



ASSOCIATES IN FAMILY MEDICINE, P.C.

GI/COLONOSCOPY PREPARATION PACKET

Patient Name: _____

Appointment Date: _____ Arrive: _____ Start: _____

Location of Procedure: Surgery Center of Fort Collins - 1100 East Prospect Rd
(North East corner of Lemay & Prospect)
Phone: (970) 494-4800

Provider Performing Procedure: Dr. Brad Abrahamson, MD

This packet includes a form that is required to be filled out **PRIOR** to your procedure.
Please have this form completed when you arrive for your procedure.

- GI/Colonoscopy Consent Form

This packet also includes information that you will need to read and instruction to follow for your procedure. The information is very important and contains critical information and instructions.

Please read this information no later than 3 days PRIOR to your appointment.

- Surgery Center of Fort Collins E PreOp
- Cancellation Policy
- GI/Colonoscopy Consent
- Pre-Procedure Instructions
- Colonoscopy Prep Instructions

Complete the E Preop form from Surgery Center Fort Collins

If you have any questions regarding your procedure contact Anna at **(970) 495-7282.**



Dear Patient,

Thank you for scheduling your surgery with us. Once your procedure has been scheduled, it is **imperative** that you complete your anesthesia medical questionnaire online because it allows a registered nurse and/or anesthesiologist to review and confirm your healthcare information, without an office visit.

By completing the online form, you will obtain the following benefits:

1. A faster registration/admission process by eliminating repeat interviews and office appointment.
2. **Avoid delay or cancellation** of your surgery by ensuring all necessary tests are completed beforehand.
3. Improve postoperative outcomes.

Please go to the following link to complete your Pre-operative registration and medical history.

<https://scfc.epreop.com>

This web site uses industry-standard encryption technologies when transferring and receiving your personal information including name, address and contact data. With this encryption, your information can safely and securely travel over the Internet.

If you do not have access to a computer, you may choose to have this process completed by an RN over the phone. Just call: 970-494-4838; or come by the surgery center for personal assistance.

Thank you for your cooperation with this very important pre-operative questionnaire.

Best wishes for a speedy recovery,

The Surgery Center of Fort Collins Staff

GI Procedure Cancellation Policy

An associate in Family Medicine, P.C. is privileged to have the opportunity to provide gastrointestinal procedures to our patients. Our staff works hard to accommodate the needs of our patients and to schedule these procedures in a timely manner. This requires careful coordination among our office and the hospital/surgery center facilities.

The late cancellation of a procedure results in the inability to serve other patients. We therefore request your understanding and cooperation with our cancellation policy.

Cancellation within FIVE business days of your scheduled procedure is subject to an AFM \$300 charge.

Not showing, or same day cancellation for your scheduled procedure will automatically result in an AFM \$300 charge.

****We recommend calling your insurance carrier to verify coverage in the case a biopsy is done or a polyp is removed****

**** Please be advised you may receive 4 separate bills: Surgery Center, AFM/Physician Fee, Anesthesia Fee and a Lab/Pathology****

**** Due to schedule changes you may be asked to come in at an earlier or later time on the day of your procedure****

Thank you for your understanding of our policy. If you have any further questions, please call our office at **(970) 495-7282**.

Colonoscopy Charges: What you need to know

As you prepare for your procedure, we want you to understand how you will be billed for services that you receive. At a minimum, there will be three separate charges. There will be a charge from Associates in Family Medicine for performing the procedure(s). Two other charges will be from the facility where your procedure is done and for the anesthesia. Additionally, if any polyps are removed or biopsies are taken, there will be charges for pathology services.

We will file our physician procedure fee with your insurance carrier based on the information you provided at the time of scheduling. The final amount owed by you is dependent upon your insurance carrier and the plan that you have with them. Once our claim has been processed, Associates in Family Medicine will send you a bill for any remaining balance due.

Colonoscopy Categories:

Your primary care physician may refer you for a "screening" colonoscopy; however, you may not qualify for the "screening" category. It is best that you contact your insurance company to determine your coverage and benefits for a screening colonoscopy, for a colonoscopy with biopsy(s), for a surveillance colonoscopy, and for a diagnostic colonoscopy.

Screening Colonoscopy

Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, has no personal or family history of gastrointestinal disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy with the last 10 years.

Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a family history of gastrointestinal disease, colon polyps, and/or cancer.

Patient is asymptomatic (no gastrointestinal symptoms), has a personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at varying intervals based on the patient's personal history. Surveillance colonoscopy is performed to monitor the potential reoccurrence of the condition/disease. The charges may process by insurance with patient copay, deductible, or coinsurance.

Diagnostic/therapeutic colonoscopy

Patient has past and/or present gastrointestinal symptoms, polyps, or gastrointestinal disease. The charges may process by insurance with patient copay, deductible, or coinsurance.

SOME INSURANCE PLANS may have a benefit for screen colonoscopies. If you are scheduled for a screening colonoscopy and a polyp is found it will be removed, or if the physician finds an abnormality a tissue sample may be taken. If any tissue is removed then your procedure is **NO LONGER** a screening exam and it becomes a diagnostic procedure. We will bill your procedure with the primary diagnosis of screening as this is the intent of your procedure and the secondary code would be the findings (i.e. Polyp or Biopsy). Your pathology will be billed as diagnostic. It is best to contact your insurance company and ask what your benefits are for a screening colonoscopy as well as for a colonoscopy with a polyp/tissue biopsy.



GI/COLONOSCOPY CONSENT

1 Procedure consent and alternatives:

I, _____, (patient or guardian) authorize Dr. Brad Abrahamson, MD and any other doctors or assistants needed to perform:

Colonoscopy with possible biopsy and/or polyp removal if indicated

I understand the reason for the procedure is: to rule out common gastrointestinal problems.

Alternatives include: not doing the procedure

2 Risks: This authorization is given with the understanding that any operation or procedure involves some risks and hazards. The common **risks** include and are limited to: **infection, bleeding, blood clots, heart attack, allergic reactions and pneumonia.** These risks can be serious and possibly fatal. Some **significant and substantial risks** of this particular procedure include: **perforation of the colon, bleeding, and allergy to the medications used, phlebitis, and aspiration pneumonia.**

3 Anesthesia: The administration of anesthetic agents, including local anesthetics, also involves risks. These risks may range from mild reactions to the very rare risk of a severe reaction, leading to death. I consent to the use of such anesthetics as may be considered necessary by the person responsible for these services.

4 Additional procedure: If my physician discovers a different, unexpected condition at the time of the procedure, I authorize him to perform such treatment as he deems necessary.

5 I understand that no guarantee or assurance has been made as to the results of the procedure and that it may not cure the condition.

6 Patient's consent: I have read and fully understand I should sign this form, and understand I should not sign this form if all items, including my questions, have not been explained or answered to my satisfaction or if I do not understand any the terms or words contained in this consent form.

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED PERCEDURE OR TREATMENT, OR ANY QUESTIONS CONCERNING THE PROPOSED PROCEDURE OR TREATMENT, ASK YOUR PHYSICIAN NOW, BEFORE SIGNING THIS CONSENT FORM!

DO NOT SIGN THIS FORM UNLESS YOU READ AND THOROUGHLY UNDERSTAND THIS FORM.

WITNESS

PATIENT/RESPONSIBLE PARTY

DATE

TIME

7 Physician declaration: I have explained the contents of this document to the patient and have adequately answered all the patient's questions. To the best of my knowledge, I feel the patient has been adequately informed and has consented.

PHYSICIAN'S SIGNATURE

DATE

TIME

COLONOSCOPY PRE-PROCEDURE INSTRUCTIONS

This is a guide to give you, the patient, a general idea of what to expect the day of your procedure. It is important to remember that each patient's experience will be individualized. It is important to follow all instructions. Failure to comply with the following instructions may lead to an imperfect prep and an incomplete colonoscopy thus requiring to reschedule your procedure another day. Note, if you must cancel your procedure, please call Dr. Abrahamson's office one (1) week prior to your scheduled appointment. **970-495-7282**

Dr. Abrahamson is an Endoscopy trained physician at Associates in Family Medicine Group. Who will be performing your exam at the Surgery Center of Fort Collins.

The Surgery Center of Fort Collins will be contacting you prior to your scheduled date to confirm your appointment and review your anesthesia questionnaire and colonoscopy/endoscopy preparations.

DO NOT take any blood thinners (Aspirin, Plavix, Pradaxa, Coumadin, etc.) for at least 5 days before your procedure, and NO NSAID's such as Ibuprofen, Naproxen (Aleve), indomethacin, Celebrex, Voltaren, Mobic, etc. **DO NOT** take any medications the morning of your procedure.

DO NOT take Fish Oil, ginkgo, garlic or any other herbal supplements for 2 days prior to your procedure.

If you are a diabetic on insulin or oral medication, please follow these instructions for medication.

- Decrease insulin by ½ on procedure prep day and procedure day.
- Skip the morning dose of oral medication on day of procedure.

Begin a clear liquid diet the day before your scheduled procedure as soon as you wake up. Clear liquids are any of the following that are not colored red or purple: fruit juice without pulp (apple or white grape juice) (no orange juice) water, clear chicken, vegetable, or beef broth, coffee or tea without milk or creamer, sports drinks, carbonated and non-carbonated soft drinks, Jell-O and Popsicle. Please do not eat anything else as it will compromise the quality of your colonoscopy by making it difficult to see detail in your colon.

The Suprep prep will be used for the majority of our patients unless otherwise noted by your Doctor. Follow the prep instructions that we provide in this packet, **ignore the instructions on the box.**

COLONOSCOPY PREP INSTRUCTIONS

_____Suprep

You will need to fill the prescription stapled to the front of the packet. Suprep is available at your local pharmacy. **Please follow our instructions and not the instructions on the box.**

Step 1: 3 days prior to your colonoscopy

* Please do not eat anything containing small seeds or nuts.

Step 2: The day before your colonoscopy

* Clear liquid diet **ONLY**.

Step 3: The evening before your colonoscopy

*AT 5 PM take the first 6 ounce cup of Suprep and add clear liquid of choice to the 16 oz line on the container and mix. Sip or drink solution, drink another 32 oz of fluid in addition and complete within 1 hour then stay close to a bathroom.

*Continue a clear liquid diet and keep hydrated as much as possible.

Step 4: 5 hours before your procedure time

Take the second 6 oz. cup of Suprep, add clear liquid of your choice to the 16 oz line on the container and mix. Sip or drink solution, drink 32oz of fluid in addition to the prep to complete within 1 hour then stay close to a bathroom.

Start by: _____am/pm Finish by: _____am/pm

***DO NOT drink any liquids, including water for 4 hours prior to your procedure.**

***DO NOT take any medications until after your procedure.**

Drink all the prep and follow these instructions thoroughly to get the colon cleaned and properly prepared. Not being prepared could terminate the procedure and the need to be rescheduled.

You will need a responsible adult to come with you into the facility to listen to your discharge instructions and drive you home. You will **not** be allowed to drive yourself home or take any form of public transportation home by yourself.

Personal Belongings

Please leave jewelry, etc. at home. Please bring your completed information packet with you the morning of your procedure. You may bring your glasses, hearing aids or dentures with you on the day of your procedure. You should wear comfortable loose fitting clothes and shoes that are easy to get on and off. We will keep these items safe for you during surgery and be sure to have them ready for you to use as soon as you are awake enough for them after your procedure.

Patient Registration

Upon your arrival at the Surgery Center, please check in with Patient Registration. They will check to see that all the payment arrangements are finalized and paperwork is complete. You should bring your driver's license and insurance card with on your day of your procedure, unless you have already pre-registered with us at an earlier date. You will be asked to sign some documents during the registration process. Our staff will explain these forms and their purposes to you. Please bring a form of payment for your co pay or deductible, which is due the day of your procedure. Please contact the Surgery Center or your insurance company for any questions regarding this.

The Pre-Op Area

A pre-op nurse will then take you back to the pre-op area where you will change into a gown, have your vital signs taken, and if ordered by your physician, a nurse will start an IV. Your family and/or friends will be asked to wait in the front lobby until you are ready for your procedure, at which time they will be able to wait with you until you are transported into the OR. We may also take a cell phone number from your family/friends for this same purpose.

While you are in our pre-op area, your anesthesiologist will meet with you and review your medical history. They may need to ask you some questions about your medical history and medications you are taking. A nurse from the OR will also meet with you before your procedure and he/she may have some questions for you regarding your medical history as well. Many of our nursing and medical staff members will likely ask you some of the same questions multiple times. This is an important process that ensures that all pertinent information about you and your surgery is reported accurately.

The Operating Room

When you get to the operating room several monitors will be applied to monitor your blood pressure and pulse and oxygen level. You probably won't remember much about the operating room experience, unless you are having a local anesthetic.

The Recovery Room

The next thing you will be aware of is waking up in the recovery room. Again, monitors will be applied by the recovery room nurses to assess your vital signs. A nurse will be with you during your entire recovery period. You may be given medication at this time if you are experiencing any discomfort or nausea. Passing flatus (gas) is to be expected due to the inflation of air into the colon in order for thorough inspection. Nursing staff may ask you to rate your pain on a 0-10 scale where 0=no pain and 10=the most pain imaginable. This will help us to understand your level of discomfort so that we may treat your pain appropriately with medications, ice and/or relaxation techniques. Family members are asked to remain in the lobby during your recovery as there are other patients in the recovery area and we make every effort to respect each patient's privacy as they awaken and recover after their surgery.

You can expect to stay approximately one hour in the recovery area. After the first 30 -60 min of recovery room care, most of our patients are awake enough to be transferred to a recliner in a separate area. This is a place that your family/friends may come to see you.

Juice and light snacks are available for you if your nurse feels that you can tolerate it. The recovery room nurse will review all of your discharge instructions with you and send a written copy home with you. Please feel free to ask the nurse any questions that you may have. If you have an IV, it will be removed at this time.

Going Home After Your Procedure

We have found that patients feel that that they do much better in the comfort of their own home. You may be discharged when your condition is stable and you feel ready to leave. Please remember that it is your responsibility to arrange in advance for a responsible adult to drive you home after surgery. The medications that you will have received for or sedation can make you slightly dizzy or lightheaded for a full 24 hours. Therefore, we require that you have a responsible adult take you home after surgery and who should stay with you for 12 hours. Once you have returned home, be sure to follow your doctor's orders regarding diet, rest/exercise, and medications. Progress your diet as tolerated. Start with light, non-spicy or greasy foods and progress as tolerated. Do not drive a car, smoke, drink alcoholic beverages, operate machinery, or make financial and/or legal decisions for 12 hours after your procedure.

The Day After Your Procedure

The day after your procedure (or on the Monday after, if your procedure was on a Friday) a nurse will call to check on how you are doing. The nurse will ask you just a few questions to make sure that you are recovering normally. If you cannot come to the phone, the nurse may ask to speak to one of your caretakers. If we are unable to reach you after your procedure, we will send a letter to you in the mail.

If You Have Questions or Concerns

If you should have any questions or concerns before or after your visit to SCFC, we invite you to call either Dr. Abrahamson's office or our office. Your physician's office can be reached 24 hours a day, 7 days a week, at 970-484-1757. Our office can be reached Monday-Friday between 6am-4pm at (970) 494-4800. SCFC is closed on weekends and holidays. If you have an emergency you should call 911 or go to your nearest Emergency Room or hospital.

We thank you so much for the opportunity to care for you during your up-coming procedure! Please let us know if you have any special needs or requests that we may assist you with in order to make your stay with us more comfortable.

For a map or directions, please see the back of your appointment card or check out our website @ www.surgerycenterftcollins.com