

Instructions for Outpatient Procedure

PRE-PROCEDURE CHECKLIST:

- **Three (3) business days after your consultation appointment**, you will be contacted by a Care Coordinator to go over insurance benefits, determine a procedure date and go over preparation instructions. In the event an out-of-pocket expense is determined for the facility fee, according to your insurance benefits, this portion **MUST** be collected prior to being placed on the procedure schedule.
- **Financial Information:** You may receive several statements from this procedure. The following fees are associated with a colonoscopy: a physician's fee, a facility fee (supplies and nursing care), an anesthesia fee and pathology fee (if tissue is removed). As a courtesy our office will verify benefits and attempt to obtain required prior-authorizations. It is your responsibility to know if your specific insurance plan requires a prior-authorization for this procedure.
- **You MUST arrange for an adult representative for the day of your exam.** Your representative **MUST** be 18 or older, able to remain at the facility until discharge, able to receive your procedure diagnosis after the exam, make medical decisions regarding your care, and drive you home.
- **If you need to cancel or reschedule your appointment**, please contact a Care Coordinator at **least two business days** prior to your procedure to avoid a late cancellation or no show fee of \$100.00.
- **Seven (7) days prior to your procedure date** you will need to discontinue the use of medication(s) listed in the "Important Information Brochure," unless otherwise instructed. Before discontinuing any medications you should check with your prescribing physician. You will need to **discontinue the consumption of any seed like material (popcorn, sunflower seeds, etc.)**.



STOP AND READ: Please complete the assigned preparation for your ordered procedure as directed.

Failure to accurately and completely prepare for your exam may result in the need for an additional procedure and both will be billed to your insurance. **If you are a smoker, please refrain from smoking the day of your procedure.**

Includes: e-cigarettes, cigars, pipe, cigarettes, and marijuana

The day before your procedure		
<input type="checkbox"/> No chewing gum, breath mints, tobacco products, or alcoholic beverages		
<input type="checkbox"/> EGD	<input type="checkbox"/> ERCP	<input type="checkbox"/> EUS
An EGD is an endoscopic procedure in which the upper digestive tract (<i>esophagus, stomach, and first part of the small intestine</i>) is visualized. It is performed for diagnostic purposes to confirm certain conditions and biopsy areas of concern.	An ERCP is a specialized technique primarily performed to study the ducts of the gallbladder, pancreas, and liver. This procedure combines the use of X-rays and an endoscope which allows the physician to view the inside of the stomach, duodenum, ducts in the biliary tree, and pancreas.	A EUS is a procedure that uses high frequency sound waves to produce detailed images of the gastrointestinal area. EUS combined with biopsy allows the physician to analyze fluid and tissue from your abdomen and chest for diagnosis of cyst, pancreatic cancer, and other conditions of the pancreatic region.
The evening before your EGD	The evening before your ERCP	The evening before your EUS
<input type="checkbox"/> Nothing to eat or drink after midnight	<input type="checkbox"/> Nothing to eat or drink after midnight	<input type="checkbox"/> Nothing to eat or drink after midnight
The morning of your procedure		
<input type="checkbox"/> You may take blood pressure, heart, or seizure medication(s) with a small sip of plain water FOUR (4) hours prior to your procedure time, unless otherwise instructed.		

ABSOLUTELY NOTHING BY MOUTH FOUR (4) HOURS PRIOR TO YOUR PROCEDURE TIME