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#### Specialists in Gastroenterology, Endoscopy, and Liver Disease

Thank you for choosing Spokane Digestive! Please read the important information below.

Your procedure will be performed at our Ambulatory Surgery Center located at the following address:

# 105 W 8<sup>Th</sup> Avenue, Suite 6010, Spokane, WA 99204

#### We recommend you park on Level C or above and take the West Tower elevator to the 6<sup>th</sup> floor

Please be sure to bring the following to your procedure:

- 1. Responsible Driver who will remain on site for the duration of your procedure.
  - a. Arriving without a designated driver will result in the cancellation of your procedure and a \$100 fee.
  - b. Driver is required to sign the patient out upon discharge. Public transportation is not allowed.
- 2. Form of payment for deductible, deposit, or co-insurance (we gladly accept cash, check, or card).
  - a. Please see **page 6** for additional insurance and cost information.
- 3. Driver's License or Identification Card
- 4. Insurance Card
- 5. List of your current medications
  - a. Please use page 7 in this packet
- 6. Asthma Inhalers (if applicable)
- 7. Glasses
- 8. Please **do not** wear any jewelry, cologne, perfume, aftershave, or body lotion and leave any valuables at home.
- 9. Just a reminder: On your procedure day you will not be able to work, drive, operate equipment, sign any important papers, drink alcohol or take sedatives for the remainder of that day.
- 10. No out-of-town travel to a remote area or on a cruise ship for 1 week if polyps are removed.

Please read every page of this packet carefully and refer to the prep instructions included on page 3. They are your physician's specific instructions and following them carefully will ensure you have a successful prep. Appointments that are not cancelled or rescheduled 72 business hours in advance will be subject to an administrative fee of \$100.00.

If you have any questions about the preparation, please reach out to our partners at Gifthealth by calling 833.614.4438 or emailing care@gifthealth.com.

# **Important Information**

**Our address:** 105 W 8<sup>th</sup> Ave, Suite 6010 **Our Phone Number:** (509)838-5950

#### **\*NOTIFY OUR CLINIC OF ANY COLD-LIKE SYMPTOMS WITHIN 2 WEEKS OF YOUR PROCEDURE\***

#### **Medication Information**

#### 7 days prior to the procedure -

**STOP** blood thinners such as, Aggrenox, Brillanta, Effient, Ticlid

**STOP** GLP-1 medications such as Ozempic, Mounjaro, Trizepatide, Rybelsus, Semaglutide, Victoza, Trulicty, Wegovi, Dulaglutide, Liraglutide.

#### 5 days prior to the procedure -

STOP blood thinners such as Clopidogrel, Plavix, Coumadin, Warfarin, Jantoven

#### 3 days prior to the procedure -

**STOP** anti-inflammatory medications such as Motrin, Advil and ibuprofen. You may take Tylenol. **STOP** diabetic medications such as Jardiance, Januvia, Phentermine

- **STOP** aspirin only if you are taking it for arthritis or as general recommendation. Do NOT stop aspirin if you have a history of heart disease, TIA, stroke, or blood clots.
- **STOP** iron supplements, fiber supplements and any foods with skins seeds or nuts. Tomatoes, cucumber, corn, popcorn, wheat breads, berries, poppy or chia seeds and nuts.

#### 2 days prior to the procedure -

**STOP** blood thinners such as Pradaxa and Eliquis.

- If you are diabetic, you may need to adjust your medication prior to the procedure. Check with your prescribing doctor.

#### 1 day prior to the procedure -

**STOP** blood thinners such as Xarelto

#### Procedure day -

Take your regularly scheduled heart, blood pressure or seizure medication 6 hours BEFORE your arrival time.

\*If needed for nausea, take 1 ondansetron (Zofran) tablet 30 minutes prior to starting each dose of prep\*

#### **Colonoscopy Preparation Instructions for SuTab** Spokane Digestive Disease Center, P.S.

7 Days Prior	3 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
Stop Blood Thinners	Begin low fiber diet.	<b>Drink</b> 8 glasses of clear liquids	Begin Clear Liquid Diet	
such as: Aggrenox,		throughout the day to stay		Take your regularly scheduled
Ticlid.*	Stop Blood thinners such	hydrated.	NO SOLID FOODS-	heart, blood pressure or seizure
	as: Coumadin, Warfarin*		Stop blood thinner Xarelto	medications prior to your <u>NPO</u>
Stop Clopidogrel		Stop blood thinners Pradaxa,	12:00 PM (Noon)	<u>(nothing by mouth) time</u> .
(Plavix), Brilinta, Effient 5 days prior.*	Stop Anti-inflammatory	Eliquis	Take four (4) Bisacodyl	
5 days prior.	medications: Motrin, Advil		tablets.	
Stop GLP-1	and Ibuprofen. You may	If you are <b>Diabetic</b> you may need	<u>5:00 – 7:00 PM</u>	Continue to drink clear
medications*	take Tylenol.*	to adjust your medication prior to	Begin the <b>SuTab</b> prep.	liquids until 6 hours prior to
		the procedure. Check with your	1.) Open 1 bottle of 12 SUTABS and fill the	arrival time, <u>NOTHING by mouth</u>
	<b>Stop</b> Aspirin only if you are	prescribing doctor.	provided container with	after that.
	taking it for arthritis or as a		16oz. of water (up to fill	
	general recommendation.		line).	No gum, hard candy or mints.
	Chan Inen europienente		2.) Swallow each tablet individually with water and	You May brush your teeth but do
	<b>Stop</b> Iron supplements.		drink the entire amount of	not swallow.
	Stop Fiber supplements		water over the next 15 -	No swelting to be see
	and foods that contain	Confirm your ride	20 minutes.	No smoking tobacco,
	skins, seeds or nuts.		<b>3.)</b> Approximately 1 hour after the last tablet is	marijuana, vaping, or chewing tobacco 6 hours
	Examples: Tomatoes,		swallowed, fill the	prior to your procedure.
	cucumbers, poppy or chia		container with 16oz. of	prior to your procedure.
	seeds, popcorn, wheat	<u>Your driver will need to be</u>	water and drink the entire	
	breads.	<u>with you when you check in</u>	amount over 30 minutes. <b>4.)</b> Approximately 30 minutes	
	Do NOT stop Aspirin if you	and stay on the Sacred	after finishing the second	
	<b>Do NOT stop</b> <i>Aspirin</i> if you have a history of heart	Heart Campus until the	container of water, refill	
	disease, TIA, stroke or	completion of your	the container with another	
	blood clots.		16oz. of water and drink the entire amount over 30	
		<u>procedure.</u>	minutes	
			If you feel full, become	
			nauseated or vomit, you can	
			take a 15–20-minute break and resume drinking the prep	
			when the symptoms subside.	
			Continue to stay hydrated by	
	Failure to follow the	Please refer to our website	drinking other clear liquids.	
	instructions correctly may	https://www.spokanedigestive.com	8 hours prior to your	
	result in cancellation of	to review the clear liquid diet.	arrival time** (see page	
	your procedure.		2) begin 2 <sup>nd</sup> dose of	
			SuTab. Repeat steps 1-4	
			as done with the first dose.	

\*\*See Prep and NPO Reference Guide on page 4/5 for timeline requirements for 2<sup>nd</sup> half of prep

# **3 Things You Need to Know About NPO**



#### 1. NPO means "nothing by mouth"

It refers to the time before an exam or procedure during which you can't eat or drink.

# (B)

#### 2. NPO is a safety precaution

If your stomach isn't empty and you get nauseous during a procedure, your stomach contents can flow into your lungs.



#### 3. The length of time varies

NPO can begin at midnight the night before an exam, or as little as an hour before. It depends on the specific procedure or exam you are having.

Here at Spokane Digestive, our biggest priority is your safety. We want to provide your procedure in the safest way possible. For this, patient compliance with guidelines is a must. One of the most important guidelines you will read in your paperwork is the "*Nothing By Mouth*" time. This time ensures there is little to no residual fluid or gastric contents remaining in your stomach. This means no sips, no drinks, no candies, no ice chips, no gum, absolutely NOTHING by mouth after the designated NPO time.

#### Why do we do this?

During anesthesia, the sphincter at the bottom of your esophagus relaxes allowing any remaining stomach contents to travel up the esophagus and possibly into the lungs. This can cause aspiration pneumonia and wind you up in the hospital.

PLEASE follow all guidelines written on your paperwork to ensure adequate safety and prevent procedure cancellations.

#### Prep and NPO Reference Sheet

Please use the chart below to ensure you finish your prep on time and know when to stop eating or drinking:

Procedure Check-in Time	2nd half prep start time*	Nothing by mouth start time (NPO)
6:30am	11:30pm	1:30am
7:00am	12:00am	2:00am
7:30am	12:30am	2:30am
8:00am	1:00am	3:00am
8:45am	1:45am	3:45am
9:15am	2:15am	4:15am
9:45am	2:45am	4:45am
10:15am	3:15am	5:15am
11:30pm	4:30am	6:30am
12pm	5:00am	7:00am
12:30pm	5:30am	7:30am
1:00pm	6:00am	8:00am
1:45pm	6:45am	8:45am
2:15pm	7:15am	9:15am
2:45pm	7:45am	9:45am
3:15pm	8:15am	10:15am

\*2nd half needs to be completed before NPO time begins

# How To Know Your Prep Is Working

The chart below indicates what your bowel movements will look like during the consumption of your bowel prep for your colonoscopy.

Please note, after you have finished the first half of your prep, it may look like you have reached your goal.

HOWEVER, the first half of the prep (taken between 5pm-7pm the night before your procedure) cleans out the colon. The second half of the prep cleans off the walls of the colon. The second half is important as it helps ensure the provider is able to see your entire colon during your procedure.

You must consume the entirety of your prep. Once all of your prep is consumed, your bowel movements should resemble the container on the far right (i.e.- yellowish/clear and you should be able to see the bottom of the toilet bowl).

If your bowel movements do NOT resemble the far-right container after completing all of your prep or you are struggling to consume all of your prep, please call us at 509-838-5950.



### **Costs and Medical Insurance Information**

We recognize the need for a clear understanding regarding the costs of the medical care we provide. Our aim is to be transparent with you regarding costs, what is covered and not covered by your insurance, and provide you with an estimate of expected out-of-pocket costs in advance of your procedure.

The responsibility for payment of our fees is your direct obligation. However, these are the things we do to help give you peace of mind and avoid surprise bills:

- We will attempt to verify your insurance eligibility, benefits, and pre-authorization requirements in advance of your procedure; and
- We will estimate expected out-of-pocket costs and communicate this to you in advance of your procedure. We will ask you to make a deposit against expected out-of-pocket costs at the time of your procedure. If you cannot afford to pay all of the cost at the time of your procedure, please let us know and we will try to work with you on a payment plan; and
- Answers to frequently asked questions regarding colonoscopy coding and billing can be found on our website at <u>www.spokanedigestive.com</u>.

For procedures in our Ambulatory Surgery Center, you can expect to see the following charges:

- A fee for the physician performing the procedure, and a fee for the use of the facility (maybe two fees if you're having a combined EGD and Colon procedure).
- You will also be billed two charges for any pathology specimens that are sent to our pathology lab; one is for processing the specimen and a separate fee will be sent by the Pathologist for the interpretation.
- You may receive a bill for anesthesia services. If we determine monitored anesthesia care is medically indicated and covered by your insurance benefit. Cost and responsibility are determined by your insurance company, your policy, and our contract with your insurance company. Anesthesia services rendered may be applied to your deductible or coinsurance when applicable.

## Accurate Medication List

(including any over-the-counter, herbal, or alternative medications)

It is very important that you complete and bring this updated medication list with you to your scheduled procedure. Without this, our providers could make potentially harmful changes in your care.

Name of medication	Dosage (e.g. 10mg tablet) & Route (e.g., by mouth)	Frequency (e.g., twice daily before meals)	Reason for taking & Prescribing doctor