

# ABOUT YOUR COLONOSCOPY

Dear Patient:

Your physician has referred you for a colonoscopy. The purpose of this letter is to familiarize you with the nature of the exam, its benefits and its risks. What follows is absolutely essential for you to know, so please read this carefully. We consider your understanding of this material to be so important that we will ask you to sign this letter acknowledging you have read and understood this information. If you have any questions please contact us by phone (970-663-2159) before the procedure so we can discuss your concerns with you.

***Why you should have a colonoscopy:*** Colonoscopy is an examination of the entire colon (large intestine) using a long, thin, flexible tube with a television camera on the tip called a colonoscope. The procedure is done for a number of different purposes. The most common goal is an effort to prevent colon cancer. Without any screening, about one out of twenty people will develop colon cancer. The risk is even higher for people with a family history of colon cancer. Most, but not all, cancers begin as benign tumors called colon polyps. Over time polyps can grow and become cancers. Finding and removing colon polyps markedly reduces your risk of developing colon cancer. Likewise, if a colonoscopy is done, and no colon polyps are found, it is unlikely that you will have problems with colon cancer within the next 5 years. Other reasons for having a colonoscopy include searching for a cause for diarrhea, abdominal pain, blood in the stools, and anemia.

***The procedure:*** The preparation for the examination starts with a laxative, which is described in detail in the prep instructions. Good visualization of the colon depends on an adequate colon cleansing.

The actual examination usually takes between 15 and 30 minutes. Before the procedure an IV will be started in order to give necessary medications. Heart and lung function monitors are used to enhance safety. You will lie in a comfortable position in a bed. To prevent cramping and pain during the procedure you are sedated. A registered nurse, the physician, and a specially trained technical assistant are present during the exam. The setting is calm and private. Because of the medications, you will probably remember little or none of the procedure. It is unlikely that you will find the examination to be unpleasant. Most people feel that the only unpleasant part of the entire process is the laxative, but as noted above, it is vital to the success of the procedure.

After the procedure, it will take you about a half an hour to wake up enough to leave the endoscopy center. Most people are in and out of their procedure in about two hours. Because of the sedation, you will need a ride home. You will not be able to drive for at least 12 hours. You will probably be able to resume most of your normal activities about six hours after the procedure. If polyps are removed, there is a small risk of bleeding for up to two weeks afterwards. For this reason, you should only have the procedure done if you will be within easy reach of an emergency room for the next 14 days.



Examples of activities you need to avoid for two weeks after polyps are removed include travel in airplanes and backcountry recreation. It is fine to drive to areas with reasonable levels of emergency medical care.

***The Limitations of Colonoscopy:*** Colonoscopy is the most effective cancer preventative test we have, but it is not perfect. Having a colonoscopy can be expected to decrease your risk of dying from colon cancer by about 90 percent over the next five to ten years. Unfortunately, cancers can still develop, although very rarely, in this interval after a colonoscopy. This occurs for two main reasons. First of all, polyps can be missed during a colonoscopy. In the best of circumstances, this seems to happen to about 10 percent of polyps. This problem is due to difficulty in seeing the entire colon because of the presence of sharp folds and corners, poor cleansing of the colon, and limitations in the view of the TV camera. These factors can all create “blind spots”. The second cause for the appearance of cancers within several years of a colonoscopy is that some cancers simply seem to develop extremely rapidly. While not perfect, colonoscopy is still extremely worthwhile since it can be expected to prevent the vast majority of deaths that would otherwise occur from colon cancer. At this time, colonoscopy is the most effective screening tool for colon cancer.

***Alternatives to Colonoscopy:*** Other screening tests for colon cancer include testing the stool for occult (invisible) blood, a limited scope exam without sedation called a flexible sigmoidoscopy, and barium enema

X-ray. All of these have been shown to prevent some cases of colon cancer, but they are far less reliable than a colonoscopy. Furthermore, if they do detect a problem, in all cases you will need a colonoscopy to confirm the result. While they are better than doing nothing, these three alternative screening methods are clearly inferior to colonoscopy for protecting your health. CT and MRI scanning colon exams are available, but are still in development. At this time they are of uncertain benefit. In addition, these procedures may require the same prep and are often not covered by insurance. Furthermore, if polyps are found, a follow-up colonoscopy will be required to remove them.

***The Risks of Colonoscopy:*** Like all invasive medical procedures, colonoscopy has a chance of causing complications. Fortunately, the odds of a complication are very low. Two serious problems that are rarely encountered are perforation (poking a hole) of the colon and severe bleeding. These events can be life-threatening. Treating either of these complications might require surgery and blood transfusions. The risk of either of these events is much less than one percent. They occur somewhere between 1 in 500 to 1 in 1000 colonoscopies. Less common problems are severe medication reactions or heart attacks. Localized irritation of the vein (phlebitis) may occur at the site of medication injection. While these complications do rarely occur, it must be remembered that the risk of dying from colon cancer is far higher than the risk of suffering a complication from the examination. Your safety is our foremost concern, and the entire process is designed to minimize your chances of injury.

Please contact us at 970-663-2159, if you would like to discuss any of this further. You will, of course, have an opportunity to speak to us immediately before the procedure

  
Sincerely Yours,









Stephen R. Sears, MD

Lewis R. Strong, MD

Daniel A. Langer, MD

Crystal M. North, DO

Sean P. Caufield, MD

**By signing here, you certify that you have read and understood the contents of this letter. If you have questions, please do not sign this until we have answered them for you.**

# COLYTE COLONOSCOPY PREP

**Your physician has scheduled you for a colonoscopy. Please follow the instructions below.**

- ☐ If you need to cancel or reschedule your procedure for any reason, please call the Endoscopy Scheduler at 970-663-2159 at least 48 hours prior to your exam.
- ☐ If you are unable to complete your prep, notify the Skyline Endoscopy Center at 970-663-2159. For questions after hours call 970-669-5432 and ask for the gastroenterologist on-call.
- ☐ **Completely fill out the “TELL US ABOUT YOURSELF” form in your packet. Bring the completed form and your packet with you the day of your exam.**

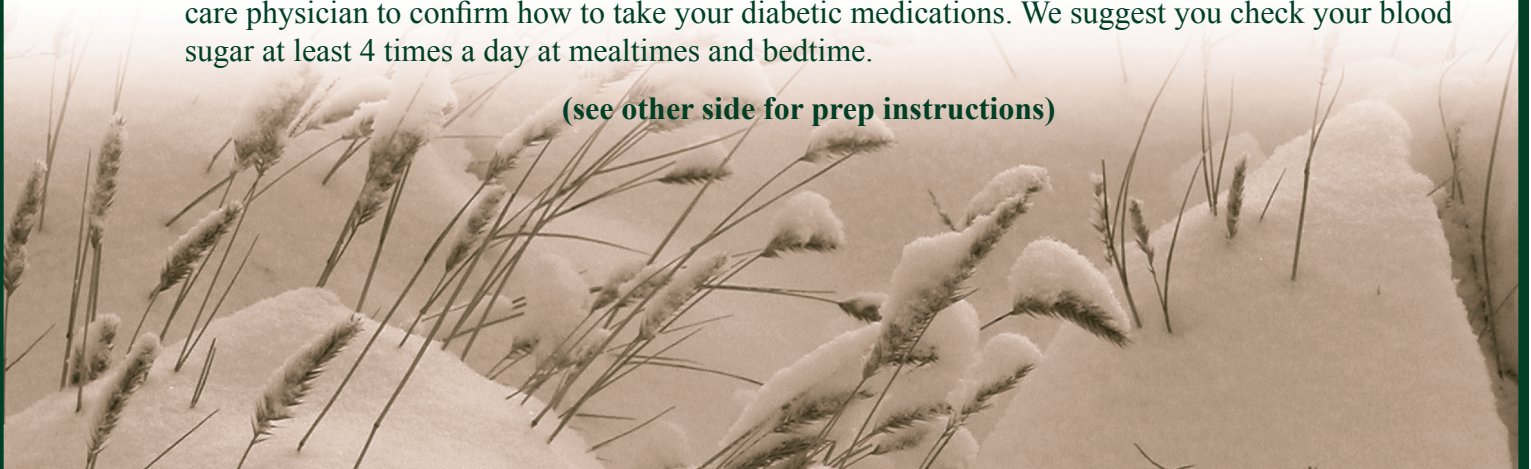
## ***General Information:***

- ✓ **If any of the following conditions apply to you, you must be seen in the endoscopist's office or obtain the endoscopist's authorization prior to your procedure. Do you:**
  - ☐ Take a blood-thinning medication?
  - ☐ Have congestive heart failure?
  - ☐ Use oxygen at home?
  - ☐ Have any implanted electronic devices?
- ✓ For 5 days prior to your procedure, try to avoid nuts, seeds and corn.
- ✓ Take your prescribed medications as you normally would up until 2 hours before your procedure.
- ✓ This laxative will cause diarrhea. Please follow the instructions on the back of this page.  
**Good visualization of the colon depends on adequate colon cleansing.**
- ✓ Make arrangements to have a responsible adult drive you home. Your driver should plan to stay at the facility during your procedure. Public transportation (bus, taxi, shuttle) is NOT allowed unless you have a responsible adult with you.
- ✓ After the procedure, you should have an adult with you for 4 to 6 hours.
- ✓ If polyps are removed, plan to remain in this area or an area easily accessible to emergency health care for 14 days after the procedure.

## **DIABETIC INSTRUCTIONS:**

- ✓ If you are a diabetic and your procedure is scheduled to be done in the morning, hold your medications or insulin the morning of the procedure. We suggest you check your blood sugar at least 4 times a day at mealtime and bedtime.
- ✓ If you are diabetic and your procedure is scheduled to be done in the afternoon, contact your primary care physician to confirm how to take your diabetic medications. We suggest you check your blood sugar at least 4 times a day at mealtimes and bedtime.

**(see other side for prep instructions)**





In advance, you will need to purchase **a bottle of Colyte (Golytely, Nulytely, or other equivalent brand) by prescription** from the pharmacy or supermarket of your choice. **Colyte prescription is included in your packet.**

**PLEASE NOTE:** If you previously have not been able to use the Colyte type prep (laxative mixed with one gallon of water), call 669-5432 at least 24 hours before starting prep to get alternate instructions.

## **DRINK PLENTY OF CLEAR LIQUIDS TO PREVENT DEHYDRATION.**

**Suggestion: Sucking on lemon drops while you are taking the laxative may make it more tolerable.**

- ☐ **The day before your exam until 1 p.m.** you may have only white bread/toast, rice cereal, cream of wheat, eggs, milk, and/or juice. NO fruit, vegetables, nuts or seeds.
- ☐ **After 1 p.m. switch to clear liquids.**
- ☐ **On your clear liquid diet you may have only:** water, coffee, tea, soda, broth, bouillon, liquid or set jello, popsicles (no red jello or popsicles), juices without pulp such as apple, cranberry or grape juice. No juice with pulp is allowed. No milk or cream products are allowed.
- ☐ At 5 p.m. mix the Colyte contents (or the brand provided by your pharmacist) with 1 gallon (4 liters) of water in the container provided. Shake or mix well. You may chill the solution but do not ice it. To improve the taste you can add Crystal Light (not red colored) to the Colyte.
- ☐ At 6 p.m. begin drinking the Colyte solution. Drink 8 ounces (1 cup) every 10-15 minutes until you have drunk 13 cups. This is  $\frac{3}{4}$  of the gallon container. Save 4 cups (or  $\frac{1}{4}$  of the container) for the next morning. You should be having clear, light yellowish, watery diarrhea.
- ☐ 3 hours before you are scheduled to arrive for your procedure, drink 8 ounces (1 cup) every 10-15 minutes until you have finished the remainder of the gallon container.
- ☐ Continue drinking clear liquids the evening before your procedure and the following day until 2 hours before your procedure.
- ☐ Two hours before your exam, do not eat or drink anything.
- ☐ Take prescribed medications as you normally would up to 2 hours before your procedure, except for diabetic medications (see instructions for diabetic medications on front of sheet).

**IF YOU ARE SCHEDULED FOR BOTH A COLONOSCOPY AND GASTROSCOPY FOLLOW THE SAME INSTRUCTIONS AS LISTED ABOVE.**

# TELL US ABOUT YOURSELF

Please complete this form and bring it and this packet to your procedure.

*Why are you having this procedure?* \_\_\_\_\_

*Do you take Warfarin (Coumadin)?* ☐ Yes ☐ No *Do you use oxygen at home?* ☐ Yes ☐ No

*Are you, or could you be, pregnant?* ☐ Yes ☐ No

*Do you smoke or use tobacco products?* Amount \_\_\_\_\_ *Do you drink alcohol?* Amount \_\_\_\_\_

*Do you use marijuana products?* ☐ Yes ☐ No

*Do you have any of the following medical conditions. If yes, please briefly explain.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	High Blood Pressure _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Disease _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asthma/COPD _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stroke _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Liver Problems _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blood Clots _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kidney Problems _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sleep Apnea _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other _____

## *Previous Surgeries:*

Surgery/Approximate Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surgery/Approximate Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please list any of your blood relatives with a history of colon cancer or colon polyps:*

\_\_\_\_\_  
\_\_\_\_\_

## *Previous Endoscopic Procedures:*

Colonoscopy \_\_\_\_\_

Approximate Date: \_\_\_\_\_

Upper Endoscopy \_\_\_\_\_

Approximate Date: \_\_\_\_\_

*Do you have a living will?* ☐ Yes ☐ No *Do you have medical durable power of attorney?* ☐ Yes ☐ No

*Do you want any information regarding these?* ☐ Yes ☐ No

*Signature*

*Date*

*Health History has been reviewed by* \_\_\_\_\_ *RN* *Date* \_\_\_\_\_ *Time* \_\_\_\_\_



# MEDICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

At Skyline Endoscopy Center we understand that the safe management of your medications may be a challenge and we can provide assistance. In fact, it is something we take very seriously. We join with your physician in developing systems that assure that your next provider of care has full knowledge of your current medications. This allows safe administration of new drugs and avoiding duplication of drugs or dangerous drug interactions.

***We call this “Reconciliation”...We think this is Important...and so should you!***

You can help us by completing this form before you come to the Center. After your procedure is completed a copy of this form will be handed back to you with additional medications you received during your stay at the Center or that were prescribed for you on discharge.

**PLEASE PRINT CLEARLY ANY MEDICATIONS YOU ARE TAKING—INCLUDING PRESCRIPTIONS, OVER THE COUNTER MEDICATIONS AND HERBALS**

DRUG NAME	STRENGTH	HOW MANY TIMES A DAY	TAKE FOR WHAT PURPOSE

**NEW INSTRUCTIONS/PRESCRIPTION(S) ADDED TODAY UPON DISCHARGE:**


DURING YOUR VISIT YOU WERE GIVEN:

- ☐ PROPOFOL FOR SEDATION
- ☐ VERSED FOR SEDATION
- ☐ FENTANYL FOR DISCOMFORT
- ☐ CETACAINE SPRAY
- ☐ OTHER MEDICATIONS:

\_\_\_\_\_  
\_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

# COLONOSCOPY CONSENT FORM

## CONSENT FOR PROCEDURE



Patient: \_\_\_\_\_

**1. PROCEDURE AND ALTERNATIVES:** I, (patient or authorized representative) authorize Dr. \_\_\_\_\_ to perform procedure: **Colonoscopy with possible biopsy and/or polypectomy.**

I understand the reason and **BENEFITS** for the procedure are: **Examination of the colon with possible removal of tissue and/or removal of a polyp for diagnosis.**

Alternatives include: x-rays, do nothing, or \_\_\_\_\_

**2. RISKS:** This authorization is given with the understanding that any procedure involves some risks and hazards. The more common risks include: infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions, aspiration pneumonia and missed lesions including polyps or cancer. These risks can be serious and possibly fatal. Some significant and substantial risks of this particular procedure include: **BLEEDING OR PERFORATION. IF EITHER OF THESE COMPLICATIONS OCCUR, TREATMENT MAY INCLUDE HOSPITALIZATION, SURGERY OR BLOOD TRANSFUSION.**

**3. SEDATION AND ANESTHESIA:** The administration of sedation and anesthesia also involves risks, most importantly a rare risk of reaction to medications causing death. I consent to the use of such sedation or anesthetics as may be considered necessary by the person responsible for these services.

**4. RESUSCITATION:** I desire all resuscitative measures be employed during the procedure.

**5. ADDITIONAL PROCEDURES:** If my physician discovers a different, unsuspected condition at the time of the procedure, I authorize the physician to perform such treatment as deemed necessary to improve health.

**6.** 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.

**7.** I consent to the photographing of the procedure to be performed for medical purposes.

**8.** I consent to the admittance of medical or paramedical observers to the procedure room.

**9.** I hereby request and authorize this health care facility to preserve for scientific or teaching purposes or otherwise dispose of the removed tissue resulting from the procedures authorized above. I further authorize the pathologist, whose services may be required, to use discretion in the disposal.

**NOTE: IF YOU HAVE ANY QUESTIONS ABOUT THE PROCEDURE, OR THE RISKS OR CONSEQUENCES ASSOCIATED WITH IT, TALK WITH YOUR PHYSICIAN. YOU MAY WITHDRAW THE CONSENT FOR THIS PROCEDURE AT ANY TIME PRIOR TO ITS PERFORMANCE. DO NOT SIGN THIS CONSENT UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.**

\_\_\_\_\_  
Patient/Authorized Representative

\_\_\_\_\_  
Date and Time

### Relationship of Authorized Representative

**PHYSICIAN DECLARATION:** I have discussed the procedure, risks, complications, consequences, and alternatives with the patient or patient's representative, and to the best of my knowledge, the patient or representative understands this information and consents to the proposed procedure.

\_\_\_\_\_  
Physician's Signature





# WHAT TO EXPECT AFTER YOUR COLONOSCOPY

## Dear Patient:

### Please follow these guidelines to ensure the best possible outcome after your procedure:

- ✓ Do not drive, operate hazardous machinery, or make critical legal decisions for at least 12 hours.
- ✓ You should be in the presence of an adult for 4-6 hours after your procedure.
- ✓ Resume medications when you start eating, unless otherwise instructed.
- ✓ Mild bloating is normal. Discomfort can be relieved by walking or lying on your stomach.
- ✓ If a polyp is removed, you must remain in this area or an area easily accessible to emergency health care for 14 days.
- ✓ If biopsies are taken you will be contacted with results within 1-2 weeks.
- ✓ You may have a small amount of blood on the toilet paper or in the stool after bowel movements. If you pass large amounts of blood or blood clots, call us at 970-669-5432 immediately, and at any time of day or night, or go to the nearest emergency department.
- ✓ You should call us at 970-669-5432 immediately, and at any time of day or night, if you have a fever or persistent abdominal, back or chest pains, shortness of breath, or any concerns.

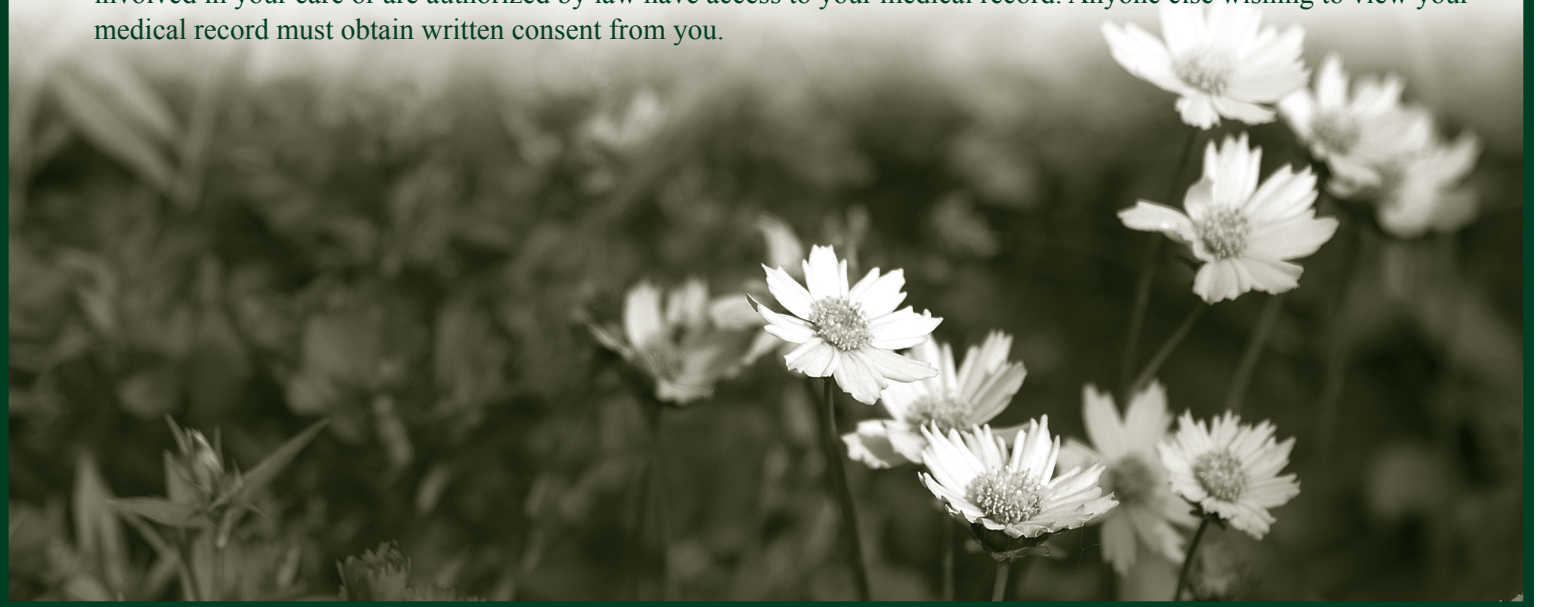




# NOTICE OF PATIENT RIGHTS & RESPONSIBILITIES

## When you are a patient at Skyline Endoscopy Center, you have the following rights:

1. You have the right to receive quality care and treatment in a safe setting that is considerate and respectful of your dignity and personal values.
2. You have the right to participate in all decisions involving your health care and to understand what is expected of you.
3. You have the right to be interviewed, examined and treated in surroundings that provide reasonable privacy.
4. You have the right to be free from all forms of abuse or harassment.
5. You have the right to know the names, professional status and experience of the staff providing your care and treatment.
6. You have the right to know if the Endoscopy Center is participating in teaching programs, research and/or experimental programs. You can refuse to participate in any such program.
7. You have the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of your decisions.
8. You have the right to be informed of the Endoscopy Center's rules and regulations that apply to your conduct while a patient here.
9. You have the right to give informed consent for all treatments and procedures. Informed consent includes:
  - a. An explanation of the recommended treatment or procedure in layman's terms.
  - b. An explanation of the risks and benefits of any treatment or procedure, the probability of success, and any potential complications.
  - c. An explanation of the alternatives with the risks and benefits of these alternatives.
  - d. An explanation of the consequences if no treatment is pursued.
  - e. An explanation of the recuperative period, which includes the expected length of that period.
10. You have the right to receive an estimate of the charges for service based on your admitting diagnosis. Based on the insurance information you provide, you have the right to receive an estimate of any copayment or other charges that will not be covered by a third party payer (insurance company).
11. You have the right to see your medical record within the guidelines established by law. Only those individuals who are involved in your care or are authorized by law have access to your medical record. Anyone else wishing to view your medical record must obtain written consent from you.



12. You have the right to make advance directives. There are two types of advance directives permitted by Colorado law. The Colorado Medical Durable Power of Attorney for Healthcare lets you name someone to make decisions about your medical care including decisions about life support if you can no longer speak for yourself. The Colorado Declaration as to Medical or Surgical Treatment is the state's living will form. It lets you state your wishes about medical care in the event that you develop a terminal condition and are either unconscious or otherwise incompetent to make your own medical decisions. For more information on Colorado advance directives and to obtain advance directive forms, go to [www.caringinfo.org/files/public/ad/Colorado.pdf](http://www.caringinfo.org/files/public/ad/Colorado.pdf).
13. You have the right to know that it is Skyline Endoscopy Center's policy, regardless of the contents of any advance directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at this facility we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation.
14. You have the right to express your complaints and concerns about care received without fear of recrimination. You may contact the Nurse Manager or Administrator at 970-663-2159. In addition, you may report a complaint to the Colorado Department of Public Health and Environment at 303-692-2800 or 1-800-886-7689, ext. 2800. You may also contact the Medicare Hotline at 1-800-633-4227 or <http://medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>. Or, you may contact the Colorado Department of Regulatory Agencies at [www.dora.state.co.us/medical/complaints.htm](http://www.dora.state.co.us/medical/complaints.htm).
15. You have the right to exercise your rights without being subjected to discrimination or reprisal.

**When you are a patient at Skyline Endoscopy Center, you have the following responsibilities:**

1. Provide accurate and complete information about present problems, past illnesses, hospitalizations, medications, and other matters relating to your health.
2. Provide accurate and updated information for insurance and billing.
3. Cooperate with all Endoscopy Center personnel and ask questions if you do not understand directions or procedures.
4. Act in a respectful and considerate manner toward healthcare providers, other patients, and visitors. Verbal or physical harassment is not tolerated.
5. Assist in keeping noise and the number of visitors to a minimum.
6. Be respectful of the property of other persons and the facility.
7. Indicate if you feel your privacy is being violated.
8. Indicate if you feel your safety is being threatened.

Disclosure: Drs. Langer, North, Sears and Strong have a financial interest in Skyline Endoscopy Center.

