

Your procedure will be at **East Valley Endoscopy, 1179 East Paris Ave S.E. Suite 200, Grand Rapids, MI 49546.** (This is also the office of Gastroenterology Specialists/Dr. Papp Jr. This is not Dr. Serini's office on Health Drive in Wyoming.)

You have been scheduled for a (n) ___ on ___ with Dr. Serini.

Please arrive at ___ a (n) ___ procedure time.

Please note there may be last minute changes in your arrival time due to unforeseen circumstances in the provider's schedule. Our office will contact you prior to your procedure to notify you if your time has changed

Please complete the registration paperwork enclosed and bring it with you to your procedure appointment along with your insurance card(s), picture ID and medication list.

Medication Notes:

Coumadin, Plavix, Pradaxa, Xarelto, Eliquis, Brilinta, Effient, Persantine, Pletal, and Aggrenox must be discontinued 5-7 days prior to your procedure.

If you take Aspirin, continue taking as prescribed by your doctor - do not discontinue. **Please contact your Primary Physician or Cardiologist before stopping these or any medications.**

Medications allowed the morning of the procedure are blood pressure, heart, seizure and breathing medications. If you are on inhalers, PLEASE bring them with you. If you are diabetic please contact your Primary Physician for instructions or changes with your diabetes medications.

Please contact our office 3-4 weeks prior to your scheduled procedure if you have/or use any of the following:

- If you are allergic to or cannot take Fentanyl or Versed
- If you have had any new cardiac symptoms, or any unresolved cardiac issues within the last 3 months
- If you are on continuous oxygen
- If you are wheelchair bound, or your mobility is reduced requiring additional assistance
- If you use narcotic antagonist including but not limited to: Buprenorphine, Naloxone, and/or Suboxone. If you are unsure, please ask your prescribing doctor or pharmacist.

You will be at the endoscopy unit an estimated 2-3 hours from arrival. You will not be able to drive after the procedure due to the sedation, so you will need a driver. You will not be able to do anything that requires full mental alertness for 24 hours after procedure. Your driver must remain in the waiting area during the procedure.

IMPORTANT:

WE CANNOT AFFORD TO HAVE ANY LATE CANCELLATIONS OR MISSED APPOINTMENTS IN OUR DAY. YOU MAY BE CHARGED A FEE AND/OR UNABLE TO RESCHEDULE IF YOU FAIL TO CANCEL 1 BUSINESS DAY PRIOR OR MISS YOUR PROCEDURE.

Please call our office to confirm, cancel, or reschedule your procedure at least 3 business days prior to the appointment or if you have any questions concerning the above information at (616) 828-5727. **If you fail to confirm by 12:00pm 2 business days prior to your procedure your procedure will be cancelled.**

IT IS THE PATIENT'S RESPONSIBILITY TO CHECK THEIR INSURANCE FOR COVERAGE PRIOR TO THE PROCEDURE

PLEASE DO THE BEST YOU CAN IN PREPARATION FOR YOUR COLONOSCOPY. PLEASE **DO NOT** CALL THE DOCTOR AFTER HOURS UNLESS IT IS AN EMERGENCY.

Visit our website: www.giconsultgr.com for additional information and FAQ's.

PREPARATION FOR COLONOSCOPY
(Miralax Prep)

3-5 Days Prior to Procedure

Obtain over-the-counter Miralax (238gm/14 day dose bottle), 4 Dulcolax laxative tablets, and 64 oz of Gatorade (not red or purple).

DAY PRIOR TO PROCEDURE

Mix entire 14 day dose bottle of Miralax with 64 ounces of Gatorade. It will mix best if Gatorade is room temperature. You may refrigerate it once it is mixed.

Start and keep a clear liquid diet ALL DAY. Continue clear liquids until 4 hours prior to the procedure. Fluids are considered clear only if they can be seen through when held up to a light. The following are allowed to have: Jell-O, popsicles, coffee (no cream), tea, beef or chicken broth, and any juices or pops you can see through. Do not consume anything red or purple since that can mimic blood and may affect test results.

11:00 AM: Take the 4 Dulcolax tablets and continue with the clear liquids.

5:00 PM: Begin taking Miralax preparation. Drink one 8 to 10 oz. Glass every 15 to 20 minutes until half gone. If you have problems such as vomiting, discontinue for one hour and then restart.

MORNING OF PROCEDURE: 6 hours prior to procedure drink the remainder of your prep. **YOU MUST BE FINISHED WITH THE REMAINDER OF PREP AT LEAST 2 HOURS PRIOR TO PROCEDURE TIME, SO PLEASE PLAN ACCORDINGLY!** If you have problems such as vomiting, discontinue for one hour and then restart. **Note:** If your procedure is scheduled for early morning, you will need to get up during the night to finish the prep. The correct timing for this dose is essential!

****You will know that you are fully "cleaned out" once you see yellow or clear in the toilet****

4 HOURS PRIOR TO PROCEDURE: Discontinue all oral intake, including all clear liquids **(except for the remainder of the prep).**

DISCLOSURE OF PROCEDURE TO BE SCHEDULED

Your doctor has recommended that you have a Colonoscopy.

There are 2 kinds of colonoscopies:

A **SCREENING COLONOSCOPY** is a procedure performed on a patient who is totally **WITHOUT** signs or symptoms and has no findings during the procedure.

A **DIAGNOSTIC COLONOSCOPY** is a procedure performed on a patient that has signs or symptoms either **BEFORE or DURING** the procedure that could indicate the presence of a malignant neoplasm, pre-malignant condition or other abnormality of the colon.

A procedure on a patient that has no signs or symptoms **PRIOR** to the procedure but has findings **DURING** the procedure **IS BILLED as a DIAGNOSTIC COLONOSCOPY.**

It is important that as a patient you understand that our office cannot quote benefits covered by your insurance policy. There are plans that will cover both types of procedures. Many plans will cover your procedure only if it is a screening colonoscopy, while others will only cover it if it is a diagnostic colonoscopy. Please contact your insurance carrier and inquire about coverage of this procedure and any financial responsibility you may have.

