

Valley Gastroenterology

12401 E Sinto Ave.
Spokane Valley, WA 99216
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Split-Dose NULYTELY 1Day Prep

You have been scheduled with _____ for _____
on _____ check in time _____.

Your prescription(s) _____ has been sent to _____.

You will need to purchase over the counter Bisacodyl and Simethicone tablets.

Please follow our prep instructions and not the ones on the bottle or your pharmacy.
Your MD has prescribed this type of prep for you due to his 20+ years' experience.

This packet includes:

- Preparation Instructions
- Fiber free breakfast and Clear liquid handout
- Estimated Fees for procedure
- Cancellation policy
- Helpful Hints to make bowel prep easier
- Description of the procedure
- Sample of a consent form
- HIPPA form
- Patient Rights

Please remember to fill out and mail in the Patient Forms listed below.

- Patient Information
- Past Health History Questionnaire

***You may choose to log in to our Patient Portal to fill out forms.**

Please do not hesitate to contact our office at (509) 922-2055 with any questions that may arise.

5 Days Prior	3 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
<p>Carefully review the upcoming prep instructions.</p> <p>Stop Iron supplements, Fish oil, Garlic tabs, Vitamin E, Ginko, Turmeric, OILs.</p> <p>Stop Blood Thinners such: Prasugrel (Effient), Cilostazol (Pletal), Plavix (clopidogrel), Tecagrelor (Brilinta), Aggrenox, Ticlid.</p> <p>Stop NSAIDs (ibuprofen, Naproxen, Motrin, Aleve, Advil,) and Aspirin. You may take Tylenol.</p> <p>Stop Fiber supplements and foods with skins, seeds or nuts.</p> <p>Popcorn, corn, berries, uncooked celery, uncooked carrots, beets, potato skins, crunchy cereals, and energy bars.</p>	<p>Stop Blood thinners such as: Coumadin (Warfarin).</p> <p>Arrange a ride. You will be sedated for your exam and must have a driver to take you home or the exam will be cancelled. Taxi or public transportation is not acceptable.</p> <p>On your procedure day, you will not be able to work, sign important papers, drive, operate equipment, drink alcohol or take sedatives for the remainder of that day.</p> <p>No out of town travel to a remote area or on a cruise ship for 1 week if polyps are removed.</p>	<p>Stop Blood thinners such as: Pradaxa, Xarelto, Eliquis, Savaysa, Lixiana</p> <p>Drink eight glasses of clear liquids throughout the day to stay hydrated.</p> <hr/> <p>Appointments that are not cancelled or rescheduled 2 business days in advance will be subject to an administrative fee of \$100.00.</p>	<p>You may eat Fiber-Free breakfast prior 11 am. (see handout)</p> <p>Follow Clear Liquid Diet for the remainder of the day. (see handout)</p> <p style="text-align: center;">NO SOLID FOODS</p> <p>If you are Diabetic, please take only half of your diabetic medication.</p> <p><u>12:00 – 6:00 pm</u></p> <ol style="list-style-type: none"> Swallow 4 Bisacodyl tablets with water. Mix your <u>NULYTELY</u> solution by adding water up to the fill line and shake until powder is dissolved. 30 minutes after taking the Bisacodyl, chew the Simethicone tablet. 30 minutes after chewing the Simethicone tablet, begin to drink the <u>NULYTELY</u> solution. Make sure you drink 8 oz over the course of every 10-15 minutes until Gallon is about half empty. <p>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.</p> <p>You may have clear liquids the remainder of the evening.</p>	<p>Take your regularly scheduled heart, blood pressure or seizure medications.</p> <p>Do not take your diabetic medication.</p> <p>If you use Asthma Inhalers, please bring them with you.</p> <p>5 hours prior to your procedure begin drinking the second half of the <u>NULYTELY</u> solution. Drink 8 oz over about every 10 minutes to complete the remainder in 2-3 hours.</p> <p>Nothing by mouth 2 hours prior to your procedure time.</p> <p>Your DRIVER will need to sign you out of the facility and must be available in our waiting area during procedure.</p> <p>You may want to bring a book or a tablet while you are waiting for the procedure to start.</p>

Fiber-Free Diet for BREAKFAST (completed prior to 11am)

A Fiber-Free diet consists of:

- Light-colored meats (Chicken, Turkey, Pork, Ham or Salami)
- Cheese (healthier options are low fat cottage cheese and Cheddar)
- Yogurt without fruit
- White rice
- Eggs
- Fish and Shellfish (clams, shrimp, crab). Olive oil and Butter can be used
- Milk
- You may have clear liquids only for the exception of the milk. No Coffee.
*No Mayo, Catsup, Mustard, or the like.
***Do not overeat. You should have no more than about 2 cups of food.**

CLEAR LIGHT-COLORED LIQUIDS WITHOUT PULP

We approve of the following clear liquids:

- water,
- clear juices,
- light colored sodas,
- yellow or peach colored Jell-O,
- chicken broth,
- light tea
- light colored Gatorade

Note: Clear liquid = any liquid you can place in a clean glass and see through it.

DO NOT USE:

MILK PRODUCTS, COFFEE, ALCOHOL or Liquids colored RED, BLUE, GREEN, DARK BROWN, or BLACK.

HELPFUL HINTS TO MAKE BOWEL PREP EASIER

Many people don't realize it, but the bowel preparation is the most important part of undergoing a successful colonoscopy exam. When the bowel is well prepared, it hastens and eases the insertion of the scope, and it significantly improves the effectiveness of the examination. The camera can't see through fecal debris. So any fecal debris left in the colon could block the doctor's ability to navigate the scope forward, and block identification of a polyp or even a small cancer. If the doctor does not have good confidence in the exam due to a poor prep, you will likely have to repeat the exam again earlier than is normally recommended, say in 1 year instead of 3, 5 or 10 years. Individuals usually underestimate how clean their bowels are. All doses of the bowel prep are important but the morning of procedure dose is especially important in cleaning the right colon where growths can be more difficult to see. Even though it is difficult, please make sure you get up early enough to complete the prep.

PLEASE DRINK EACH DOSE OF SOLUTION COMPLETELY AS DIRECTED.

1. Plan to stay at home while doing the bowel prep.
2. Change into loose-fitting, warm, comfortable clothing like stretch pajamas
3. Get an easy-to-read but absorbing book and some relaxing music to listen to. Some people prefer to use a smart phone or a tablet for entertainment.
4. Before you start the prep, liberally coat your anus with Vaseline and reapply after each stool passage to decrease anal irritation. Wash off Vaseline prior to procedure.
5. Make sure you get high quality soft tissue paper or Aloe infused wipes to blot the dampness from the anus after stool passage. Try to avoid rubbing the anus roughly with the tissue.
6. Drinking the solution can be challenging as time progresses due to a combination of taste and/or sheer volume. Some people drink a glass quickly while others take small sips (through a straw) frequently through the time period. Some people find that chilling the fluid helps improve tolerance although this can cause one to get too chilled after a while, especially during the winter. Others find that after swallowing some of the laxative, they "swish and spit" a small amount of a clear liquid to remove the taste from their tongue.
7. Do not lie down when drinking the prep for at least 2 hours after finishing each dose of prep as doing so may contribute to vomiting.

8. Depending on the prep, it can take from 15 minutes to more than 6 hours after starting the prep to begin to notice the diarrhea. You may notice some bloating or cramping at the beginning of the prep, but this usually gradually improves once the diarrhea begins. Some prior patients found that placing a hot water bottle on their lower abdomen relieved cramps.
9. Occasionally, some individuals may develop nausea. Using cold cloths on your forehead or splashing cold water on your face can be helpful. If you have vomiting, the best remedy is to take a break from drinking the solution for about an hour to allow it to move downstream, and then to resume drinking at a slower rate.
10. As the bowel evacuation subsides, you may feel cold and weak with muscle cramps; taking a hot bath can be soothing.

We know the bowel prep can be difficult and we appreciate your efforts in doing your best.

GOOD LUCK!

CANCELLATION POLICY

To Our Patients:

We have experienced a significant increase in the demand for medical procedures and services. We have also seen increased costs associated with these services. We are committed to providing you with the best possible care and plan for each patient's time in our office.

Unfortunately, we have also seen an increase in the number of patients failing to come to their appointments or cancelling late. This prevents us from having the ability to fill that appointment and meet other patient's medical needs.

We will charge the following fees for cancellations:

\$100.00 for medical procedures

\$50.00 for consults

\$25.00 for follow up appointments

To avoid assessment of these fees, you must give our office a forty-eight-hour notice of cancellation (2 business days) prior to the scheduled appointment. Cancellation of follow up appointments requires a 24-hour notice (1 business day).

Insurance companies will not cover this fee!

We appreciate your understanding of this policy and thank you for your cooperation!

COLONOSCOPY PROCEDURE DESCRIPTION

After careful medical assessment, your doctor has recommended that you have a colonoscopy. During colonoscopy, a flexible fiberoptic tube (colonoscope) is passed through the rectum into the lower intestinal tract. This procedure allows the doctor to examine the lining of the rectum and the large intestine (colon) and to identify any abnormalities.

Eyeglasses must be removed prior to the procedure. You may prefer to remove dentures and contact lenses at this time.

You will be asked to sign a consent form authorizing the doctor to perform the procedure.

Please let the doctor and the GI nurse know if you are allergic to any medicines.

A needle for intravenous (IV) medicines will be placed in your arm vein before the procedure. Medicine will be injected through this needle that will make you sleepy and relaxed.

As you lie on your left side, the doctor will examine your rectum with a gloved lubricated finger. Then he will insert the lubricated flexible colonoscope which will give you a mild sensation of wanting to move your bowels. As the colonoscope is carefully advanced through the colon, the doctor will examine the bowel lining thoroughly. You may feel some cramping or gas due to the air which the doctor is putting into the colon. You may be asked to change positions during the procedure to assist in passage of the colonoscope.

Occasionally fluoroscopy (x-ray) is used for short periods of time.

Often a biopsy specimen (tiny bit of tissue) is taken for microscopic examination. If you have a polyp, it may be removed by electrocautery through the colonoscope. You will not feel any sensation or discomfort when the biopsy is performed or the polyp is removed.

Many people do not recall any of the procedure because of the effect of the medicine. After the procedure, you will probably feel drowsy and may sleep for a short time. You may feel some bloating from the air inserted during the procedure. You will feel more comfortable if you expel this air.

Before you leave, the doctor or GI nurse will discuss the findings with you. The GI nurse or technician will give you written instructions to follow when you get home.

If you have any questions, please feel free to ask the doctor, GI nurse or technician.

INFORMED CONSENT FOR GASTROINTESTINAL PROCEDURES

Explanation of procedure:

Your physician has advised a thorough endoscopy exam of your digestive tract lining to better assess your problem. Prior to your procedure you may receive conscious sedation with a sedative, Versed, and a pain suppressant, Fentanyl. Together, these medicines may affect your memory, coordination, and judgment. During endoscopy, pictures may be taken. The physician may take samples of tissue to send to a lab for diagnosis. After the procedure, the doctor will speak with you about preliminary results and treatment.

PRINCIPAL RISKS AND POSSIBLE COMPLICATIONS

YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT THE PROCEDURE. The following risks infrequently occur during Gastrointestinal Endoscopy:

- 1. Cardiopulmonary:** The major adverse effect of sedative medication is respiratory depression and serious cardiorespiratory events. You will be closely monitored throughout the procedure.
- 2. Perforation:** Injury to the gastrointestinal tract with possible leakage of gastrointestinal contents into the body cavity may occur. If this occurs, surgery to close the leak and/or drain the area may be required.
- 3. Bleeding:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy, or dilation. Management of this complication may consist of careful observation, transfusion, or a surgical operation.
- 4. Other risks:** Despite careful examination, Cancer and other significant lesions can be missed. Drug reaction and complications from other diseases that you may already have may occur. Deaths are extremely rare, but remain a remote possibility. For EGD teeth can be potentially loosened or chipped.

I hereby authorize and permit Paul Craig or Clinton Poppel, M.D. and whomever they may designate as their assistant to perform upon me the following procedure(s)

- EGD (esophagogastroduodenoscopy):** Examination of the esophagus, stomach, duodenum. If active bleeding is found, coagulation by heat may be performed or injection of a chemical to stop the bleeding may be given. If polyps or foreign body are found, they may be removed. If narrowed areas are found, they may be dilated with or without X-ray assistance.
- Colonoscopy:** Examination of all or portion of the colon. Older patients and those with extensive diverticulosis or previous pelvic surgery are more prone to complications. Polypectomy (the removal of small growths called polyps) is performed, if necessary, by the use of a wire loop, forceps or electrical current.

I certify that I understand the information regarding gastrointestinal endoscopy. I have been fully informed to the risks and possible complications of my procedure. I have been informed not to drive, operate machinery, consume alcohol, make critical decisions or sign legal documents until tomorrow. I acknowledge that no guarantees have been made to me concerning the result of this procedure. If any unforeseen condition arises during this procedure calling for, in the physician judgment, additional procedures, treatments, or operations, I authorize him to do whatever he deems advisable.

Signature: SAMPLE Date: _____ Time: _____
(Patient or person legally authorized to consent for the patient)

CONSENT FOR RELEASE OF INFORMATION AND FACILITY OWNERSHIP INTEREST

I consent to the taking and publication of any photographs made during my procedure for use in the advancement of medical education. I hereby authorize the center to disclose all or part of my medical records to any person or corporation, which is, or may be liable for all or part of the facility charges. A copy of my medical records will be sent to my primary care physician and/or referring physician, unless otherwise noted. I hereby acknowledge I am aware that my treating physician has ownership interest in this Surgical Facility, and that I elect to use this Facility.

Signature: SAMPLE Date: _____ Time: _____
(Patient or person legally authorized to consent for the patient)

Relationship to patient: _____ Witness: _____

Valley Endoscopy Center
12401 E Sinto Ave, Spokane WA 99216

Patient name:
DOB:

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

The patient has the right to:

Respectful care given by competent personnel with consideration of his/her privacy concerning his/her medical care.

Know that the physicians (Paul Craig, M.D. and Clinton Poppel, M.D.) are owners and have a financial interest in Valley Endoscopy Center.

Be given the name of his/her attending physician, the names of all other physicians directly assisting in his/her care, and the names and functions of other health care persons having direct contact with the patient.

Have records pertaining to his/her medical care treated as confidential.

Know what Endoscopy Center rules and regulations apply to his/her conduct as a patient.

Expect emergency procedures to be implemented without unnecessary delay. In the event the need to transfer the patient to another facility is necessary, the responsible person and the facility that the patient is transferred to will be notified prior to transfer.

Good quality care and high professional standards that are continually maintained and reviewed.

Full information in layman's terms concerning diagnosis and treatment. If it is not medically advisable to give this information to the patient, the information shall be given to the responsible person on his/her behalf.

Information on after-hour emergency care.

Receive from his/her physician the information necessary to give informed consent prior to the start of any procedure or treatment.

Be advised of participation in a medical care research program or donor program. The patient shall give consent prior to participation in such a program. The patient may also refuse to continue in a program in which he/she has previously given informed consent to participate.

Refuse drugs or procedures and have a physician explain the medical consequences of the patient's refusal of drugs or procedures.

Be given medical and nursing services without discrimination based upon age, race, color, religion, sex, national origin, handicap, disability or source of payment.

Be free from all forms of harassment, abuse and/or neglect.

Exercise his/her rights without fear of discrimination or reprisal.

Have access to an interpreter with adequate notice given by the patient prior to appointment.

Be provided with, upon written authorization, access to all information contained in his/her medical record.

Be provided accurate information regarding the competence and capabilities of the Endoscopy Center.

Receive information regarding methods for expressing suggestions or grievances to the Endoscopy Center.

Receive information regarding fees for services and payment policies.

Have an appointed surrogate decision-maker if he/she is legally incompetent.

The patient has the responsibility to:

Follow instructions given by his/her surgeon, anesthesiologist and nurse regarding pre-operative and postoperative care.

Provide the Endoscopy Center staff with all medical information which may have a direct effect on the care provided at the Endoscopy Center.

Provide the Endoscopy Center with all information regarding third party insurance coverage, fulfill financial responsibility for all services received as determined by the patient's insurance carrier and the Endoscopy Center.

ADVANCED DIRECTIVE INFORMATION

An Advanced Directive is a written instruction, such as a Living Will or Durable Power of Attorney for Health Care, recognized under state law relating to the provision of health care when the individual who has issued the directive is incapacitated. If you would like Valley Gastroenterology, P.S. and Valley Endoscopy Center to have a copy of your advanced directive, please bring a copy with you for your file. If you would like information regarding advanced directives, we will provide Advanced Directive and Durable Power of Attorney for Health Care forms.

Valley Endoscopy Center's policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, it is the Governing Board's decision that if an adverse event occurs during treatment at the facility and a patient's medical condition deteriorates, resuscitative or other stabilizing measures will be initiated and the patient will be transferred to an acute care hospital. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with Advance Directives or health care Power of Attorney. The patient's agreement with this policy will not revoke or invalidate any current health care directive or power of attorney.

GRIEVANCE POLICY

Valley Endoscopy Center supports our patient's rights by providing a grievance process to respond to your concerns regarding patient rights and quality of care.

Grievances or complaints will be treated without fear of reprisal.

Please include in your written response the name(s) of the persons involved with your care, the description of the grievance and the proposed outcome of the grievance. Please be as specific as possible with your concerns so that we can address them in a timely manner.

The Office Manager will review your grievance and follow up with you in writing within 7 days, including how the grievance was investigated and the outcome of the investigation.

You can contact us verbally or in writing by:

Verbal Complaint – Ask to speak to the Office Manager at (509) 922-2055.

Written Grievance - Valley Endoscopy Center
Attn: Office Manager
Personal and Confidential
12401 E. Sinto Ave.
Spokane Valley, WA 99216

You may also contact:

Office of the Medicare Beneficiary Ombudsman:

www.cms.gov/center/ombudsman.asp

Medicare Help and Support: 1-800-MEDICARE

or

Washington State Department of Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia, WA 98504-7857

Phone: 360-236-4700

Fax: 360-236-2626

April 2015