




Prep for Colonoscopy Instructions

PREPOPIK SPLIT-DOSE

You will need to purchase the PREPOPIK KIT from a Pharmacy/Grocery.

THE NIGHT BEFORE YOUR COLONOSCOPY PROCEDURE



1. Clear Liquids ALL DAY – NO SOLID FOOD, MILK OR CREAM. Drink at least 8-ounces of clear liquid per hour to maintain good hydration. *See next page for Clear Liquid Diet.
2. At 6:00 p.m. (in the evening) on the night before your procedure, drink the first dose of prep.

<p style="text-align: center;">STEP ONE</p> <p>Fill the dosing cup provided with cold water up to the lower (5-ounce) line on the cup</p> 	<p style="text-align: center;">STEP TWO</p> <p>Pour in the contents of ONE (1) packet Stir for 2-3 minutes until dissolved Drink the entire contents</p> 	<p style="text-align: center;">STEP THREE</p> <p>Follow with FIVE (5) 8-ounce drinks of clear liquid, taken at your own pace within the next 5 hours, before bed.</p> 
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6. You MUST drink all **FIVE (5)** 8-ounce drinks of clear liquid as shown in STEP THREE of the illustrations above.
7. Continue Clear Liquids until midnight. Nothing else until the second part of your prep the on the day of your procedure.

DAY OF YOUR PROCEDURE

1. At _____ the day of your procedure, drink the second dose of your prep. This will be done the same way as the first dose.

<p style="text-align: center;">REPEAT STEPS ONE AND TWO</p> 	<p style="text-align: center;">STEP THREE</p> <p>Follow with at least THREE (3) 8-ounce drinks of clear liquid, 5 hours before your colonoscopy</p> 
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2. You MUST drink at least **THREE (3)** 8-ounce drinks of clear liquid 5 hours before your colonoscopy as shown in STEP THREE of the Illustrations above.
3. **DO NOT CONSUME ANYTHING ELSE AFTER THIS FINAL STEP. IT IS IMPERATIVE THAT YOU NOT HAVE ANYTHING ELSE TO DRINK THREE (3) HOURS PRIOR TO YOUR ARRIVAL TIME FOR YOUR PROCEDURE.**
4. Please do not take any medications the morning of your procedure except for your heart, blood pressure, seizure and reflux medication. If you use an inhaler, please bring it with you to the appointment.
5. Sign all forms requiring your signature in this packet and bring with you today.
6. **You must bring someone with you to drive you home** as you will be sedated and are not allowed to drive for 12 hours after the procedure. Your driver must remain in the building during your procedure or the procedure will be rescheduled.

Have more questions? Call Freida Carter 912/721-6602 or Kristyn Brown 912/721-6635 or Alfreida Martin 912/721-6661; Billing questions – Call 912/354-9447

PLEASE BRING THIS PACKET WITH YOU ON THE DAY OF YOUR PROCEDURE.

CLEAR LIQUID DIET

You **may have** the following:

Drinks:

1. Juices (like apple, pineapple, or grape) and any strained citrus juices. None with RED color
2. Hot tea, iced tea and coffee ***without cream or milk***
3. Soft drinks like ginger ale, lemon-lime soda, club soda, cola, diet cola and root beer.
4. Sports drinks (Gatorade and Powerade), orange, blue, pink, purple, green and yellow are o.k. (nothing RED in color)

Soups: Clear broth, bouillon, or consommé

Desserts:

1. Plain popsicles – NOT the ones with pureed fruit or fiber in them. Nothing RED in color
2. Flavored gelatin (like Jell-O® without fruit). You may also drink gelatin as a warm beverage before it sets. Nothing RED in color

Other: Sugar, honey, jelly or syrup

DO NOT have the following:

X	1. <u>Do not</u> eat solid food.
X	2. Do not drink any beverage that you cannot see through. Nothing RED in color should be consumed.
X	3. Do not drink beverages containing alcohol.
X	4. Do not drink dairy products – like milk, hot chocolate, buttermilk, and cream.
X	5. <u>Do not</u> consume any non-dairy creamer.
X	6. Do not drink fruit smoothies, nectars, fruit juices with pulp, or prune juice.



519 Stephenson Avenue, Savannah, GA 31405
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 Branden S. Hunter, MD
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 Ansley S. Tharpe, MD
 Kristen N. Rosales, PA-C
 Sara L. Barrett, PA-C

PRE-PROCEDURE MEDICATION INSTRUCTIONS FOR DIABETICS

Take Diabetes medications as directed below (unless otherwise indicated):

Diabetes Medication	MORNING (day before exam)	NIGHT (before exam)	MORNING (day of exam)
Oral (tables by mouth)	Usual dose	Do not take	Do not take
Exenatide (Byetta)	Usual dose	Do not take	Do not take
Long Acting Insulin	Take half your usual dose	Take half your usual dose	Do not take
	<i>Note: If you check your blood sugar near your usual evening meal, you may adjust this half dose up or down depending on your reading</i>		
Regular Insulin	Follow your sliding scale if you take before meals		
Insulin Pump	Confirm dosage adjustment with your medical provider		

If you take oral and insulin or other injectable diabetes medication, follow the Instructions for each as shown above.



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DISCLOSURE OF OWNERSHIP

It is the policy of the Endoscopy Center of Coastal Georgia, LLC, to provide each patient with disclosure of facility ownership. The Endoscopy Center of Coastal Georgia, LLC is a privately owned facility with five physician owners:

- David M. Chalikian, MD, PhD
- Gregory D. Borak, MD
- Branden S. Hunter, MD
- Travis F. Wiggins, MD
- Ansley S. Tharpe, MD

ADVANCE DIRECTIVES

It is the policy of the Endoscopy Center of Coastal Georgia, LLC, to not honor Advance Directives as the procedures performed in this facility are not considered 'life or death' procedures. In the event that a patient goes into respiratory or cardiac arrest while at the center, life-saving procedures will be performed, the patient will be transported via ambulance to the hospital, and at that time the patient's advance directive will be honored by the hospital. It is the patient's responsibility to report that they have an advance directive and it is advised that they have a copy on file at the hospital of their choice.

If the patient does not agree with the policy as stated above, it is their responsibility to inform the physician before their procedure is scheduled or performed at the facility.



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PATIENT'S RIGHTS:

1. Every patient has the right to be treated as an individual, fairly and with respect, consideration and dignity.
2. Patient information will be kept private, and any disclosures or release of records will only be completed with written patient authorization, except when required by law.
3. A patient may designate a representative to make health care decisions on their behalf to the extent permitted by law.
4. Patients, or their representatives, will be provided, to the degree known, of their complete diagnosis, treatment plan, and prognosis.
5. Patients will be given the opportunity to participate in decisions involving their healthcare, except when contraindicated for medical reasons.
6. Patient reports of pain will be believed. Our staff is committed to pain prevention and management and will respond quickly.
7. Patients will be informed of alternative treatments and advised on each.
8. Patients have the right to know, in advance, the type and expected costs of treatment.
9. Patients and their families have the right to express grievances and suggestions. We will make every effort to follow up and meet our goal of patient satisfaction.
10. Patients have the right to be informed of the professional rules, laws, and ethics that govern our organization.

PATIENT RESPONSIBILITIES AND CONDUCT:

1. To provide our staff with all information about any past illnesses, hospitalizations, medications and other matters that could affect our treatment plan.
2. To ask questions if they do not understand instructions or explanations given by our physicians or staff.
3. To follow healthcare instructions and treatment plans presented by our physicians or staff.
4. To make payment for services rendered for any balances remaining after insurance has paid.
5. To discuss with our physicians or staff what to expect regarding pain during the procedure and to work with them in developing a pain management plan.
6. To ask for pain relief when pain first begins.
7. To discuss the consequences before refusing treatment, not adhering to the plan for treatment or leaving the facility Against Medical Advice (AMA).
8. To be allowed to refuse participation in any experimental treatment or to receive care from a student or trainee.

FILING COMPLAINTS:

If you have a complaint concerning the care you received as a patient of The Endoscopy Center of Coastal Georgia, LLC, you are encouraged to contact (in writing or verbally) the Nurse Administrator or the Medical Director of our facility. If resolution of the issue requires an outside agency, you may contact the following:

GEORGIA DEPARTMENT OF COMMUNITY HEALTH (800) 878-6442

2 Peachtree Street, NW, Atlanta, GA 30303

Attn: Complaints Dept, 31 Floorst

Or: Office of Medicare Beneficiary Ombudsman at www.medicare.gov/ombudsman/resources.asp

Or call 1-800-MEDICARE



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This is to advise you that the Endoscopy Center of Coastal Georgia utilizes **Lighthouse Anesthesia, LLC** and **Anesthesia of Coastal Georgia, LLC**, (Anesthesia of Coastal Georgia, LLC is a division of Gastroenterology Consultants of Savannah, PC), to administer the anesthesia for your procedure.

Lighthouse Anesthesia, LLC – Billing Information

Lighthouse Anesthesia, LLC, participates with some healthcare plans. In the event that they do not participate with your insurance plan, they will work with you and your insurance carrier to make every effort to insure that you are not penalized for their non-participation (out-of-network) status to minimize the out-of-pocket costs. Please check with your plan administrator or contact your insurance carrier directly to verify specific details related to your coverage. Endoscopy Center of Coastal Georgia and Gastroenterology Consultants of Savannah do not have any control over the participation, costs, and billing for anesthesia charges. You can contact Lighthouse Anesthesia, LLC for network participation and cost estimates.

Payment Address:

Lighthouse Anesthesia, LLC

P. O. Box 102681, Atlanta, GA 30368-2681

Tax I.D. #20-1524042

Billing Department Phone: 1-877-222-4217

Anesthesia of Coastal Georgia, LLC – Billing Information

Anesthesia of Coastal Georgia, LLC, participates with some healthcare plans. In the event that they do not participate with your insurance plan, they will work with you and your insurance carrier to make every effort to insure that you are not penalized for their non-participation (out-of-network) status to minimize the out-of-pocket costs. Please check with your plan administrator or contact your insurance carrier directly to verify specific details related to your coverage. Endoscopy Center of Coastal Georgia and Gastroenterology Consultants of Savannah do not have any control over the participation, costs, and billing for anesthesia charges. You can contact Anesthesia of Coastal Georgia, LLC for network participation and cost estimates.

Payment Address:

Anesthesia of Coastal Georgia, LLC

6094 14th Street, West #122, Bradenton, FL 34207-4104

Tax I.D. #45-3801002

Billing Department Phone: 1-877-360-1566



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**INSTRUCTIONS FOR PROCEDURE DAY AND
WAIVER OF LIABILITY FOR PERSONAL PROPERTY**

We require that your family member/driver remain at our facility during your procedure so that they will be available to speak with the physician. Your family member may sit with you during the recovery period that typically lasts 20 to 30 minutes.

If there is no driver available before we begin your procedure and we are not able to reach the person designated to drive you home, your procedure will be rescheduled for another day when a driver is available.

We appreciate your cooperation in leaving all valuables either at home or with your family member on the day of your procedure. This includes but is not limited to:

- Jewelry (watches, bracelets, necklaces, earrings, rings)
- Your cell phone
- Your purse or wallet and any money

The Endoscopy Center of Coastal Georgia is not responsible for any loss or damage to personal items. You take full responsibility for any personal items you choose to keep with you during your procedure.

I acknowledge that I have read (or had read to me) and understand the above information. I also understand that I am to provide a driver to transport me home from the facility.

By signing below, I agree that the Endoscopy Center of Coastal Georgia, LLC and Gastroenterology Consultants of Savannah, PC, are not responsible for the loss or damage to my personal property or other valuables. I hereby release, waive, discharge and agree to hold harmless the Endoscopy Center of Coastal Georgia, LLC and Gastroenterology Consultants of Savannah, PC, and its partners, shareholders, and employees from any and all claims arising from the loss or damage to my personal property or other valuables.

Patient's Signature

Date

Witness Signature

Date