the air used during your procedure. It is necessary to use some air to expand the bowel for the physician to see the bowel lining. The physician will take out most of the air at the end of your procedure; however, you can pass the air at any time during and after the procedure. We will start an intravenous using a very small flexible catheter to give you fluids and medications for sedation and/or pain during your procedure. Giving medications through the intravenous catheter works very quickly to help you relax and may cause you to feel sleepy during your examination. We will work with you to manage the optimal level of sedation you prefer. Your comfort is very important to us and we will ask you frequently about your comfort level while you are here.

Principle Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal endoscopy is considered a very low risk procedure. Although complications are infrequent and uncommon, all of the following side effects or complications are possible

Be sure to ask your physician if you have any unanswered questions about your procedure.

- **Medications:** The sedation medications used at Concord Hospital are very well-tolerated by most people. Side effects and reactions are infrequent. Like all medications, sedative medications used during the procedure can cause allergic reactions in some individuals. Sedation may also slow down your breathing, which is treated with oxygen. If needed, we can administer medications to counteract the sedatives. The most common side effect of sedation medications are nausea and vomiting, which is treated with intravenous fluids and medications. Reactions to medications may require additional observation before you can be discharged to home. Although you may feel quite awake when you leave the center, the sedation medications can cause drowsiness and decreased coordination for several hours. The effects of the medications usually subside within 24 hours. Though infrequent, medications may cause some irritation and the intravenous site may be tender for 24-48 hours.
- **Perforation:** Passage of the instrument can result in an injury to the wall of the digestive tract with possible leakage into the body cavity. This complication is extremely rare when performed by a gastrointestinal specialist. If a perforation does occur, it is usually related to existing trauma or weakened mucosal walls in the intestinal tract such as from the effects of radiation therapy. Treating this type of injury may include observation in the hospital and sometimes results in surgery to drain the abdominal cavity and close the leak.
- **Bleeding:** If bleeding occurs it is usually a complication of stretching your esophagus (dilation), biopsy or removing a polyp. Treatment for bleeding is usually managed during the examination with cautery, placing a tiny metal clip on the bleeding site, or injection of a medication directly into the bleeding area.
 - We may advise that you not to take any blood thinning medications, aspirin or aspirin-like products for one week after having biopsies or a polyp removed to prevent bleeding until the biopsy / polyp site heal. This will be written on your discharge instructions. Although extremely rare, severe bleeding may include careful observation and admission to the hospital, possible blood transfusions at the hospital and/or possible surgery.
- **Infection:** The risks of infection following an endoscopy are extremely low when national standards and manufacturer's guidelines are followed.

Alternatives to Gastrointestinal Endoscopy

Colonoscopy is considered a safe and effective way of examining your lower digestive tract, however, there is a rare occurrence of polyps being missed during the examination and/or failure to diagnosis or misdiagnose. Not all gastrointestinal conditions can be diagnosed and/or treated with Endoscopy. The gastrointestinal specialist may recommend other tests or treatments after your procedure.

GI ASSOCIATES OF NH

60 Commercial Street, Suite 404
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603-228-1763
603-228-7088 fax

454 Old Street Rd, Suite 208
Peterborough, NH 03458
603-924-1759
603-924-4687 fax

Patients Responsibility Prior to Procedure

Patient Name: _____

Procedure: _____

Date & Time of Procedure: _____

Place of Procedure: _____

We require that you contact your insurance company to verify that you are covered for the procedure above. On the back of your insurance card should be numbers for you to use to contact your insurance company, please call them to ensure that you are covered and are aware of any out-of-pocket expenses that you may owe.

In addition to your physician bill and the hospital or facility bill, you may receive separate bills from pathology, radiology, laboratory, and anesthesia depending on the procedure.

If you have any questions regarding the insurance coverage of your procedure GI Associates is happy to assist you. *Please call 603-228-1763 and ask to speak to a billing specialist.* GI Associates will work directly with you and your insurance company to ensure that everyone is aware of the possible out-of-pocket costs.

If you do not have health insurance and need Financial Aid or you need to set up a payment plan please call the following numbers depending on your place of procedure.

- Concord Endoscopy Center or Concord Gastroenterology, PA – 603-228-1763 (payment plans)
- Concord Hospital - 603-225-2711 ask for Patient Accounts (financial aid)
- Dartmouth-Hitchcock – 603-229-5080 (financial aid)
- Monadnock Community Hospital – 603-924-4699 ext 4281 (Financial Aid or a Payment Plan)

Be sure to ask your insurance company the following questions:

- What are my policy benefits for this procedure?
- What is my deductible and co-insurance?
- What portion of the charges will I be responsible for?
- (if your procedure is a colonoscopy) What is the difference between a screening and diagnostic colonoscopy and how does that effect how my insurance covers costs?
- Which lab facilities am I allowed to have specimens sent to?

If your insurance company requests diagnostic codes or procedure codes GI Associates can never be sure which code will apply until the physicians makes the determination during the procedure. Please ask your insurance to review all scenarios of coverage.