

Patient: _____ Doctor: _____

Date of procedure: _____ Time to report: _____ Time of procedure: _____

Location: **Endoscopy Center, 1st Floor** **Chilton Hospital Access Center** **Wayne Surgical Center**
 1825 Rt 23 S Wayne, NJ 97 W Parkway Pompton Plains, NJ 1176 Hamburg Tpke Wayne, NJ
 973-996-4009 973-831-5115 973-709-1900

Diabetes: Blood Thinner:(see below*): Pacemaker: Defibrillator: Latex allergy: **PREPARATION:** Please obtain the following items from your pharmacy before the procedure:

1. One **Plenvu** boxed kit.

DIET: No iron supplement, seeds, nuts, quinoa, corn, popcorn, tomatoes, cucumbers or salad for **three** days before the procedure.

****IMPORTANT- Please make sure to follow our instructions as written. They are DIFFERENT than the instructions that come with the Plenvu kit.**

ON THE DAY BEFORE THE PROCEDURE:

1. **Before** 10 a.m., you may have a **light** breakfast. This can include cereal, breads, and milk products, but cannot include fresh fruits, vegetables, salad or meats.
2. After 10 a.m., only clear liquids can be consumed. Clear liquids are as follows:

Water	Clear juices (apple, white grape, not red)	Italian ices (not red)
Bouillon (beef or chicken)	Tea (regular, decaf, herbal)	Jell-O (not red)
7-Up, ginger ale, seltzer	Black coffee	Gatorade (not red)
3. At 5 p.m. **pour** first packet (Mango) of **Plenvu** into the mixing container. **Add** 16 oz cool drinking water to line on the container. **Shake vigorously for 3 minutes.** Drink all the liquid in the container within 30mins.
You must drink additional 16 oz of water or clear liquid over the next 30 mins.
Feelings of bloating, nausea or chills are common after the first few glasses. This is temporary and will decrease once bowel movements begin. If the nausea worsens, stop drinking the solution for 30 minutes, then resume drinking every 15 minutes as before.
4. Clear liquids may be continued following the preparation up to 5 hours prior to the procedure.

ON THE DAY OF THE PROCEDURE:

1. **Six** hours prior to the procedure, mix 2 pouches (Fruit Punch) **Plenvu** as follows. Pour the packets of powder into the mixing container. Add cool drinking water to the 16oz line on the container. **Shake vigorously for 3 minutes.** Drink all the liquid in the container over 30 mins.
2. **You must then drink 16oz water or clear liquid over the next 30 minutes.**

2. **You MUST FINISH drinking all liquids (PREP AND WATER) at least 5 hours prior to your scheduled arrival time or your procedure will be delayed. Do not take anything else by mouth, NOT EVEN WATER.**

3. Following the prep, you should expect to have clear yellow fluid passing into the toilet.
4. Wear loose, comfortable clothing. Bring your glasses (if necessary). Do not bring valuables such as jewelry with you. The endoscopy facility cannot be responsible for your belongings.
5. After the procedure you must not drive, work or do anything that could result in injury.
6. **You must have a friend or family member drive you home. No ride share services such as Uber/Lyft allowed. Pick up will be approximately 1 ½ hours after you are dropped off.**

***BLOOD THINNER INFORMATION:**

If you take Coumadin, Pradaxa, Eliquis, Xarelto, Effient, Plavix, Ticlid or other blood thinners/ anticoagulants make sure you have discussed this with your physician.

1. If you take blood pressure pills, pills for your heart, seizure medications or Parkinson's medications, take them as usual with small sips of water. 2. If you take aspirin, Advil, Motrin or any other *anti-inflammatory/arthritis pills* make sure you have discussed this with your physician. Tylenol is okay. Please call if you have any questions.

North Jersey Gastroenterology and Endoscopy Associates
1825 Route 23 South
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Telephone 973-633-1484

Colonoscopy

To evaluate your symptoms or to check for polyps your doctor has recommended a colonoscopy. During this procedure a flexible tube (colonoscope) is inserted into your rectum and passed up into the intestinal tract. The entire large bowel/colon is examined. Any abnormalities are noted. Biopsies are taken if necessary. Small growths or polyps are removed.

All dentures and eyeglasses must be removed prior to the start of the procedure. You may prefer to remove contact lenses at this time.

Sedation is generally given during this procedure. A needle to administer intravenous (IV) medicines will be placed in your arm vein prior to the procedure. Medicine will be injected through this needle that will make you sleepy and relaxed. Most people have little or no discomfort. You will not feel anything if a biopsy taken or if a polyp is removed.

After the procedure you may feel slightly bloated because the colon is filled with air. The air must be passed after you wake up. Once the air is expelled you will feel more comfortable. You will feel fine by the time you leave the facility.

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. The doctor will then discuss the findings with you and the nurse or technician will give you written instructions to follow when you go home.

In general the procedure takes one half hour and you should expect to be in the facility for about 1-1/2 hours. Someone will have to drive you home. You cannot work or drive until the next day.

If you have any questions, please feel free to ask your doctor or nurse.

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Upper Endoscopy and Colonoscopy

The Consent Process

- Included with this notice is a copy of the consent form you will be asked to sign prior to your endoscopy procedure.
- Endoscopic procedures (colonoscopy and upper endoscopy) are extremely safe medical procedures. However, as with any invasive procedure, there are certain risks. We are fully equipped to deal with any complications that might occur. These risks fall into four broad categories:

There could be reactions to the medications you are given (allergic reactions, etc.) during the procedure.

There could be bleeding during or following the procedure.

A hole (perforation) could be made in the intestinal wall. Under the worst scenario, this would require an operation to repair.

Certain abnormalities could be missed. No test is perfect. A normal endoscopy does not guarantee that there are no problems.

- Please understand that the above situations are very unusual. We have done thousands of these procedures and our rate of complications is extremely low. Generally, experts believe that often the risk of not performing an indicated endoscopic procedure is greater than the risk of the procedure itself.
- Please look over the attached copy of the consent form. Please call and speak to your doctor if you have any questions or Concerns.

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Consent for Anesthesia Services

I acknowledge that my doctor has explained to me that I will have an endoscopic procedure. I also understand that anesthesia services are needed so that my doctor can perform the procedure in the most comfortable manner possible.

It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, unexpected severe complications with anesthesia can occur. These include, but are not limited to, the remote possibility of infection, bleeding, drug reactions, blood clots, loss of this sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death. I understand that these risks apply to all forms of anesthesia. I understand that it is planned that the type of anesthesia service specified below will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition and the type of procedure being performed. It has been explained to me that sometimes an anesthesia technique which involves the use of local anesthetics and sedation may not fully succeed in its intended level of anesthesia and sedation and therefore another technique may have to be used.

Monitored anesthesia care with sedation:

Expected result: Reduce anxiety and pain. Partial or total amnesia.

Technique: Drug injected into the blood stream producing a semiconscious state.

Risks: Unconscious state, depressed breathing, injury to blood vessels.

I hereby consent to the anesthesia service as above.

I certify and acknowledge that I have read this form or have had it read to me. I understand the benefits, alternatives, risks and the expected result of the anesthesia service and I have had ample time to ask questions and to consider my decision.

Patient signature: _____

Anesthesiologist signature: _____

Witness _____ Date _____ Time _____

Billing Policy and Financial Disclosure

We have written this disclosure in an effort to clarify your financial responsibility. Please read it thoroughly. If you have any questions regarding this policy please call and we will clarify it for you.

When a procedure is performed at an Ambulatory Surgery Center such as North Jersey Gastroenterology, Wayne Surgical Center or a Hospital, several services are provided. Each of these services is billed separately as required by insurance law. ***You will be informed by the facility providing services if any of the physicians caring for you are out-of-network.***

The services are broken down as follows:

- **Physician-** The physician that performs your procedure will bill for his or her professional services i.e. the ***professional fee***. *The gastroenterologist may not participate in your insurance plan.*
- **Facility-** If your procedure is performed at the North Jersey Endoscopy Center or the Wayne Surgical Center, the Facility will generate a ***facility fee***, as would a hospital based procedure. The facility may not participate in your insurance plan. Procedures performed in the facility are ***not*** office-based procedures. The Facilities are NJGI physician owned entities.
- **Pathology-** Sometimes it is necessary for biopsies to be taken during the course of a procedure. These biopsies are first processed in a pathology laboratory and then analyzed by a pathologist who is a physician. Both the ***laboratory*** and the ***pathologist*** will bill your insurance for these services. *The pathologist or laboratory may not participate in your insurance plan.*
- **Anesthesia-** If anesthesia is administered by a physician ***anesthesiologist*** during the procedure this service will likewise generate a bill. This bill will be submitted to your insurance. *The anesthesiologist may not participate in your insurance.*

If your procedure is performed at North Jersey Gastroenterology and Endoscopy Center, we will inform you if any of the doctors are out-of-network.

- Our front office staff will verify that your insurance plan is active but *will not* verify what your responsibility will be after insurance pays its portion; *this is your responsibility.*
- Our Billing Department will submit the above services to your insurance company.
- If you would like to know what your responsibility will be, please contact your insurance company by calling the Member Services number on your card. Please be aware that your insurance may apply a deductible and a co-insurance to their payment resulting in an out-of-pocket responsibility for you.
- If, after calling your insurance company, you still have questions- please contact our office and we will make every effort to assist you.

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Screening Colonoscopy versus Diagnostic Colonoscopy

You have been scheduled for a colonoscopy examination. A colonoscopy procedure can be performed for several reasons, including:

Screening colonoscopy:

A screening exam to look for colon cancer and polyps in completely asymptomatic individuals.

Diagnostic colonoscopy:

To evaluate a patient's symptoms such as cramping, change in bowel habits, rectal bleeding or anemia.

Please note: Some insurance plans only pay fully for screening exams in people who do not have any symptoms whatsoever. Some plans only pay for procedures in people or being evaluated for symptoms.

Prior to your appointment we will be contacting your insurance company based upon the insurance information that you have provided and will, with the available information, provide you with your out-of-pocket cost, which we request you pay at the time of your procedure. We encourage you to confirm this information with your insurance company.

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Patient: _____

Date of procedure: _____

Physician performing procedure: _____

I have been provided the following documents for review:

1. Description and explanation of the scheduled procedure.
2. Preparation for the procedure.
3. Explanation of the procedure consent process.
4. A copy of the consents I will be signing on the day of the procedure for both the procedure and the anesthesia services.
5. The billing policy and financial disclosure of North Jersey Gastroenterology and Endoscopy Associates (office practice) and North Jersey Gastroenterology Endoscopy Center (ASC).

Signature: _____