

Great Lakes Gastroenterology

440-205-1225

Flexible Sigmoidoscopy

It is IMPORTANT that you read these instructions well in advance and follow them completely to ensure a successful exam.

- Obtain in advance (1)- 10 oz. bottle of Magnesium Citrate (clear only)
- (1) Fleet Enema (green and white box)
- Both are sold over the counter; you do not need a prescription

Due to regulatory requirements and your safety, you must arrange for a responsible adult to drive you home after the procedure. We will ask for contact information for your driver when you check in. Taxi cabs, public transportation and Uber do not meet this requirement unless you have a responsible person with you. Your procedure will be cancelled if you do not comply with this requirement.

	DAY BEFORE your procedure	DAY of your procedure
Diet Instructions	<ul style="list-style-type: none">• NO SOLID FOOD STARTING AT 4:30PM• Drink clear liquids beginning at 4:30pm such as water, sport drinks, tea or black coffee (no milk or cream), broth, apple or white grape juice, soda's, jello, or popsicles. NO red or purple• NO ALCOHOL or any recreational drugs	<ul style="list-style-type: none">• You can drink clear liquids up to 4 hours before your appointment.• No gum, candy or breath mints within 4 hours of your appointment.• 4 oz. or less of water with medicines no closer than 2 hours to arrival time• Do not use any form of tobacco products 4 hours before your test
Bowel Preparation	<ul style="list-style-type: none">• Drink clear liquids at 4:30pm.• At 6:30pm drink 1 full bottle of Magnesium Citrate. The Magnesium Citrate may be diluted with any clear liquid and should be consumed at a slower pace (2 oz. every 10 minutes). Drinking it too fast can cause nausea and stomach upset. This needs to be followed by 4 glasses of clear liquid.	<ul style="list-style-type: none">• At _____am/pm (1 hour prior to arrival time) use one Fleet Enema

Great Lakes Gastroenterology

(440) 205-1225

Medication Instructions:

Notify the office if you have an implanted heart defibrillator, pacemaker, or decreased kidney function. If you have diabetes and take insulin, contact your physician that manages this for specific instructions.

If you check your blood sugars, test it the evening before and the morning of your procedure.

HOLD the following medications using these guidelines, unless otherwise instructed by your Primary Care doctor, Cardiologist or Endocrinologist

	7 DAYS BEFORE	5 DAYS BEFORE	2 DAYS BEFORE
Blood Thinners		<ul style="list-style-type: none">Warfarin (Coumadin)Anti-platelets such as Clopidogrel/Plavix, Ticlid, Efflent, Brilinta, Aggrenox, Pletal, Arixtra, Elmiron, Persantine Ticlopidine	<ul style="list-style-type: none">Pradaxa, Xarelto, Eliquis, Savaysa
Iron	<ul style="list-style-type: none">Iron supplements (ferrous sulfate)		

Medications to **HOLD** the morning of the procedure

Oral Diabetes Meds	<ul style="list-style-type: none">Metformin, glipizide, glucophage, glucotrol, glyburide, tolazamide, tolbutamide
Blood Pressure & Heart Meds	<ul style="list-style-type: none">Ace Inhibitors: ending in 'pril' (Lisinopril, Ramipril, Enalapril or Vasotec, Moexipril or Univasc, Captopril or Capoten, Perindopril or Aceon, Accupril)Angiotensin II Receptor Blockers (ARB's): ending in 'artan' (Losartan, Valsartan, Benicar)Angiotensin II Receptor Blockers (ARB 's) combined with calcium channel blockers such as (Amlodipine/Valsartan, Amlodipine/Olmesartan, and Telmisartan/Amlodipine)
Diuretics Water pills	<ul style="list-style-type: none">HCTZ (hydrochloro-thiazide), Lasix (furosemide), Maxzide, Chlorthalidone, Dyazide (triamterene/hydrochlorothiazide)

****TAKE ALL OTHER BLOOD PRESSURE MEDICATIONS NOT LISTED ABOVE****

- You are able to take all other morning medications the morning of your procedure with no more than 4 oz. of water no closer than 2 hours to your procedure arrival time.
- If you use a rescue inhaler, please be sure to bring it with you
- Bring your current insurance card(s), photo ID, and any copay that is due
- The Endoscopy Center opens at 7am. Please do not arrive any earlier than 7am

Procedure Date: ____/____/____

Approximate Arrival Time: ____:____ a.m / p.m.

You will receive a call the week day prior to your procedure with the actual arrival time

Tri Point - Main Entrance
7590 Auburn Rd.
Concord 44077

Endoscopy Center of Lake County, LLC
9614 Old Johnnycake Ridge Rd.
Mentor 44060

Lake West - Same Day Surgery
36000 Euclid Avenue
Willoughby 44094



**Great Lakes Gastroenterology, LLC.
The Endoscopy Center of Lake County, LLC.**

**Keith A Friedenber, MD
Sayed S Khatami, MD
Don Brinberg, MD**

Dear Patient,

In an effort to make sure you receive the highest level of coverage, please read and follow the instructions below:
Prior to your scheduled procedure –

1. When scheduling a colonoscopy as a routine screening procedure, contact your insurance to inquire if you have routine screening coverage. If you do not have routine screening coverage, notify our office prior to your procedure.

Some Insurance companies require the CPT codes we will use for the billing of your procedure when you call.

PROCEDURE CODE(s):

- 45378 -- Colonoscopy**
- 45380 -- Colonoscopy with Biopsy**
- 45385 – Colonoscopy with Polyp Removal**
- 43239 – EGD with Biopsy**
- 45331 – Flex Sig**
- 46930 – IRC Destruction of Hemorrhoid**

DIAGNOSIS CODE(s):

- Z12.11 – Screening for colon cancer**
- Ask your physician’s office for your diagnosis code – EGD/Flex Sig/IRC**

TAX ID NUMBERS:

- Great Lakes Gastroenterology, LLC. – 201466945**
- Mentor Anesthesia, LLC. – 450894082**
- The Endoscopy Center of Lake County, LLC. – 204005883**

2. If you had a colonoscopy in the past for a medical condition, such as, personal history of colon polyps (Z86.010) personal history of colon cancer (Z85.038) your current procedure may not be considered a routine screening/preventative procedure. Contact your insurance company to verify your coverage.
3. If you are scheduled for a Screening Colonoscopy and during the course of the procedure the physician removes a colon polyp, takes a biopsy or diagnoses a medical condition your Colonoscopy may no longer be considered as a Screening Colonoscopy (***This applies to all patients***). Contact your insurance company to verify your coverage.
4. You will receive a separate charge from ***Mentor Anesthesia, LLC.*** For your anesthesia services. Please contact our office with any questions.
5. You will receive a separate charge for our facility. The facility name is ***“The Endoscopy Center of Lake County, LLC”***. Call your insurance company to verify that our facility is in network with your plan. We will review eligibility, and benefits prior to your scheduled procedure.

All known Copays, Coinsurance, and Deductibles are due at the time of service.
You will receive a call from our billing department with the amount owed prior to your procedure.

Due to the number of insurance companies and policies, we are unable to take responsibility for knowing your insurance benefits. You must contact your insurance company to question your plan and coverage. Our office will obtain a precertification if it is required, but this is not a guarantee of payment.

If you have questions regarding this information, please contact our Billing Department at (440)-205-1225, Option 7.

Patient Signature _____ Date _____ 05/17