

FLEXIBLE SIGMOIDOSCOPY PROCEDURE PACKET

Thank you for choosing Gastrointestinal Associates for your digestive health needs. Your physician has recommended a procedure, which has been scheduled for the date and time below. It is imperative that you thoroughly read this packet and follow the instructions therein. We provide direction on medications, supplements, herbals, and food / liquid intake restrictions which may need to be implemented up to 2 weeks prior to your procedure. Failure to follow these restrictions could mean the cancellation of your procedure. If you have any questions about the instructions, please contact our office.

Patient Name: _____

Arrival Time: _____

Procedure Date: _____

Procedure Time: _____

YOUR PROCEDURE IS SCHEDULED AT:

ABINGTON HOSPITAL
INTERVENTIONAL PROCEDURE UNIT (IPU)
Abington, PA 19001
Report to Radiology/MRI/Horace Avenue Entrance
Arrive 1 hour before procedure time
Valet Parking/Self Pay Garage Available

HOLY REDEEMER HOSPITAL,
Meadowbrook, PA 19046
Report to Same Day Surgery/Third Floor
Arrive 1 hour before procedure time
Valet Parking/Self Pay Garage Available

AMH ENDOSCOPY CENTER,
1235 Old York Road,
Levy Medical Plaza, Suite G23
Abington, PA 19001
Arrive 45 minutes before procedure time
Parking avail in the back of the Levy Medical Plaza

HOLY REDEEMER ASC
821 Huntingdon Pike, Suite 100
Huntingdon Valley, PA 19006
Arrive 1 hour before procedure time
Parking available front and side of building

JEFFERSON LANSDALE HOSPITAL
Same Day Surgery
100 Medical Campus Drive
Lansdale, PA 19446
Report to ground floor of the main entrance
to patient registration
Arrive 1 hour before procedure time
Parking available
You will need to call 215-361-4520 the business
day prior to your procedure between 2PM-4PM

GASTROINTESTINAL ENDOSCOPY CTR (GIEC)
1600 Horizon Drive, Suite 107
Chalfont, PA 18914
Arrive 45 minutes before procedure time
Parking available

INSTRUCTIONS

MEDICATIONS:

- **Diabetes:** Call your primary physician for instructions on how to take these medications on the day before your procedure and on the day of the procedure.
- **Diabetes/Weight Loss:** Diabetes and weight loss treatments called GLP-1 agonists must be held before the procedure to minimize anesthesia-related risk. Weekly injections should be stopped 7 days prior to the procedure; injections or oral meds taken daily should be stopped 1 day prior to the procedure. This drug class includes (but is not limited to) Ozempic, Wegovy, Zepbound, Rybelsus, Mounjaro, Trulicity, Byetta and Saxenda. Please confirm with your prescribing provider if you are taking a GLP-1 agonist.
- **Blood Thinners (with permission from your prescribing provider):**
 - 5 full days prior, hold Plavix (Clopidogrel), Coumadin (Warfarin), Brilinta (ticagrelor)
 - 2 full days prior, hold Pradaxa (Dabigatran), Xarelto (Rivaroxaban), Eliquis (Apixaban)
 - Any other blood thinners or antiplatelet agents, please ask your prescribing provider
 - You may continue to take aspirin daily until the day of procedure
- **Avastin:** if you are on this chemotherapy agent, it is critical that you inform your gastroenterologist
- **Other medicines/behavior:**
 - Hold iron and fiber supplements one week before your procedure
 - Anesthesia requires that patients do not smoke, vape, consume alcohol, smoke marijuana or use other illicit drugs for 24 hours prior to procedure
- Necessary morning medications may be taken with a sip (2 teaspoons) of water on day of procedure
- If you have any medication changes prior to the procedure, it is important to let our office know!

DIET (see reverse for more details):

- Starting **@ midnight the night before procedure:** no solid foods, milk or milk products; you may have clear liquids only
- Starting **four (4) hours prior to procedure:** Nothing by mouth within 4 hours of procedure including solid food, gum, mints, hard candy or water or your procedure will be rescheduled (except necessary morning meds with a sip of water)

OBTAI PREP (purchase the following):

- Purchase 2 FLEET ENEMAS over the counter at a pharmacy (green box).

PREP FOR FLEX SIG:

- Day of the procedure:
 - Three hours prior to procedure: Take the first enema
 - Wait one hour, then take the second enema

TRANSPORTATION

- You must arrange for an adult driver (over 18) to accompany you to and from the procedure unit. The unit will check that you have a driver and will cancel the procedure if you do not have one. Your driver must wait in the procedure unit waiting room until you are discharged; they may not leave the premises, or your procedure will be cancelled.
- If you are taking a taxi or public transportation, you must have an adult (over 18) with you. You cannot drive for 12 hours following your procedure; therefore, you must have a driver.
- Procedure times are sometimes adjusted a day or two in advance, please ensure your driver is available should your procedure time need to be changed.

OTHER IMPORTANT ITEMS

- On the day of your procedure, please remove all jewelry, including facial / nose piercings, prior to arrival at the procedure unit.
- Let us know of any medication changes prior to your procedure.
- Let us know of any insurance changes prior to your procedure.
- Bring your insurance cards and make sure that your referral (if required) is in order for the doctor's charge and the facility's charge. You are responsible for any copays.

DIETARY GUIDELINES:

What is a clear liquid diet? A "clear liquid" has the consistency of water at room temperature and is transparent

- Avoid
 - Clear liquids that are red, orange or purple in color
 - Alcohol and dairy products
 - Tomato juices and pulpy juices are not clear liquids
- Beverages you may have:
 - Water
 - Juices: apple, white grape
 - Coffee (black), tea (iced or hot)
 - Gatorade, Vitamin Water, PowerAde and other electrolyte drinks (not red, orange or purple)
- Other clear liquids to enjoy:
 - Clear vegetable, chicken or beef broth (broth only - no noodles, vegetables, potatoes, etc.)
 - Jell-o, popsicles, fruit ice or slush (not red, orange or purple)
 - Sugar or sweeteners dissolved in any of the above

Remember: Nothing by mouth (except necessary morning meds with a sip of water) within 4 hours of procedure including solid food, gum, mints, hard candy or water or your procedure will be rescheduled!

INSURANCE & REFERRAL INFORMATION

When having a procedure, typically there will be 3 separate charges: one each for the physician, the anesthesiologist, and the facility. If specimens are taken, there may also be a bill from the lab which processes them.

- It is your responsibility to understand the financial responsibility you may have, such as co-pays, co-insurance or deductibles.
- GIA strongly recommends that you contact your insurance carrier to determine what your out-of-pocket expense will be for the procedure. The question to ask is:
 - “What will be my total out-of-pocket expense to have my procedure done at this facility?” Include the facility tax ID (see reverse) and the name of the procedure. The charge will differ depending on the licensing of the unit where you are scheduled.
 - Additionally, it is important for you to check with your insurance carrier regarding your policy’s coverage pertaining to anesthesia.

Referrals

- If your insurance requires a referral from your primary doctor, please call for that at least one week prior to your appointment so that your doctor’s office has time to process the referral. They may need our practice NPI number. Your primary doctor may require a minimum of 48-72 hours to issue a referral.
- **Aetna and Keystone** require two (2) active referrals: 1.) referral made out to Jefferson Community Physicians/ Gastrointestinal Associates with code #99499 (evaluate and treat) or a specific procedure code; and 2.) referral made out to the facility where the procedure is being performed.
- **Cigna** requires a written script from your primary doctor for office visits and/or procedures.
- If your insurance requires that you have a referral, an incorrect referral or no referral may mean that your procedure cannot be performed and will have to be rescheduled.
- Please note a referral is not a requirement of Gastrointestinal Associates, Inc. but of your insurance carrier
- Referrals must be submitted to our office prior to your procedure.
- You are personally responsible for any fees not covered by your insurance and you will be billed by our office.

Billing Questions

If you have questions regarding any bill, it is important that you call the phone number noted on the bill itself. The facility, lab and anesthesiologist are not part of GIA, and we would not be able to assist with these concerns. For questions regarding our physician charges, our billing company may be reached at 267.620.1100, option 6.

PLEASE BE SURE THAT YOU UNDERSTAND YOUR FINANCIAL RESPONSIBILITY PRIOR TO THE PROCEDURE.

IF YOUR INSURANCE CHANGES, YOU MUST INFORM OUR OFFICE IMMEDIATELY.

PROCEDURE & FACILITY CODES

It is your responsibility to check with your insurance carrier regarding your coverage and your potential financial responsibility.

Gastrointestinal Associates Provider Numbers:

NPI: 1013436542

Tax ID: 232678055

Procedure Codes:

Anoscopy: 46600
Bravo: 91035 and 43235 (both)
Capsule Endoscopy: 91110
Colonoscopy: 45378
Colonoscopy (Screening): G0121
Colonoscopy (High Risk): G0105
Colonoscopy with EMR: 45390
Colonoscopy with EUS: 45391
CT Scan: 76360
Endoscopy: 43235

Endoscopy with EUS: 43259
ERCP: 43260
Flexible Sigmoidoscopy: 45330
Ligation of Hemorrhoid by rubber band: 46221
Liver Biopsy: 47000
Motility: 91010
Paracentesis: 49080
PEG (Feeding Tube): 43246
Proctoscopy: 45300
Remicade: J1745

Procedure Facilities:

Gastrointestinal Endo. Ctr (GIEC)
Fax: 215-997-3282
NPI: 1740785096
Tax ID: 82-208-1770

Jefferson Abington Hospital
Fax: 215-481-3305
NPI: 1811992084
Tax ID: 23-135-2152

Holy Redeemer Hospital
Fax: 215-938-2812
NPI: 1750371522
Tax ID: 23-153-4300

Jefferson Abington Hosp. Endo. Ctr (Levy G23)
Fax# 267-635-1206
NPI: 1811992084
Tax ID: 23-135-2152

Holy Redeemer ASC (821)
Fax: 215-214-0566
NPI: 1467442657
Tax ID: 23-302-0527

Jefferson Lansdale Hosp
NPI: 1386896306
Tax ID: 26-335-9979

FLEXIBLE SIGMOIDOSCOPY INFORMATION SHEET

This information is provided to help you understand flexible sigmoidoscopy. If you still have questions after reading this form, please do not hesitate to ask them. Upon your arrival at the facility where you will have your procedure, you will be asked to sign a consent form.

What is Flexible Sigmoidoscopy?

Flexible sigmoidoscopy is an examination of the rectum and the lowest part of the colon, called the sigmoid colon. A flexible tube through which we can look is inserted through the anus.

- You will be asked to undress from the waist down and will be given a gown or sheet to cover yourself.
- You will then be asked to lie on your left side. Insertion of the tube, which is about as wide as a finger, is generally not painful. The examination takes about five minutes.
- The bowel is inflated with air, so some cramping is usually experienced. The cramping is usually not severe and disappears in a few minutes.
- A biopsy may be taken. Biopsies are generally not painful and are usually not even felt. One or more pieces of tissue about the size of grains of rice are pinched off to look at under the microscope.

Reason for doing Flexible Sigmoidoscopy

- Sigmoidoscopy is performed as a routine screening test for colon cancer, or to find out why you may have rectal bleeding, abdominal or rectal pain, diarrhea or constipation. About 50% of colon cancers are within reach of the sigmoidoscope and early detection of colon cancer greatly increases the chance of a cure.

Risks of Flexible Sigmoidoscopy

- Flexible sigmoidoscopy is considered a safe procedure with little chance of serious complication. Perforation may rarely occur, but primarily in patients with a diseased bowel. This complication may require surgery to correct. Patients with heart disease have a slightly increased risk of heart complications. On rare occasions, a sensitivity reaction develops to the disinfectant used to clear the scope. There is a possibility of missing a tumor because the entire colon is not examined. Examination of the entire colon requires a barium enema x-ray or colonoscopy. Other complications may occur but are very rare.