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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 7 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 8 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 <u>care@gifthealth.com</u>.

# **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\***

## Which Prep Instruction do I follow?

- If you are taking narcotics or GLP1's, experiencing constipation, gastroparesis, or if you were told by a scheduler to do so, please follow the 2-Day extended Prep on page 4.

#### **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 SuFlave** Spokane Digestive Disease Center, P.S.

\*See Medication Information on back for further details solution

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

7 Days Prior	3 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
Stop Blood Thinners	Begin low fiber diet.	Begin Clear Liquid Diet	Clear Liquid Diet	Take your regularly scheduled
such as: Aggrenox,				heart, blood pressure or seizure
Ticlid.*	Stop Blood thinners	Drink 8 glasses of clear liquids	NO SOLID FOODS	medications prior to your <u>NPO</u>
	such as: Coumadin,	throughout the day to stay		<u>(nothing by mouth) time</u> .
Stop Clopidogrel	Warfarin*	hydrated.	Stop blood thinner Xarelto	
( <i>Plavix</i> ), <i>Brilinta</i> , <i>Effient</i> 5 days prior.*				8 hours prior to your arrival
5 days prior.**	Stop Anti-inflammatory	Stop blood thinners Pradaxa,	<u>12:00 PM (Noon)</u>	time begin 2 <sup>nd</sup> dose** (See
Stop GLP-1	medications: Motrin,	Eliquis	Mix remaining 1/2 bottle of MiraLAX	page 2) of SuFlave. Repeat steps
medications*	Advil and Ibuprofen. You		with Gatorade, drink all of it, and	1-4 as done with the first dose.
	may take Tylenol.*	If you are <b>Diabetic</b> you may	take two (2) Bisacodyl tablets.	
		need to adjust your medication		Continue to drink clear liquids
	Stop Aspirin only if you	prior to the procedure. Check	<u>5:00 – 7:00 PM</u>	until 6 hours prior to arrival time,
	are taking it for arthritis	with your prescribing doctor.	Begin drinking the $1^{st}$ dose of	<u>NOTHING by mouth</u> after that.
	or as a general		SuFlave.	
	recommendation.	<u>5:00 PM</u>	<b>1.)</b> Add cool drinking water to the	No gum, hard candy or mints.
		Mix <sup>1</sup> / <sub>2</sub> bottle of MiraLAX with	1L line on one of the SuFlave	You May brush your teeth but do
	<b>Stop</b> Iron supplements.	Gatorade, drink all of it, and	bottles and mix.	not swallow.
	Chan Eikan annalanaanta	take two (2) Bisacodyl tablets.	<b>2.)</b> Drink all of the liquid in the	
	<b>Stop</b> Fiber supplements and foods that contain		container.	No smoking tobacco,
	skins, seeds or nuts.			marijuana, vaping, or chewing
	Examples: Tomatoes,		3.) Refill the SuFlave bottle up to	tobacco 6 hours prior to your
	cucumbers, poppy or		the 1 L line two (2) more times	procedure.
	chia seeds, popcorn,	Confirm your ride	with water and continue	
	wheat breads.		drinking each over the next	
			two hours.	
	<b>Do NOT stop</b> Aspirin if	<u>Your driver will need to</u>	If you feel full, become nauseated	
	you have a history of	<u>be with you when you</u>	or vomit, you can take a 15–20-	
	heart disease, TIA,	<u>check in and stay on the</u>	minute break and resume drinking	
	stroke or blood clots.	Sacred Heart Campus	the prep when the symptoms	
	At the store, purchase:	until the completion of	subside.	
	1. Two 28oz bottles			
	of Gatorade (no	<u>your procedure.</u>	Continue to stay hydrated by	
	purple or red)		drinking other clear liquids.	
	,,,		Please refer to our website	
		Failure to follow the	https://www.spokanedigestive.com	
		instructions correctly may result in cancellation of your	to review the clear liquid diet.	
		procedure.		
		procedurer	1	

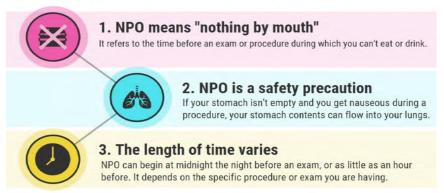
# Colonoscopy Preparation Instructions for SuFlave (2 Day Extended)

Spokane Digestive Disease Center, P.S.

\*See Medication Information on back for further details

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

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



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

(8)