



Gastrointestinal
Consultants
of NE PA, P.C.

THE SCRANTON ENDOSCOPY CENTER

517 Ash Street, Scranton
570-969-6100

570-983-0050 Questions/Cancellation Line
Monday - Friday: 8:30am - 4:00pm

_____ is scheduled for a
COLONOSCOPY at the SCRANTON
ENDOSCOPY CENTER. Please arrive at

The Center at _____:

on _____.

Procedure Time _____

COLONOSCOPY-GATORADE/MIRALAX/GLYCOLAX PREP

PURCHASE: 238 gram bottle of MIRALAX/GLYCOLAX (over the counter)
Dulcolax Laxative tablets (over the counter)
64 oz. Bottle of Gatorade. Do not use red or purple Gatorade, can
substitute Gatorade with Crystal Light, Lemonade, iced tea or water

5 DAYS BEFORE STARTING PREP: NO FIBER DIET

AVOID: anything containing fiber, including whole grain products (ex whole grain bread, whole grain pasta), all fruits and vegetables (even if cooked), fruit juices with pulp, vegetable juices with pulp, canned fruits, dried fruits, raisins, prunes, prune juice, fruit jams, marmalade, nuts, seeds, salads, soups, cereal, oatmeal, brown rice, chunky peanut butter, and all fiber supplements.

CAN EAT: eggs, white toast with butter, cottage cheese, yogurt, any meats (chicken, turkey, beef, fish), potatoes without the skin, white rice, white pasta, clear broth.

ONE DAY BEFORE THE PROCEDURE:

You are on a **liquid diet for the entire day**, avoiding all solid foods. You may have water, clear juice, clear soda, Gatorade, tea, coffee, broth, etc. Jell-0 is allowed in any color OTHER THAN RED. Continue to drink **plenty of fluids** throughout the day. NO milk or dairy products. NO alcoholic beverages.

*Take the two Dulcolax tablets upon arising in the morning.

*Between 3:00 p.m. and 5:00 p.m. mix the **entire** contents of Miralax/Glycolax with the Gatorade until the Miralax/Glycolax is dissolved. Drink an 8 oz. glass every 10-15 minutes until the solution is gone. If you become increasingly nauseated take a 15 minute break from the prep, then resume.

Upon completion of prep, by 8:00 p.m., your bowel movements should appear as "clear" as the fluid you consume.

Please read other side

Approximately 2 hours after taking the entire prep your bowel movements should be a slight yellow/green colored liquid (no solid material).

If you have any questions regarding your prep or your test please do not hesitate to call 969-6100 and press 0.

Do not eat or drink after midnight the night before your test until the test is complete.

Do not chew gum, eat any candy or chew tobacco on the day of the exam.

You will be at the CENTER for 3 (three) hours. However, please have your driver available via cell phone should you be ready for discharge sooner.

You MUST have someone drive you home from the procedure/

YOU MAY TAKE YOUR REGULAR MEDICATIONS UNLESS OTHERWISE INDICATED BY YOUR PRIMARY CARE PHYSICIAN.

PLEASE NOTE:

If you are taking **any blood thinners** such as Aspirin, Ecotrin, Pletal, Plavix, Motrin, Naprosyn, Naproxen, Celebrex, Mobic, Coumadin, Arthrotec, Feldene normally stop 5 days before the test.

Stop Eliquis 2 days before the test.

HOWEVER YOU MUST CLEAR THIS WITH YOUR PRIMARY CARE PHYSICIAN BEFORE YOU STOP TAKING THESE MEDICATIONS.

ASPIRIN-Stop taking 5 days before test.

ASPIRIN CONTAINING PRODUCTS-Stop 5 days before test like Advil, Aleve, Motrin.

ARTHRITIS MEDICATION-Stop 5 days before test.

IRON/MULTIVITAMINS/VITAMIN E-Stop 5 days before test.

All Herbal products including Garlic, St. John's Wort, Ginkgo.

IF YOU ARE DIABETIC:

Please contact your primary doctor to regulate your medication/insulin.

IF YOU TAKE:

HEART, BLOOD PRESSURE, ASTHMA or SEIZURE medicines the morning of the test, please take them with a small amount of water by **6AM**.

Please bring inhalers with you if you use them.

If you have sleep apnea and utilize a C-pap machine, bring with you.

Jardiance, Farxiga or Invokana - stop 3 days before your test.

Steglatro- stop 4 days before your test.

Mounjaro, Wegovy, Zepbound, Victoza, Trulicity, Byetta, Bydureon BCise, Saxenda or Ozempic - stop 7 days before your test.

Rybelsus - hold the dose on the day of your test

Stop ALL marijuana (both medical & recreational) 72 hours before test

**WOMEN OF CHILD
BEARING AGE: 18-55**

If there is any possibility of pregnancy, your procedure will be cancelled.

Be sure to dress comfortable--clothes that can be easily folded.

Please shower or bathe the night before or morning of exam--no perfumes.

You may be asked not to leave town for 5 days if polyp is removed.

INSURANCE

PLEASE BRING YOUR INSURANCE/PRESCRIPTION CARD(S) WITH YOU TO YOUR APPOINTMENT.

Your insurance coverage is an agreement between you and your insurance company. Financial responsibility rests with the patient for deductibles, co-insurance and services not covered by insurance.

We will bill your insurance for services received and subsequently will bill you for any remaining balances. We respectfully ask that balances be paid within 90 days.

Due to the numerous insurance companies and various plans, it is the patient's responsibility to confirm coverage of your procedure and participation of **BOTH** physician and endoscopy center.

If your insurance requires a referral, be sure to contact your primary physician with the above date so they may issue the appropriate insurance referrals. Bring referral with you for our appointment.

CANCELLATION POLICY

Please notify us **2 business days** prior to cancellation or you will be charged a cancellation fee of \$200.00.

Every patient has the right to be treated as an individual and to actively participate in his/her care. The facility and medical staff have adopted the following list of patient's rights and responsibilities, which are communicated to each patient, or patient's representative or surrogate in advance of the procedure.

Patient Rights:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- Considerate, respectful and dignified care, provided in a safe environment, free from any form of abuse, neglect, harassment or reprisal.
- To receive good quality care and high professional standards that are continually maintained and reviewed.
- To be provided privacy and security of self and belongings during the delivery of patient care service.
- To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
- To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.
- When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, or to a legally authorized person.
- To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.
- to receive information in a manner that the patient understands. Communication is provided in a manner that facilitates understanding by the patient.
- To be informed of their right to change providers if other qualified providers are available.
- To be free from mental and physical abuse, or exploitation during the course of patient care.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.
- Leave the facility even against the advice of his/her physician.
- Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
- Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility.
- To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient's rights.

- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent for participation in research shall be obtained and retained in his or her patient record.
- To appropriate assessment and management of pain.

Patient Responsibilities:

- To provide accurate and complete information regarding present medical complaints, past illnesses, hospitalizations, medications, allergies and sensitivities and other matters relating to his/her health.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's
- The patient is responsible for following the treatment plan established by his/her physician.
- The patient is responsible for keeping appointments and notifying the physician or facility when unable to do so.
- The patient and/or patient representative is responsible for disposition of patient valuables.
- The patient is responsible for arranging transportation home from the facility and to have someone remain with him/her for a period of time designated by his/her physician.
- The patient is responsible for his/her actions should he/she refuses treatment or not follow the physician's orders.
- The patient is responsible for being considerate of the rights of other patients, visitors, and facility personnel.
- The patient is responsible to accept personal financial responsibility for any charges not covered by their insurance.
- The patient is responsible to inform the facility whether the patient has an advance directive.

If you need an Interpreter:

If you will need an interpreter or assistance due to limited English proficiency, please let us know and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

Rights and Respect for Property and Person

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal
- Voice grievance regarding treatment or care that is or fails to be furnished
- Be fully informed about a treatment or procedure and the expected outcome before it is performed
- Confidentiality of personal medical information

Privacy and Safety

The patient has the right to:

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

Statement of Nondiscrimination:

Scranton Endoscopy Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Scranton Endoscopy Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Scranton Endoscopy Center Respecte Les Lois Fédérales En Vigueur Relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Scranton Endoscopy Center 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Advance Directives:

You have the right to information on the Center's policy regarding Advance Directives. Applicable state forms will be provided upon request.

The Scranton Endoscopy Center respect the right of the

patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the Center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute hospital, where further treatment decisions will be made. If the patient has Advanced Directives which have been provided to the Center that impact resuscitative measures taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.

Complaints/Grievances:

If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

**Ellen Althouse Practice Administrator
Gastrointestinal Consultants of NEPA
The Scranton Endoscopy Center
517 Ash Street, Suite 1
Scranton, PA 18509 (570) 969-0151**

You may contact your state to report a complaint:

**Pennsylvania Department of Health
Health and Welfare Building
7th and Forster Street
Harrisburg, PA 17120
1-877-PA-HEALTH(1-877-72-432584)
www.health.state.pa.us**

Medicare Ombudsman website

<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>
Medicare: www.medicare.gov or call
1-800-MEDICARE (1-800-633-4227)

Office of the Inspector General: <http://oig.hhs.gov>

Accreditation Association for Ambulatory Health Care (AAAHC)

3 Parkway North Blvd, Ste 201
Deerfield, IL 60015
(847)853-6060 or email: info@aaahc.org

Physician Financial Interest and Ownership:

The Center is owned, in part, by the physicians. The physician(s) who referred you to this Center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice, and be treated by physician of their choice. We are making this disclosure in accordance with Federal regulations.

David Rutta, MD
Bharat K Patel, MD

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