**\*Dr. Karki \*Dr Magod \*Dr Schooler \*Dr. Outlaw \*Dr. Brahmbhatt \*Dr Buccini**

**COLONOSCOPY INSTRUCTIONS SHEET**

**1002 N. Church St. Suite 2** **Greensboro, NC 27401**

**GI OFFICE: (336) 378-0713 ENDO CENTER: (336) 268-3880**

**LOCATION**: **Eagle Endoscopy Center – Suite 2 /LOWER LEVEL**

**\*Take a right at the STOP sign. Please park in the back of the building.**

«FirstName»«LastName» «DOB»**DATE: PROCEDURE TIME: ARRIVAL TIME:**

1. ***2 weeks*** prior to your colonoscopy, pick up your prep solution from your pharmacy. **THIS IS A PRESCRIPTION**. You may also want to purchase wet wipes and ointment to help with anal irritation. Be sure that you have the prep instructions that correlate with your prescription.
2. **5 days** prior to your procedure, you will receive an intake form electronically requesting information regarding your medications and health history. Please take the time to complete this form. An endoscopy nurse will call you to review your information and confirm your appointment.
3. If you are taking Eliquis (Apixaban), Xarelto (Rivaroxban), Coumadin® (Warfarin), Plavix (Clopidogrel), Lovenox (Enoxaparin), Pradaxa (Dabigatran), Effient (Prasugrel), Brilinta (Ticagrelor) or any other blood thinning medication, **make sure you have been advised when to stop these medications before your procedure**. If unable to stop your medication(s) or have questions, call our office at (336)378-0713.
4. **DO NOT** have anything by mouth **2-hours** before your colonoscopy and/or **4-hours** before your upper endoscopy. Take your morning medications as instructed **2-hours** before your arrival with a sip of water.
5. **DO NOT** consume/use alcohol, illicit drugs, vape, or marijuana 24-hours prior to your procedure. Your procedure will be canceled.
6. An adult must drive you home following your procedure. Please provide your driver’s name and cell phone number.

We will call/text them to pick you up when ready for discharge. They will be asked to leave for the duration of your procedure. You may **NOT** use a Taxi, Uber or Lyft due to the sedation medications used during your procedure.

1. Your procedure will last approximately two hours from check-in to discharge. You may confirm your release time with the facility when you arrive.
2. You may not drive or make any important/legal decisions for 24-hours following your procedure due to impairments caused by sedating medications.
3. **Leave Valuables at Home** as we will not be responsible for them.
4. Please note that there may be **$100 cancellation fee** applied to your account for **no shows** or less than 72-hour notification of cancellation.

**Please note: Failure to follow these instructions in their entirety may result in rescheduling/cancelling your procedure. Call our office with any questions or concerns at (336)378-0713 press #2**

**The success of the colonoscopy exam is dependent on your colon being empty of fecal matter. The end result should be clear or pale, typically yellow liquid. Finish ALL the Prep.**

**2 Day PREP COLONOSCOPY INSTRUCTIONS Trilyte/Dulcolax**

**FIVE DAYS BEFORE YOUR PROCEDURE**

**STOP** taking Iron supplements. **STOP** eating nuts, seeds, popcorn, tomatoes, peanuts, corn, berries, granola and breads or crackers with visible seeds.

Call the Eagle GI office 336-378-0713 if you have any changes to your medical history since your last appointment or questions about your prep.

**AT THREE (3) DAYS BEFORE YOUR PROCEDURE**

Start a Low fiber diet such as white bread, rice or noodles, skinless chicken/turkey, fish, eggs, skinless cooked potatoes.

Purchase the prep ingredients from your pharmacy:

* **TriLyte** prescription and **Dulcolax® (bisacodyl)**: 5-mg laxative tablets over the counter.
* Consider purchasing soothing wipes and barrier cream, such as A+D Ointment®, to help with anal irritation.

**TWO DAYS BEFORE YOUR PROCEDURE**

**Morning:** Fill the TriLyte container with warm water and a flavor packet (**or** Crystal Light® lemonade flavor, **not** red or purple in color), mix until well dissolved and refrigerate.

* Begin a **clear liquid** diet. Clear broth or bouillon, black coffee or tea, clear juice (apple, white grape), clear soft drinks or sports drinks, Jell-O. **No Solid Foods.** No red, or purple products. No dairy products or creamers.
* **At 12:00 Noon:** Take **two** 5-mg Dulcolax (bisacodyl) laxative tablets.
* **At 2:00 pm**: Take **two** 5-mg Dulcolax (bisacodyl) laxative tablets.
* Drink at least six to eight glasses of clear liquid throughout the day.
* **At 4:00 pm**, begin drinking the TriLyte mixture. Drink one 8-ounce glass every 15-30 minutes. You must drink **ALL** the Trilyte**.** Drink plenty of clear liquids while drinking your prep to remain hydrated.

**ONE (1) DAY BEFORE YOUR PROCEDURE**

**Morning:** Fill the TriLyte container with warm water and a flavor packet (**or** Crystal Light® lemonade flavor, **not** red or purple in color), mix until well dissolved and refrigerate.

* Begin a **clear liquid** diet. Clear broth or bouillon, black coffee or tea, clear juice (apple, white grape), clear soft drinks or sports drinks, Jell-O. **No Solid Foods.** No red, or purple products. No dairy products or creamers.
* **At 12:00 Noon:** Take **two** 5-mg Dulcolax (bisacodyl) laxative tablets.
* **At 2:00 pm**: Take **two** 5-mg Dulcolax (bisacodyl) laxative tablets.
* Drink at least six to eight glasses of clear liquid throughout the day.
* **At 4:00 pm**, begin drinking the TriLyte mixture. Drink one 8-ounce glass every 15-30 minutes

 *until* **¾** *of the entire container* is finished. This takes about 4-hours.

* Please continue your clear liquid diet over the course of the evening to remain hydrated.

**Day of Your Colonoscopy**

**( ) Five (5) hours prior** **to your colonoscopy start time**: Begin drinking the remaining **¼** of the TriLyte. Drink

one 8-ounce glass every 15-30 minutes *until the entire container is finished*.

* Take your morning blood pressure, heart, and thyroid medications as prescribed 2 hours before your arrival with a small sip of water.

**( ) Two (2) hours prior to your scheduled colonoscopy start time, *stop all liquids***. You must be finished

 drinking Trilyte and any other clear fluids two **(2)** hours prior to your scheduled appointment time. \*if you are

 also having an upper endoscopy, stop all liquids **4-hours** prior to your appointment time. **If you drink any liquids**

 **within 2-hours of your procedure it will be cancelled.**

**SPECIAL INSTRUCTIONS:**

#

# **EAGLE ENDOSCOPY CENTER PATIENT RIGHTS**

As a Patient, you have the right to:

1. Considerate, respectful care always and under all circumstances with recognition of your personal dignity and property.
2. Personal and informational privacy, within the law.
3. Information concerning your diagnosis, evaluation, treatment, and prognosis, to the degree known.
4. Confidentiality of records and disclosures. Except when required by law, you have the right to approve or refuse the release of records.
5. The opportunity to participate in decisions involving your health care, unless contraindicated by concerns for your health.
6. Make informed decisions about medical care, including the right to accept or refuse medical or surgical treatment. Know that there may be a modification to an existing living will or DNR directive. If you would like information about advanced directives, please speak with your healthcare provider.
7. Advance directive: "A declaration that is written and signed in advance of a serious/terminal illness or incapacitated state through which an individual, competent at the time of execution, outlines his or her choice for health care." EEC respects patient rights regarding Advanced Directives. Unexpected complications due to anesthesia and/or procedure are not natural causes and therefore will be treated. This means if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation.
8. Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap, or disability. (Eagle Endoscopy Center adheres to all federal and state rules, regulations, and policies to promote a nondiscriminatory environment for all our guests.)
9. Receive an explanation of charges for services delivered.

«FirstName»«LastName» «DOB»

Gastrointestinal endoscopy is the direct visualization of the digestive tract with a flexible, lighted instrument. It is usually done under sedation. During your procedure, the lining of the digestive tract will be thoroughly inspected and possibly photographed. Ultrasonography may also be used to study the internal organs that lie next to the gastrointestinal tract. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed. Small growths (polyps), if seen, may also be removed. These specimens are sent to pathology to determine if abnormal cells are present.

( ) **EGD (ESOPHAGOGASTRODUODENOSCOPY)** - Examination of the upper gastrointestinal tract, including esophagus, stomach, and duodenum to look for ulcers, tumors, infections, inflammation, and areas of bleeding. Biopsy, polyp removal, brushing, injection therapy, and/or coagulation by heat may be necessary.

( ) **EGD WITH DILATION** – Dilating tubes/balloons are used to stretch narrow areas of the esophagus. This usually results in improvement with swallowing. There is a small risk of perforation and/or bleeding with this procedure, which could require hospitalization, immediate surgery, and/or IV feedings.

( ) **FLEXIBLE SIGMOIDOSCOPY** - Examination of the anus, rectum, and lower colon usually to a depth of less than 60 cm (25 inches). Biopsies may be taken.

( ) **COLONOSCOPY** - Examination of the lower gastrointestinal tract, including all or a portion of the colon or large intestine to look for bleeding, inflammation, polyps, or tumors. Biopsy, polyp removal, and/or coagulation by heat may be necessary.

( ) **EUS/RUS (Endoscopic Ultrasonography)** – Examination of the lining and walls of the upper or lower gastrointestinal tract as well as imaging organs that lie next to the gastrointestinal tract, e.g., bile ducts, lymph nodes and/or pancreas. Fine needle aspiration of tissue or fluids (for cytology) inside or outside the wall of the gastrointestinal wall may be necessary.

( ) **Moderate Sedation:** This is not the same as general anesthesia, and the vast majority of patients have a very comfortable experience. Reactions to moderate sedation are infrequent but could include allergic reactions, paradoxical or opposite reaction than intended, hypotension (low blood pressure), respiratory depression, cardiac arrhythmias, nausea and/or vomiting.

( ) **Monitored Anesthesia Care (Propofol):** Propofol is a short acting anesthetic agent that is administered by a certified nurse anesthetist. Propofol causes you to fall into a deep sleep which is monitored throughout the procedure. Possible side effects may include extreme drowsiness, drop in blood pressure, respiratory depression, and cardiac arrhythmias.

**Potential Risks and Complications of Gastrointestinal Endoscopy:**

Gastrointestinal endoscopy is a very low risk procedure. However, the complications listed below are possible. Your doctor will discuss their frequency with you, if desired. **PLEASE TALK TO YOUR DOCTOR IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR PROCEDURE**.

1. **BLEEDING:** Bleeding, if it occurs, is usually a complication of biopsy, polyp removal, dilation, or fine needle aspiration. Management of this complication may consist only of careful observation. Blood transfusions and surgery are occasionally needed.
2. **PERFORATION:** Passage of the endoscopic instrument may result in an injury or tear to the gastrointestinal tract wall, with possible leakage of gastrointestinal contents into the body cavity. Perforations can be small, requiring a few days of hospital observation, but sometime are severe, requiring prolonged hospitalization and/or surgery.
3. **INFECTION AND PHLEBITIS:** Infection or irritation resulting in inflammation (phlebitis) may occur at the intravenous site and may require treatment. Rarely, passage of the endoscope and manipulations may cause infection elsewhere in the body. Fine needle biopsy could cause a serious infection.
4. **UNFORESEEN/RARE COMPLICATIONS:** There are rare and unusual problems that can arise from endoscopic procedures. Examples would be aspiration of gastric fluids, injury to the spleen, injury to fragile teeth (upper endoscopy), impaction of the scope inside the intestinal tract, or prolonged diarrhea. Although the above list is an attempt to inform you of the most common problems that might arise as a consequence of your procedure, it is not possible to predict every possible complication.

Endoscopy is an extremely effective means of examining the gastrointestinal tract, but it is not 100% accurate in diagnosis. Rarely, a failure of diagnosis or mis-diagnosis may result, particularly with colonoscopy due to the numerous turns and folds in the colon. A colonoscopy done for colon cancer screening or for follow-up due to previous polyps does not provide 100% protection against subsequent development of colon cancer. Although endoscopic ultrasonography is a valuable tool for the diagnosis of gastrointestinal, pancreatic, and biliary conditions, a missed lesion such as cancer, can occur even in expert hands.

**Alternatives to Gastrointestinal Endoscopy**

Other diagnostic or therapeutic procedures, such as stool studies, radiology tests, or medication treatment, may be available. Another option is to choose no diagnostic exam and/or treatment.

**Informed Consent**

I hereby authorize: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Physician Full Name) and others designated as his/her assistant(s) to perform the procedure. I consent to the presence of other medical or nursing personnel during my procedure to offer technical information or advance their knowledge and expertise. If any unforeseen condition arises during this procedure calling for (in my doctor's judgment) additional procedures, treatments, or surgeries, I authorize whatever is deemed advisable. I acknowledge that the practice of medicine and surgery is not an exact science and that no guarantees have been made to me concerning the result of this procedure. I am aware that in the event of a life-threatening emergency Eagle Endoscopy will perform any necessary emergency procedures and transfer me to an acute care facility.

I consent to the administration of moderate sedation or propofol sedation as may be considered appropriate by my doctor. If sedation or anesthesia is used, I agree not to drive, operate machinery, make critical decisions, sign legal documents, or consume alcohol for 24-hours following my procedure. I consent to the taking of any photographs made during my procedure for the purpose of treatment and medical education. Confidentiality will be maintained. I consent to the disposal of any tissue that may be removed. I certify that I have read (or have had read to me) this document and I fully understand the information regarding gastrointestinal endoscopy or colonoscopy, with or without ultrasonography, its risks, and possible complications, and have had the opportunity to ask questions about it.

**I have read and signed this consent in the Physician’s office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Patient Signature and Date**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**DAY OF PROCEDURE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed by patient or legally authorized person on behalf of patient.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness MD Signature**

**\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_\_**

 **Date Time Date Time**

**Translator/Interpreter’s Statement**

**I have accurately reviewed this document with the Patient/Legal Representative in the Patient/Legal**

**Representative’s primary language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (identify language). He/she understood all the terms and conditions and acknowledges his/her agreement by signing the document in my presence.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Interpreter Signature Date Time *MARCH 2023***