spokane digestive CENTER

Robert K. Durnford, M.D. | Hamid Habibi, M.D. | Scott McShane, D.O.
Matthew Hillam, D.O. | Ashish Sharma, M.D. | Shivani D'Angelo, M.D.
Nathan Campbell, D.O. | Kristen A. Lee, ARNP | Ruth Mollet, ARNP
Wendy Foulkrod, PA-C | Ashley Baggott, ARNP | Erin Quinn, PA-C

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 8Th Avenue, Suite 6010, Spokane, WA 99204

We recommend you park on Level C or above and take the West Tower elevator to the 6th 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 380.233.6560 or emailing care@gifthealth.com.

Important Information

Our address: 105 W 8th 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 Golytely

Spokane Digestive Disease Center, P.S.

7 Days Prior	3 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
Stop Blood Thinners such as: *Aggrenox, Ticlid*.***** **Stop** *Clopidogrel (Plavix), Brilinta, Effient* 5 days prior.***** **Stop** *GLP-1 medications******	**Begin low fiber diet.** **Stop** *Iron supplements*. **Stop** *Fiber supplements and foods that contain skins, seeds or nuts*. **Examples:** *Tomatoes, cucumbers, poppy or chia seeds, popcorn, wheat breads*. **Stop** Blood thinners such as: *Coumadin, Warfarin****** **Stop** Anti-inflammatory medications: *Motrin, Advil and Ibuprofen*. You may take Tylenol.* **Stop** *Aspirin* only if you are taking it for arthritis or as a general recommendation. **Do NOT stop** *Aspirin* if you have a history of heart disease, TIA, stroke or blood clots.	**Drink** *8 glasses of clear liquids throughout the day to stay hydrated.* **Stop** blood thinners *Pradaxa, Eliquis* If you are **Diabetic** you may need to adjust your medication prior to the procedure. Check with your prescribing doctor. _____ **Confirm your ride** _____ *Your driver will need to be with you when you check in and stay on the Sacred Heart Campus until the completion of your procedure.*	**--Begin Clear Liquid Diet at 12:00am--** **--NO SOLID FOODS--** **Stop** blood thinner *Xarelto* **12:00 PM (Noon)** Take four (4) Bisacodyl tablets. **5:00 – 7:00 PM** **Begin drinking 1/2 of the prep solution in** Eight - 8oz. increments. **Drink one 8oz glass of prep solution every 15-30 minutes until half of the solution is gone.** 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 drinking other clear liquids. Please refer to our website https://www.spokanedigestive.com to review the clear liquid diet.	Take your regularly scheduled heart, blood pressure or seizure medications prior to your *NPO (nothing by mouth) time*. **7 hours prior to your arrival time** (see page 2) begin 2nd dose of Golytely.** Repeat steps as done with the first dose. **Continue to drink clear liquids** until 5 hours prior to arrival time, *NOTHING by mouth* after that. **No gum, hard candy or mints.** You May brush your teeth but do not swallow. **No smoking tobacco, marijuana, vaping, or chewing tobacco 6 hours prior to your procedure.** **Failure to follow the instructions correctly may result in cancellation of your procedure.**

***See Medication Information on back for further details**

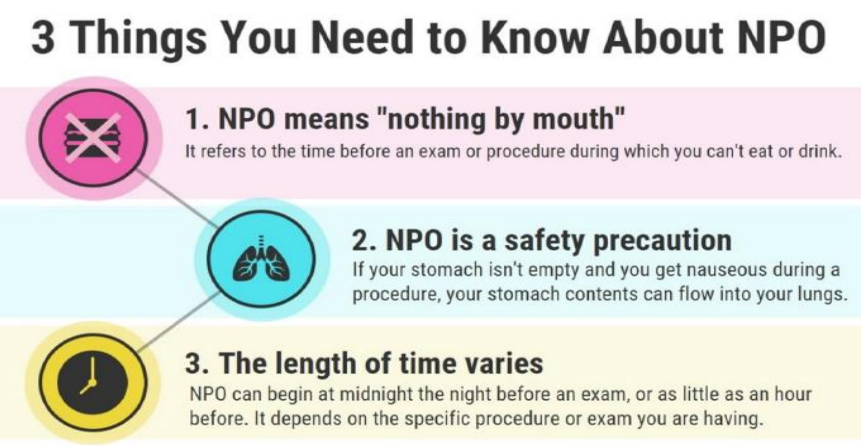
****See Prep and NPO Reference Guide on page 5/6 for timeline requirements for 2nd half of prep solution**

Colonoscopy Preparation Instructions for Golytely (2 Day Extended)

Spokane Digestive Disease Center, P.S.

7 Days Prior	3 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
Stop Blood Thinners such as: *Aggrenox, Ticlid*.***** **Stop** *Clopidogrel (Plavix), Brilinta, Effient* 5 days prior.***** **Stop** *GLP-1 medications******	**Begin low fiber diet.** **Stop** *Iron supplements*. **Stop** *Fiber supplements and foods that contain skins, seeds or nuts*. **Examples:** *Tomatoes, cucumbers, poppy or chia seeds, popcorn, wheat breads*. **Stop** Blood thinners such as: *Coumadin, Warfarin****** **Stop** Anti-inflammatory medications: *Motrin, Advil and Ibuprofen*. You may take Tylenol.* **Stop** *Aspirin* only if you are taking it for arthritis or as a general recommendation. **Do NOT stop** *Aspirin* if you have a history of heart disease, TIA, stroke or blood clots.	**--Begin Clear Liquid Diet--** **Drink** *8 glasses of clear liquids throughout the day to stay hydrated.* **Stop** blood thinners *Pradaxa, Eliquis* If you are **Diabetic** you may need to adjust your medication prior to the procedure. Check with your prescribing doctor. **5:00 PM** Mix ½ bottle of MiraLAX with Gatorade, drink all of it, and take two (2) Bisacodyl tablets. **Confirm your ride** *Your driver will need to be with you when you check in and stay on the Sacred Heart Campus until the completion of your procedure.*	**--Clear Liquid Diet--** **--NO SOLID FOODS--** **Stop** blood thinner *Xarelto* **12:00 PM (Noon)** Mix remaining ½ bottle of MiraLAX with Gatorade, drink all of it, and take two (2) Bisacodyl tablets. **5:00 – 7:00 PM** **Begin drinking 1/2 of the prep solution in** Eight - 8oz. increments. **Drink one 8oz glass of prep solution every 15-30 minutes until half of the solution is gone.** 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 drinking other clear liquids. Please refer to our website https://www.spokanedigestive.com to review the clear liquid diet.	Take your regularly scheduled heart, blood pressure or seizure medications prior to your *NPO (nothing by mouth) time*. **7 hours prior to your arrival time begin 2nd dose** (see page 2) of Golytely.** Repeat steps as done with the first dose. **Continue to drink clear liquids** until 5 hours prior to arrival time, *NOTHING by mouth* after that. **No gum, hard candy or mints.** You May brush your teeth but do not swallow. **No smoking tobacco, marijuana, vaping, or chewing tobacco 6 hours prior to your procedure.** **Failure to follow the instructions correctly may result in cancellation of your procedure.**

***See Medication Information on back for further details **See Prep and NPO Reference Guide on page 5/6 for timeline requirements for 2nd half of prep solution**



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)
Your prep needs to be finished between 2nd half prep start time and NPO start time		
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
11:30am	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

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 www.spokanedigestive.com.

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