

NORTHEASTERN GASTROENTEROLOGY ASSOCIATES, P.C.

David D. Reynolds M.D. Matthew J. Downey, M.D. David A. Talenti, M.D.
Emily Benson, FNP-BC Rebecca Rivardo, PA-C Margaret Kellogg, CRNP

1860 Fair Avenue, Suite A
Honesdale, PA 18431
P (570) 253-3391 F (570) 253-1811
www.gastrohonesdale.com

May 10, 2020

Gina Test
529 Madison Avenue
Jermyn, PA 18433

Please contact us at (570)253-3391 with any questions regarding your test or prep.

Please fill out registration form *if* included. Once completed, this form should be .

Please Note: You *must* bring photo I.D. and insurance card(s) to your appointment.
(if you do not have a photo I.D., a utility bill with your name and address is acceptable.)

Colonoscopy with Miralax Preparation

YOU WILL BE SEDATED THE DAY OF YOUR PROCEDURE, SO YOU **MUST** HAVE A DRIVER WITH YOU TO SIGN DISCHARGE INSTRUCTIONS GIVEN BY YOUR DOCTOR. A TAXI OR BUS IS NOT ACCEPTABLE UNLESS YOU ARE ACCOMPANIED BY AN ADULT. **DRIVERS OR ADULT COMPANIONS WILL BE CONFIRMED AT THE TIME OF CHECK IN OR YOUR PROCEDURE WILL BE RESCHEDULED.** YOU MUST BRING YOUR INSURANCE CARDS, PHOTO I.D. AND A CURRENT LIST OF MEDICINES/DOSES.

THE TEST WILL BE CANCELLED IF:

- 1) You have no one to drive you home
- 2) If you do not follow prep instructions as directed
- 3) If you eat ANY food the day of test and drink any fluids including water after midnight the day before or prior to the test

ITEMS NEEDED FOR YOUR COLONOSCOPY PREP

- One bottle of Miralax powder--238-gram bottle (available over the counter)
- 2 Dulcolax/Bisacodyl 5mgs tablets. (available over the counter).
- Two 32-oz. bottles of Gatorade or any clear liquid such as iced tea, water, lemonade, or Crystal Light if you are a diabetic
- 10 oz. bottle of Magnesium Citrate (see below)
- **NO RED OR PURPLE LIQUIDS**

- **PLEASE BE AWARE THAT IF YOU DO NOT PREP AS DIRECTED YOUR PROCEDURE WILL BE CANCELLED**

7 DAYS PRIOR TO YOUR PROCEDURE:

Check the Pre-Procedure Medication Review included in your instructions packet.

Do NOT eat corn, popcorn or any food containing seeds such as poppy, sesame or sunflower. Discontinue fiber supplements: Metamucil, Citrucel, FiberAll.

5 DAYS PRIOR TO YOUR PROCEDURE:

Discontinue use of any iron pills or vitamins containing over 15mg iron.

3 DAYS PRIOR TO YOUR PROCEDURE

Do not take any blood thinners, Aspirin, *vitamins and supplements. Iron pills, Vitamin E*, Fish oil, Anti-Inflammatory medication including, Meloxicam, Celebrex, Ibuprofen, Motrin, Aleve, Advil, Nuprin, Naprosyn, Sulindac, Indomethacin, Voltaren, Indocin, Soma compound, and Diclofenac

Patients who take Coumadin, Plavix, Xarelto, Eliquis, Brilinta and Pradaxa will need to check with their prescribing physician to verify holding medications prior to procedure.

Hold oral diabetic medications the **evening before and morning of the procedure.** Insulin injection medications **administer 1/2 dose the evening before the procedure and hold the morning dose.**

THE DAY BEFORE THE PROCEDURE:

- You must have **NO** solid foods or dairy products
- Clear liquid diet all day
- **No smoking 24 hours prior to procedure**
- Start taking Dulcolax/Bisacodyl tablets as directed below
- Start Miralax solution as directed below

****Dulcolax/Bisacodyl tablets instruction:**

7:00am --- take 2 Dulcolax/Bisacodyl tablets

****Miralax instruction:**

8:00am --- mix 1/2 bottle of Miralax in 32-oz of Gatorade or clear liquid of your choice. Shake the solution until the Miralax has dissolved. Drink an 8-oz. glass every 15-20 minutes until the solution is gone.

1:00pm --- mix the remaining 1/2 bottle of Miralax in 32-oz. of Gatorade or clear liquid of your choice. Shake the solution until the Miralax has dissolved. Drink an 8-oz. glass every 15-20 minutes until the solution is gone.

If you experience bloating, nausea or discomfort, SLOW DOWN, and allow more time.

If you do not have a liquid bowel movement by 6:00 p.m., drink one 10 oz. bottle of Magnesium Citrate

Continue drinking lots of clear liquids the entire day. It is essential for a good colon cleanse and effective results, so that there will be no need for retesting. **STOP drinking clear liquids including water after midnight.** Your clear liquid diet options are listed below. **NO RED OR PURPLE LIQUIDS**

NOTE: It is common to experience abdominal discomfort until the stool has flushed from your colon. This may take 2 to 4 hours sometimes significantly longer. If this occurs, continue drinking clear liquids until you have a bowel movement.

STOP, drinking the bowel prep solution and contact our office, if you experience **severe** distention, pain, or vomiting.

MORNING OF THE PROCEDURE:

- 1) Take ALL acceptable morning medications with a small sip of water (including blood pressure and seizure medications)
- 2) You may use Tylenol for headache or pain.
- 3) If you have asthma and use an inhaler, please bring it with you on the day of your procedure and use it in the morning of the procedure.
- 4) If you take controlled pain medicine, please take it on the day of your procedure.

You are ready for the exam if you followed all instructions and your stool is no longer formed and is the consistency of water. The color may vary depending on what you were drinking.

SMOKERS: Please do not smoke cigarettes, cigars or pipes, chew tobacco, vape or use e-cigarettes for 24 hours prior to your procedure.

Avoid hard candy and/or gum until after the procedure.

After you have registered for your colonoscopy, you will be escorted to your pre-procedure cubicle, a nurse will take your health history, blood pressure, and start an intravenous line for medication. Your ride/family will be asked to wait in the reception area until intake process is complete. *(Minors and patient incapable of providing information, may be accompanied by a family/care giver at staff's discretion).*

You will have the opportunity to speak with your examining physician before the procedure to answer any questions you may have. You will be sedated for the procedure which will take approximately 20-30 minutes.

After the procedure, you will remain at the center until you are more fully awake. **PLAN TO BE AT THE FACILITY 1-2 HOURS.** Please leave valuables (jewelry, money, etc.) at home. You will need to remove all body piercings prior to the procedure. Wear comfortable clothes. Do not wear makeup.

In the unlikely event that you require emergency medical care beyond the capabilities of the endoscopy room, you will be transported to the emergency room at Wayne Memorial Hospital.

STOP: Due to the sedative effect of the medication, you must bring a family member to drive you home. - **NO DRIVING OR OPERATING MACHINERY OR RETURNING TO WORK FOR THE REST OF THE DAY.**

- **PLEASE BE AWARE THAT IF YOU DO NOT PREP AS DIRECTED YOUR PROCEDURE WILL BE CANCELLED**

CLEAR LIQUID DIET

NO RED OR PURPLE COLORED JUICE, GELATIN OR GATORADE

Your clear liquid diet for the day before your procedure:

Tea and Coffee	Clear Juices	Powdered Lemonade	Water/ Vitamin Water	Carbonated Beverages
	<p>such as apple or white grape juice</p> 			
NO MILK OR DAIRY	NO PULP NO RED NO PURPLE	NO PULP	NO RED NO PURPLE	

Sports Drinks	Popsicles	Jell-O	Broths/ Coconut Water	Honey
	 <p>Without Milk or Added Fruit</p>			
NO RED NO PURPLE	NO RED NO PURPLE	NO RED OR PURPLE		

MUST READ BILLING INFORMATION FOR YOUR COLONOSCOPY
(COLONOSCOPY CODES RANGE FROM 45378-45385)

1. **STATEMENTS** - You will receive *separate* bills from the following companies:

- *NORTHEASTERN GASTROENTEROLOGY - Physician fee
- *Mountain Laurel Surgery Center or Wayne Memorial Hosp. - Facility fee
- *INFORM DIAGNOSTICS (also known as Cohen Dermatopathology or Metroplex Pathology Associates) -Pathology fee (if a biopsy is done)
- *MAPLE CITY ANESTHESIA- Anesthesia Services

2. **CANCELLATION NOTICE** - Northeastern Gastroenterology and Mountain Laurel Surgery Center require 24 hours notice. There will be a fee of \$100.00 for Mountain Laurel Surgery Center for all tests not canceled in advance.

3. **REFERRAL** - **IF** your insurance requires a referral from your Primary Care Physician, please be sure to bring the referral with you at the time of your scheduled visit **OR** the physician's office can fax the referral directly to us.

4. **PRECERTIFICATION** -**IF** your insurance plan requires a precertification for a colonoscopy (PROCEDURE CODES 45378-45385) being done at an ambulatory surgical center or a hospital, please let us know and we will contact your insurance carrier to obtain it.

5. **SCREENING COLONOSCOPIES** - If your insurance plan has a wellness package, you **need** to let our billing department know prior to your procedure the answers to the following questions:

- A. Does your plan cover colonoscopy screenings? (A screening means you are having no problems that would warrant a colonoscopy for diagnostic reasons.)
- B. How often does your plan allow you to have a screening?

PLEASE NOTE- A screening colonoscopy will change to a diagnostic colonoscopy if a biopsy is done.

PLEASE KEEP IN MIND THAT YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR BILLING DEPARTMENT AT 570-253-3391.