

OPEN ACCESS COLONOSCOPY

This information sheet is provided to help you understand a colonoscopy. If you have questions after reading this sheet, please do not hesitate to contact our offices 805-449-4278. Upon your arrival at the surgical center for your procedure you will be asked to sign a consent form.

WHAT IS A COLONOSCOPY?

Colonoscopy is an examination of the large intestine using a flexible tube with a video camera at the end. The tube is inserted into the rectum and advanced through the colon. At the time of the examination the doctor can take tissue samples or remove abnormal growths such as polyps. Other procedures are sometime performed such as applying clips or electrocautery to prevent or control bleeding, inject medications or dyes into the bowel. Patients usually receive a sedative medication injected through an intravenous line (IV) and are sleepy or asleep throughout the procedure. On average the procedure takes between 20 – 45 minutes.

WHY IS COLONOSCOPY DONE?

Colonoscopy is done to detect colon cancer or precancerous polyps in both average risk individuals and in those with an increased risk of colon cancer, such as those with family history of colon cancer or personal history of inflammatory bowel disease. It is also done as part of the evaluation of symptoms such as rectal bleeding, diarrhea, change in bowel habits or caliber of stools and other conditions.

WHAT IS THE SUCCESS RATE OF COLONOSCOPY

An examination of the entire colon is possible in most patients. Occasionally a complete examination is not possible because of narrowing of the colon, the presence of an unusually long and twisty colon, or looping and sharp angulation (usually from scarring related to previous surgery or diverticulitis). Even when the entire colon can be seen there is a chance that a polyp or other abnormality will not be seen. This chance is higher when pre-colonoscopy cleansing is not adequate.

WHAT ARE THE RISKS OF COLONOSCOPY?

Colonoscopy is considered a relatively safe procedure, but complications can occur in about 1 person out of 1000 (0.1%). These complications include but not limited to infection, bleeding (usually occurs at site of large polyp removal), perforation (creating puncture or tear in bowel wall), cardiac problems such as heart attack or rhythm disturbances, sedation related complications such as aspiration or decreased respiration and even death which is quite rare. While a complete list of possible rare complications would be quite lengthy, this list includes some of the most significant risks.

WHAT ARE THE ALTERNATIVES TO COLONOSCOPY?

There are several other methods that can be used to examine the bowel. These include a limited examination that is confined to the rectum and lowed portion of the colon (flexible sigmoidoscopy), barium enema and CT colonography (virtual colonoscopy).

HOW DO I PREPARE FOR COLONOSCOPY?

Please see included prep form. If you have any questions please contact our office 805-449-4278.

WHAT SEDATION/ANESTHESIA OPTIONS DO I HAVE?

A colonoscopy can be uncomfortable due to air put in the colon and pressure felt around turns of the colon. Two sedation options are available. The most preferred by patients and doctors is Propofol. This is administered by an anesthesiologist and allows the patient to breath on their own with maximum comfort and quick recovery. Second option is conscious sedation (twilight) that is a combination of Versed (anti-anxiety) and Fentanyl (narcotic) administered by the gastroenterologist which can help take the edge off and allow for increased comfort. Unfortunately we cannot guarantee a fully comfortable experience due to the variability of metabolism from person to person.

**Please see included anesthesia form included and contact anesthesia group for further insurance questions and general inquiries. (phone number: 805-578-8300 ext. 14245)*

WHAT CAN I EXPECT AFTER THE PROCEDURE?

You may feel bloated or have cramping for 1-2 hours after the procedure is completed. You may feel tired and need to take a nap once you are back home. It is common to go a few days without a bowel movement. If biopsies or polypectomy is performed you may notice small amounts of blood. You should plan on eating a light meal after the procedure and if goes well resume your regular diet. You should be completely recovered and able to return to your usual activities the next day. You are not allowed to drive or use any heavy machinery, make any important decisions the day of the procedure.

Today's date:				Primary Care Physician:			
PATIENT INFORMATION							
Patient's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former name):		Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:						Home phone no.: ()	
City:		State:		ZIP Code:		Cell phone no.:	
		Email Address:				Would you like email reminders and web portal access? (circle one) Yes No	
Chose clinic because/Referred to clinic by (please check one box):				<input type="checkbox"/> Dr.		<input type="checkbox"/> Insurance Plan <input type="checkbox"/> Hospital	
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Internet	<input type="checkbox"/> Other				

OPEN ACCESS COLONOSCOPY QUESTIONNAIRE

We have developed a program which allows for healthy individuals to schedule screening colonoscopy without need for an office visit before the procedure. If your physician has suggested you have a colonoscopy you may qualify for this program. Of course not all patients will be able to safely undergo colonoscopy without a more detailed evaluation of their health history and their risks for the procedure. If that is the case for you, please call our offices and we will schedule an appointment so the physician can review your medical history, assess your current condition and determine how to best meet your health needs.

Please complete the following questions and attached forms and return to our office via mail or fax (805-449-4277) or email: thousandoaksgastro@gmail.com We will contact you in 5-7 business days.

1. How old are you? _____
2. What is your height and Weight? _____
3. Have you had a colonoscopy in the past?
 - a. If yes, when and where

 - b. What were the results? Polyps?
4. Why did your doctor suggest a colonoscopy?
 - a. If colonoscopy was recommended because of family history of colon cancer or polyps, which relative had cancer or polyps and what was their age?
5. Do you have any gastrointestinal symptoms? *Please circle:*
 - a. Abdominal pain
 - b. Bleeding
 - c. Weight loss
 - d. Diarrhea or constipation
 - e. Change in bowel habits or caliber
 - f. Anemia
 - g. NO SYMPTOMS
6. What pharmacy do you use?

Patient name: _____

Patient Name: _____

7. Do you have any of the following medical problems? *Please circle:*
- a. History of heart disease, heart attack, or endocarditis
 - b. Heart valve replacement
 - c. Pacemaker/Defibrillator/Stent
 - d. On anticoagulation therapy (Coumadin, Plavix, Heparin, Ticlid, Lovenox, Eliquis, pradaxa, Xeralto or others)
 - e. Renal failure or on dialysis
 - f. History of chronic pulmonary problems (chronic asthma, emphysema, COPD, sleep apnea)
 - g. Joint replacement within 2 months
 - h. Mobility problems, paralysis, stroke, Parkinson's, TIA's
 - i. History of diabetes
 - j. Weight > 350
 - k. Organ transplant
 - l. Alcohol or drug dependency
 - m. Currently smoking
 - n. History of obesity surgery
 - o. NONE OF THE ABOVE
8. Any history of anesthesia problems?
9. Are you able to walk without assistance?
10. List all allergies to medications?

LIST ALL MEDICATIONS AND HERBALS

Please return: fax (805-449-4277), email (thousandoaksgastro@gmail.com) or mail the following forms:

- 1. Open Access colonoscopy questionnaire form
- 2. Patient information form
- 3. Copy of front and back of insurance card and photo ID
- 4. Signed copy of Anesthesia form
- 5. Patient acknowledgment form

Mail to:

Kumar Desai, MD, 227 W. Janss Road, Suite 315, Thousand Oaks CA 91360

PATIENT ACKNOWLEDGEMENT FORM

- I have reviewed the Open Access Colonoscopy Questionnaire and have answered all the questions truthfully to the best of my knowledge.
- Open access colonoscopy is designed to allow healthy, age appropriate patients to have a screening colonoscopy without an office visit. The Questionnaire that I have completed will be carefully reviewed and I may be called for points of clarification. For my safety, depending on the answers provided, I understand I may be scheduled directly for a Screening colonoscopy or if I do not meet open access criteria, an office visit will be scheduled.
- I understand that by choosing to pursue Open Access Colonoscopy I have not, nor during this process will I have, a GI consultation. I understand that I have the choice to make an appointment for an office visit to discuss colonoscopy and have declined to do so. I also understand that I will require a separate office visit to address any GI complaints I may have.
- If I am scheduled directly for a Screening Colonoscopy information is included regarding preparation for the procedure, the procedure itself, and post-procedure concerns. I will read the information provided and make sure that I understand and will be able to comply with the instructions given.
- I understand that, while not likely, there are risks involved with colonoscopy as with any medical procedure. These risks are outlined in the information that I have received. I have reviewed this information to my complete satisfaction and I understand the risks and the benefits of colonoscopy.
- Should I have any changes in my health status or insurance after being scheduled or have any questions about the information I receive by mail I will call 805-449-4278.
- I understand that I must have someone drive me to the procedure and drive me home. Without a designated driver the procedure will be cancelled.

Patient Signature: _____ Date of birth _____

Date: _____ Patient name: _____

COLONOSCOPY PREP INSTRUCTIONS

SUPREP PREPARATION:

1. Stop NSAIDS (aspirin, Motrin, Advil etc.), Fish Oil, (blood thinners), Iron for **5 days** before your procedure
2. Dinners before day of clear liquids: **Avoid nuts, hi fiber foods (see below) two days before procedure**
3. **Clear liquid diet for the day prior to your procedure (see list below). DRINK THROUGH OUT DAY**

Day before procedure

Step 1: On evening before procedure at 5pm, Pour (1) 6-0z bottle of SUPREP into mixing container

Step 2: Add cool water to 16-0z line and mix – Drink all of container

Step 3: Drink two 16-Oz of water or ginger ale or Gatorade or any liquid (within 1 hour)

Step 4: Repeat steps 1-3, (At least four hours before procedure)

Please take any hypertension medications with a sip of water 3 hours before your procedure, if taking insulin please follow instructions from the doctor

***Clear liquids** – see list included. Avoid alcoholic beverages. Stay hydrated, drink fluids all day.

***Two days** before clear liquids, your dinner should avoid nuts and high fibers (beans, seeds, raw vegetables, fruits, quinoa, kale, corn, etc) for these are hard to clean out the next day and can make the visualization suboptimal.

* If you feel nauseated while drinking the prep please wait 10 minutes and resume drinking.

* Please bring your **driver's license, insurance cards and medication list** to the Endoscopy center

*Please bring someone to drive you home.

* **NO LIQUIDS EXCEPT PREP PRIOR TO YOUR PROCEDURE.**

*We would like to provide you with the most complete exam possible. Unfortunately, not all preps have the same effect on everyone. Therefore, the above instruction is **not** a guarantee that you will be properly prepared for your colonoscopy. There is a small possibility that you will need to be rescheduled at a later date with additional instructions if your prep is inadequate.

*If you have any questions please call our offices at (805) 449-4278.

CLEAR LIQUID DIET

The diet includes low residue fluids that are easily absorbed with minimal digestive activity. This diet does not contain all essential nutrients and is recommended if clear liquids are temporarily needed. This will allow for oral intake without compromising a thorough colon exam.

No Red or Purple liquids should be consumed

This is a list of food/liquids allowed. Please choose only items from this list.

Water

Flavored water

Sparkling water

Decaffeinated tea

Carbonated beverages: sprite, 7-up, ginger ale (**avoid red, purple or dark sodas**)

Fruit flavored drinks (**avoid red, purple**)

Weak coffee

Strained fruit juices (no pulp)

Apple Juice

White grape juice

Powdered lemonade

White cranberry juice

Clear broth (chicken or beef)

Bouillon cubes

Jell-O

Popsicles

Sugar

Honey

Syrup

Clear hard candy

Clear ensure protein drinks (make sure it's clear)

Conejo Los Robles Anesthesiology Medical Group

Notice for all Blue Cross and Blue Shield Patients Requesting
Anesthesia Care for Endoscopic Procedures at

Los Robles Surgicenter

Blue Cross and Blue Shield have determined that the routine services of an anesthesiologist for average risk patients undergoing upper and lower gastrointestinal endoscopic procedures is not medically necessary, and therefore Blue Cross and Blue Shield will usually not pay for these services. CLRAMG is a contracted provider with Blue Cross and Blue Shield and as such, we must honor the EOB (Explanation of Benefits) if we submit a claim on your behalf. In order to provide our services, we need you to sign this waiver, acknowledging that in the event that your insurance company does not approve the claim, you agree to pay us this discounted amount. This discounted rate is for patients paying by cash, check or eCheck. For patients paying by eCheck, Please call (805) 578-8300, or visit WWW.CLRAMG.COM.

\$295 for a Colonoscopy or Upper Endoscopy

\$420 for a combined Colonoscopy/Upper Endoscopy

For patients paying by Visa, Mastercard, or Discover at the time of service, Please call (805) 578-8300, or visit WWW.CLRAMG.COM.

\$310 for a Colonoscopy or Upper Endoscopy

\$440 for a combined Colonoscopy/Upper Endoscopy

Please bring this form with the card authorization number or a copy of your payment receipt and give it to your anesthesiologist.

Your signature below indicates that you understand that your insurance company may not allow payment for anesthesia services for your procedure and you agree to pay the above sum for these services.

If you desire CLRAMG to bill your insurance despite the reasonable likelihood that they will deny the claim, please check the appropriate box below. In the event that your insurance company approves your anesthetic, the fee that you have paid will be credited toward the payment spelled out on your EOB (Explanation of Benefits). This may result in a refund to you or an additional fee. Regardless of whether CLRAMG bills your insurance, the above payment is due prior to your procedure.

Please check the box below to let us know if you'd like us to bill your insurance company.

Do not send a claim to my insurance company. My payment represents a cash discounted payment in full.

Please send a claim to my insurance company. I understand this may result in a higher payment due.

Signature _____

Name _____

Date of Service _____

Credit Authorization Number _____