



GI Associates of New Hampshire

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A COLLABORATIVE PRACTICE BETWEEN

CONCORD GASTROENTEROLOGY, PA

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DARTMOUTH-HITCHCOCK

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Your Procedure: _____ is scheduled at

Monadnock Community Hospital Day Surgery Center on _____.

Please arrive at: _____

Your preoperative telephone interview is: _____ between _____

****It is important that you complete your preoperative testing 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****



Colonoscopy

MIRALAX® Extended Prep

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

MIRALAX® (polyethelyne glycol) is a non-prescription bowel preparation available at pharmacies and stores that sell pharmacy supplies. It is sugar free and gluten free.

7 Days Prior	5 Days Prior	2 & 3 Days Prior	1 Day Prior	Procedure Day
<p><u>Over-the-counter Items (no prescription required)</u></p> <ul style="list-style-type: none"> Two – 64 ounce bottles of NON-RED colored Gatorade® One - 238 gram Bottle of MIRALAX® (Generic is OK) Simethicone (Gas-X®, Mylanta®, or generic) <u>tablets</u> – You will need 4 tablets of either 80mg or 125mg (red or chewable are OK). Two (2) bottles of Magnesium Citrate <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. 	<p>Start a Low Fiber/Low Residue 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>See the guidelines included for Low Fiber and Low Residue Diets included in this packet</p>	<p>3 DAYS PRIOR</p> <p>Drink the first bottle of Magnesium Citrate.</p> <p>Continue on the Low Fiber/Low Residue Diet.</p> <hr/> <p>2 DAYS PRIOR</p> <p>Drink the second bottle of Magnesium Citrate.</p> <p>Continue on the Low Fiber/Low Residue Diet.</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 artificially colored red liquids or red Jell-O®. DO NOT USE RED COLORED GATORADE® FLAVORS <p>Mix HALF of the MIRALAX® into each 64 ounce bottle of NON-RED colored Gatorade®. Shake both bottles and refrigerate. It tastes better cold.</p> <p>5:00pm – Start drinking the Gatorade® mixed with MIRALAX®. Drink 8 ounces every 15 to 20 minutes until you have completed one full 64 ounce bottle and half of the second 64 ounce bottle (1 ½ bottles). Shake the solution well before pouring each glass.</p> <ul style="list-style-type: none"> If you feel bloated or full, take a break but be sure to drink at least one whole bottle and half of the other bottle 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 (1/2 of one bottle) amount of the Gatorade® mixture. 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>

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 603-924-1759 8:30AM to 4:30 PM

CLEAR LIQUID DIET

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.**

LOW RESIDUE/LOW FIBER DIET

This diet provides foods which will result in a reduced amount of fecal material in the lower bowel.

Foods are low in fiber content and restricted in non-fibrous food producing residue.

CATEGORY	FOODS ALLOWED	FOODS TO AVOID
Milk & Milk Products	Milk as tolerated, *plain or flavored yogurt, pudding, cheese	Yogurt containing seeds or fruit peels, seeded cheeses, pudding with nuts
Beverages	Clear fruit juices (i.e.: apple, cranberry or grape); low-pulp or pulp-free juices (i.e.: orange, lemonade or grapefruit)	All others including nectars, milk, cream, fruit juices with pulp, cocoa, prune juice, tomato and vegetable juices
Breads	Refined breads, rolls, biscuits, muffins, crackers; pancakes or waffles; plain pastries	Any made with whole grain flour, cracked wheat, bran, seeds, nuts, coconut or raw or dried fruit; cornbread; graham crackers
Cereals	Refined cooked cereals including quick-cooking oatmeal, grits and farina; refined cold cereals such as puffed rice, puffed wheat and cornflakes	Oatmeal; any whole-grain, bran or granola cereal; any containing seeds, nuts, coconut or dried fruit
Desserts and sweets	Plain cakes and cookies made with all-purpose flour, pie made with allowed fruits; plain sherbet, fruit ice, frozen pops, gelatin and custard; jelly, plain hard candy and marshmallows; ice cream as tolerated, *molasses, sugar and syrup	Any made with whole-grain flour, bran, seeds, nuts, coconut or dried fruit; jam and marmalade
Fats	Margarine, butter, salad oils and dressings, mayonnaise; bacon; plain gravies	
Fruits	Most canned or cooked fruits, *applesauce, *fruit cocktail, *ripe banana, *melons, peeled apples, orange/grapefruit sections with membranes removed; strained fruit juice/fruit drinks; refined breads, rolls, biscuits, muffins, crackers; pancakes or waffles; plain pastries	Dried fruit; all berries; raw fruits with membranes and seeds, kiwi, grapes; any juice containing fruit or vegetable pulp; *prune juice
Meats and meat substitutes	Ground or well-cooked, tender beef, lamb, ham, veal, pork, poultry, fish, organ meats; eggs; creamy peanut butter	Any made with whole-grain ingredients, seeds or nuts; dried beans, peas, lentils, legumes; chunky peanut butter
Potato and potato substitutes	Cooked white and sweet potatoes without skin; white rice; refined pasta	All others
Soups	Bouillon, broth or cream *soups made with allowed vegetables, noodles, rice or flour	All others
Vegetables	Most well-cooked and canned vegetables without seeds, *except those excluded; lettuce if tolerated; strained vegetable juice	Sauerkraut, winter squash, peas and corn; most raw vegetables and vegetables with seeds
Miscellaneous	Salt, pepper as tolerated, sugar, spices, herbs, vinegar, ketchup, mustard, coffee/tea as tolerated, carbonated beverages	Nuts; coconut, seeds and popcorn; pickles

*These foods are low in fiber but may increase colonic residue; assess food tolerance and limit as needed.

NOTE: Residue may be further reduced by excluding all fruits and vegetables, with the exception of strained juices and white potatoes without skin.

Helpful Hints

- Buy breads and cereals made from refined wheat and rice. Avoid whole-grain products with added bran.
- Remove skin from vegetables and fruits before cooking.
- Marinate meats in juice or wine for added flavor.
- Season with spices and herbs for added flavor and variety.
- Avoid any food made with seeds, nuts and raw or dried fruit.
- Limit milk and milk products to 2 cups per day.
- Dietary fiber is reduced by using pureed or tender cooked vegetables, ripe, canned or cooked fruits without skin or seeds and well-cooked tender meats.

LOW ROUGHAGE DIET SAMPLE MENU

Breakfast

1 serving orange juice
1 egg
1 serving of allowed cereal with milk and sugar
1 or more servings of toast with butter and jelly
Beverage

Lunch or Dinner

1 serving soup with saltine crackers
1 serving of meat, fish or allowed cheese
1 serving potato or substitute
1 serving of allowed vegetable
1 serving of bread and butter
1 serving of allowed fruit or allowed dessert
Beverage

Snacks

Allowed cereal with milk and sugar
Allowed cookies or cake
Allowed milk dessert
Flavored gelatin with allowed fruits
Any other food included on diet lists

Dr. Robert J. Chehade

Dr. Michael J. Gilbert

Dr. Samuel C. Somers

Dr. Robert D. Thomson

Dr. Burr J. Loew

This information will help you to understand your colonoscopy procedure. 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 Monadnock Community 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

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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.