

GI Associates of New Hampshire

Phone: (603)228-1763

Fax: (603)227-7539

A COLLABORATIVE PRACTICE BETWEEN

CONCORD HOSPITAL GASTROENTEROLOGY

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- Robert J. Chehade, MD
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- Hussein El Newihi, MD
- Samrath Singh, MD

DARTMOUTH-HITCHCOCK

- Scott R. Oosterveen, MD
- Leyla J. Ghazi, MD

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 prep prescription was sent to _____ Pharmacy on _____. If your pharmacy states they do not have the prescription, ask them to check prescriptions that are on hold.

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, you must have someone stay with you until the next morning.

NO WORK OR SCHOOL 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****

Flexible Sigmoidoscopy Prep 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.

6-7 Days Prior	5 Days Prior	Procedure Day
<p><u>Required Supplies from the Pharmacy:</u></p> <ul style="list-style-type: none"> 2 – 4.5 fluid ounces size Fleet® enema 	<p>Discontinue any fiber supplements or medications containing iron.</p> <p>Discontinue aspirin, ibuprofen (Advil®, Motrin®) and other anti-inflammatory medicines. You may use acetaminophen (Tylenol®) for discomfort.</p> <p>Certain blood-thinning medications may be stopped by your provider. We will contact your provider, and let you know if you need to stop them 5 days before your procedure. If you take warfarin (Coumadin®), you will need to have a prothrombin time test performed before 11:00 AM the day before your procedure.</p>	<p>Nothing to eat or drink after midnight. No insulin or diabetic medication the morning of your procedure.</p> <p>Three hours before your procedure is scheduled, give yourself the first Fleet® enema; hold it as long as possible, then release it.</p> <p>One hour prior to leaving for your scheduled appointment, give yourself the second Fleet® enema; hold it as long as possible, then release it.</p> <p>If you are having sedation, you must have someone to drive you home after the procedure. Sedation given for the exam 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.</p> <p>If you have any questions, feel free to contact us at 603-228-1763 between 8:30am and 5:00pm, Monday through Friday.</p>

Clear Liquid Diet

A clear liquid diet includes only liquids without pulp and particles and, 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, white grape)
- Jell-O® (gelatin) any flavor **except** any with red coloring/dye
- 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 or other soups that contain vegetables, noodles, pasta or tomato. Broths must be clear and “see-through” without particles.**

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Patient's Responsibility Prior to Procedure

We recommend that you contact your insurance company to determine whether you are covered for your procedure. On the back of your insurance card, look for the Customer Service telephone number you should use. Please call to confirm that the procedure is covered and to understand what, if any, out-of-pocket expenses for which you may be held responsible.

In addition to your provider 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, please call the following numbers depending upon your provider and place of procedure.

- Concord Endoscopy Center – (603) 227-7788
- Concord Hospital – (603) 227-7788
- Concord Hospital Laconia – (603) 527-2990
- Dartmouth-Hitchcock – (603) 629-1726

If you do not have health insurance, you may qualify for Financial Assistance or you may be able to set up a payment plan. Please call the following numbers depending on your provider and place of procedure.

- Concord Endoscopy Center – (603) 227-7101 ask for Financial Counseling
- Concord Hospital – (603) 227-7101 ask for Financial Counseling
- Concord Hospital Laconia – (603) 527-7171 ask for the Financial Assistance Department
- Dartmouth-Hitchcock – (603) 229-5080 ask for Financial Assistance

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 to pay?
- If your procedure is a colonoscopy, what is the difference between a screening and diagnostic colonoscopy and how does that affect how my insurance covers costs?
- Which lab facilities am I allowed to have specimens sent to?