

Patient Prep Instructions

*****Please review your instructions at least a week prior to your procedure. There is advanced preparation required.*****

Patient Name _____

Procedure Date _____ Arrival Time: _____

Procedure _____ Doctor: _____

Procedure Location: ☐ Endoscopy Center of NC 191 Biltmore Ave

☐ Mission Hospital 509 Biltmore Ave

☐ Mauzy Phillips 189 Hospital Drive Spruce Pine

☐ McDowell Campus 430 Rankin Drive Marion

☐ Other: _____

NEED TO KNOW ITEMS FOR YOUR PROCEDURE

Welcome

We are delighted you have chosen the physicians of Digestive Health Partners to perform your endoscopy procedure and provide your medical care. It is important to review all of the information within this booklet prior to your procedure.

Confirmation is Required

You are required to confirm your procedure appointment. We will make three (3) phone call attempts starting about 7 business days before your procedure. We will attempt additional calls the next couple of days.

If we do NOT hear back from you by the 3rd attempt, your procedure will be cancelled.

How to confirm your appointment

You can either call our confirmation lines or contact us through the patient portal. We have two direct confirmation phone lines.

(828) 407-4128 or (828) 350-3665

You will be able to leave a message 24/7. Whether you speak to our confirmation staff or leave a message, by doing either, you have confirmed.

(Continue to next page)

Cancellation/" No-Show"- IMPORTANT

We understand there are times you may need to cancel your appointment due to unavoidable circumstances. As a courtesy to our healthcare professionals and to other patients, please notify us as soon as possible. Your appointment time has been reserved especially for you. When you do not call to cancel an appointment in a timely fashion, you may be preventing us from offering an available slot to a waiting patient. **If you fail to show up for your procedure, a \$250.00 fee will be charged to your account. The same applies to procedures canceled with less than 3 business days' notice. This time is required to allow for another patient to prepare for a procedure. We understand that extenuating circumstances may cause you to cancel. Fees in this instance may be waived subject to management approval. Patients who cancel or reschedule the same initial procedure three times may be dismissed from the practice for noncompliance. Patients who schedule and fail to keep three (3) appointments and want to reschedule in the future will be required to have an office visit to discuss rescheduling and any outstanding fees will be required to be paid. Our cancellation lines are (828) 407-4128 or (828) 350-3665.**

Transportation/ MUST HAVE A DRIVER

Because you will be sedated for your procedure, it is important to arrange for an adult family member or friend, age 18 years or older to accompany you to our office, remain in the waiting room, and take you home. For your safety and comfort, unless you have a responsible adult with you, we will be unable to perform your procedure. **The use of a taxi, Uber, Lyft, or the public bus system is NOT permitted.**

Contact Us- IMPORTANT

Please contact us as soon as possible if you have had any of the following health changes since scheduling your procedure: ER visit, hospitalization, recent chest pain, cardiac (heart testing), weight of 350lbs or greater, or were diagnosed with diverticulitis. This may result in the need to reschedule and or cancel your procedure.

Pre-Procedure Prep and Dietary Restrictions

In the front flap of this scheduling brochure your pre-procedure prep and

dietary restriction information is included. **NO alcohol for 24 hours prior to your procedure. You are to have NOTHING by mouth 3 hours prior to your procedure.**

Colonoscopy Prep

It is important to note, dietary restrictions begin four (4) days prior to your procedure. During the scheduling process, we will electronically send your prescription to the pharmacy of your choice. You may want to call the pharmacy prior to going there to pick up your prep solution. On occasion, prescriptions have been placed on file instead of being filled immediately. It is important to pick this prescription up several days prior to your procedure date. **Please disregard the instructions located on the bottle or prep box and follow the prep instructions located in the front pocket of this booklet.**

The quality of your colonoscopy is directly related to how clean your colon is prior to your procedure. By forcing fluids while prepping the day prior to your procedure, you are helping to prevent dehydration and ensuring a clean colon. A clean colon allows for a safe and thorough exam.

Bowel movements usually start within 1-2 hours after you begin drinking and usually continues for 1-2 hours after you finish. It is normal to feel full and somewhat bloated while you are drinking the prep. If you become nauseated, slow your pace of drinking.

If you have not had adequate results from your prep or can not tolerate the prep, please call us at 828 348-8490. This number is available Mon-Fri 7am-5pm. If it is after hours please call 828 254-0881 for our answering service and request a call back from our doctor on call so that we may provide you with further instructions.

EGD Prep

EGD preps do not require a pharmacy prescription.

Arrival

Plan to arrive promptly at the time specified to provide processing time prior to your procedure. This time includes registration, review of medical history, to start an IV, and for the anesthesia provider and physician to review the procedure with you and obtain consent.

(Continue to next page)

Day of your Procedure

Checklist- Bring with you:

- _____ Booklet, instructions, any completed forms sent to you by mail
- _____ Photo ID and Insurance Cards
- _____ Your personal Medicine form completed
- _____ Plan for transportation home
- _____ Wear loose comfortable clothing and walking shoes
(you will be asked to change into a gown)
- _____ Wear or bring a warm pair of socks
- _____ Leave jewelry and valuables at home
- _____ Remove body piercing and fingernail polish
- _____ DO NOT wear lotions, perfumes, powder
(Deodorant is fine)
- _____ It is okay to brush your teeth

On the day of your procedure you will be asked to sign anesthesia and procedure consent forms, patient's rights acknowledgment, and advanced directives designation. Please review these documents so you will be familiar with the content prior to your procedure. All of the information from the forms is included in this booklet for your review. Our staff will be able to answer any questions you may have on the day of your procedure. Please complete and bring with you any medical forms.

Patient Portal: You will be asked to sign up for the patient portal. **Why is a patient portal important?** It is a secure online port that gives you 24-hour access to your personal health information from anywhere with an Internet connection. It is a powerful tool to facilitate communication with our office and physicians. It will allow for you to view your results without waiting for a response from office staff.

We are delighted you have chosen the physicians of Endoscopy Center of North Carolina to perform your Endoscopy procedure. Should you have any questions or concerns, please do not hesitate to contact us at 828 254-0881.

"Clear Liquids Only" Diet

Food Group	Allowed	Not Allowed
Dairy	None	No milk or non-dairy creamers. No protein drinks
Meat	None	
Vegetables	None	
Fruit	None	
Grains/Starches	None	
Fats	None	
Clear liquids	-Water, plain or flavored -Gatorade, Pedialyte or Powerade -Drinks made with powdered mixes (Kool Aid and Crystal Light) -Fruit Juices (white grape, apple juice, lemonade) -Clear Broth or Bouillon (Beef, chicken, or vegetable-flavored) -Coffee or Tea -Soft Drinks (Sprite, Gingerale, Colas) -Jell-O gelatin (lemon, or lime) -Popsicles and Hard Candy	-NO red or purple -NO Alcohol -NO Applesauce nor Bananas -NO juices with pulp -No noodles -No milk, creamers, almond, coconut or soy milk -No puddings -No red or purple, No pulp /fruit pieces
Miscellaneous	Sugar, honey, and salt	

It's Time for a Colonoscopy. Is it Covered?

You have made one of the most important decisions you will ever make: you are getting a colonoscopy! Your doctor has recommended this important procedure, and now it's time for you to take some action.



The next step is for you to call your insurance company to see if you have any cost-sharing responsibilities.

A **screening** colonoscopy can be fully or mostly covered under the Affordable Care Act depending on your insurance plan. Coverage is not always clear and it is certainly not the same for every insurance provider. Before you have your colonoscopy, you will need to call your insurance provider and they can give you an estimate of the procedure cost.

How to approach the phone call. What are the right questions to ask?

Patient: I am ____ years old and my doctor wants me to get a colonoscopy."

- Insurance Provider will need the name of the gastroenterologist who will be performing the procedure.
What is the name of the facility?

Patient: "Am I subject to a deductible for this procedure? What percentage of the procedure is my responsibility?"

- Insurance Provider will need to know.
Is this your first colonoscopy?
Have you had colon polyps or colon cancer in the past?
Do you have a first-degree family member who has had colon cancer?
Are you having problems?

Colonoscopies that are done as *diagnostic* – and not screening – procedures may require a deductible and copay. The same is true if the colonoscopy was done after a positive stool test (such as the FOBT, FIT, or Cologuard) or an abnormal barium enema or colonography. If something is found (like a polyp) during the colonoscopy that needs to be removed or biopsied, some insurance plans may consider this a diagnostic so you may be responsible for the cost of the removal and pathology.

ENDOSCOPIC PROCEDURE INFORMATION

PLEASE READ CAREFULLY

If you are advised to have an endoscopic procedure, you will be given a choice of location depending upon the type of surgical procedure and your clinical condition. One of these choices may be the Endoscopy Center of North Carolina, an ambulatory surgical center licensed by the state of North Carolina, certified by the Centers for Medicare and Medicaid Services and wholly owned by the physicians of Asheville Gastroenterology Associates, a division of Digestive Health Partners, P.A. You should be aware of your rights and responsibilities as a patient of Asheville Gastroenterology Associates and Endoscopy Center of North Carolina. A copy is included in this packet and these are posted in the reception areas of the practice and of the ambulatory surgical center, and on our web site at www.ashevillegastro.com.

You should also be aware of the presence of Advanced Directives as outlined in North Carolina state law. More information concerning Advanced Directives may be provided by your legal counsel or the state of North Carolina. Contact information for resources provided by the state of North Carolina is found on our Statement of Patient Rights and Responsibilities.

You will receive multiple bills for your procedure:

- One from Digestive Health Partners, P.A. for the Physician's services
- One from the facility you chose (either a hospital or Endoscopy Center of North Carolina)
- One from a pathology lab and pathologist if a biopsy is taken or polyps are removed

If you have any questions with regards to your fees or insurance coverage, please call our office at 828-254-0881.

Patient Rights

It is the policy of the Endoscopy Center of North Carolina to provide a copy of the Patient Rights at the time of scheduling procedures. The patient acknowledgment receipt is signed and becomes a part of the patient endoscopy encounter. A copy of the Patient Rights is available and posted in each endoscopy waiting area.

1. Access to Care

Patients shall be accorded impartial access to treatment or accommodations as to his or her requests and needs for treatment or services that are within the practice's capacity, availability, its stated mission and applicable laws and regulation, regardless of race, creed, sex, national origin, religion, disability/handicap, or source of payment for care.

2. Respect, Consideration and Dignity

Patients shall be treated with respect, dignity and consideration at all times and under all circumstances, with recognition of his or her personal dignity and his or her psychosocial, spiritual and cultural variables that influence the perceptions of illness.

3. Privacy

Patients shall be provided with appropriate privacy. We abide by the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"). HIPAA is a federal program that requests that all medical records and other individually identifiable health information used or disclosed to us in any form (whether electronically, on paper, or orally) are kept properly confidential. A copy can be provided upon request.

4. Confidentiality & Access to Records

Patient information and records are treated confidentially, and, except when required by law, patients are given the opportunity to approve or refuse their release. Patients also have the right to receive a copy of his /her medical records.

5. Personal Safety/Accommodations for Disabilities

The patient has the right to expect reasonable safety in the practice, and to expect a humane treatment environment that provides reasonable protection from harm. Further, patients have the right to expect the availability of provisions to reasonably accommodate disabled individuals.

6. Employee Identity/Right to Know

The patient, or his /her parent or legally designated representative, has the right to know the identity and professional status of individuals providing services to him/her and to know which physician or other practitioner is primarily responsible for his/her care. This includes the right to know of the existence of any professional relationship among individuals who are treating him/her, as well as the relationship of the practice to any other health care services or educational institution involved in his/her care. Participation by patients in clinical training programs, experimental research or in the gathering of data for research purposes is voluntary.

7. Information Regarding Medical Care

Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. 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.

8. Participation in Decision-Making/Consent

Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons. The patient, or his/her parent or legally designated representative, has the right to the information necessary to enable him/her, in collaboration with the health care provider, to make treatment decisions involving his/her health care that reflect his/her wishes. To the degree possible, this should be based on a clear, concise explanation of the patient's condition and of all proposed technical side effects, problems related to recuperation and probability of success. The patient should not be subjected to any procedure without voluntary, competent and understanding consent by the individual or that of his /her parent or legally designated representative. Where a medically significant need for care or treatment exists, the patient or his/her parent or legally designated representative shall be so informed. The patient has the right to refuse participation in any experimental research.

9. Accept/Reject Proposed Treatment

The patient, or his /her parent or legally designated representative, has the right to accept medical care or to refuse treatment to the extent permitted by law, and be informed of the medical consequences of such refusal. When refusal of treatment by the patient or his/her parent or legally designated representative prevents the provision of appropriate care in accordance with ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.

10. Advance Directives – Living Will or Health Care Power of Attorney Resources

For applicable state laws and sample forms for creating a living will or healthcare power of attorney, you may contact one of the following:

- a. Caring Information Organization at 1-800-658-8898 for English or 1-877-658-8896 for other languages or www.caringinfo.org

- b. NC DHHS Division of Aging and Adult Services at 1-919-855-4557 or www.dhhs.state.nc.us/aging
- c. The Carolinas Center at 1-919-459-5380 or 800-662-8859 or www.cchospice.org

Advance Directive Policy:

Please be aware that the procedures that we do in this facility are not without some risk and that in an emergency, we will do all that is necessary to stabilize you, including CPR.

If you present to this center for a procedure with a living will or valid Do Not Resuscitate Order (DNR) or Out of Facility form and you have an emergency, we will do all that we can to stabilize your medical condition and we may start CPR. We will call 911 to transport you to the hospital. EMS will be informed of the Do Not Resuscitate Order or living will upon arrival.

11. Transfer

Patients have the right to change physicians inside or outside the Endoscopy Center of North Carolina.

12. Payment for Services

The patient or his/her parent or legally designated representative has the right to request and receive an itemized and detailed explanation of his/her bill for services rendered. Patients shall be provided with a complete explanation of his/her financial obligations prior to treatment.

13. Policies and Procedures

The patient or his/her parent or legally designated representative should be informed of the Endoscopy Center of North Carolina's policies and procedures applicable to his or her conduct as a patient. Patients are entitled to information about the mechanism for the initiation, review and resolution of patient grievances and the address of protective and regulatory agencies.

14. Ownership of the Endoscopy Center of North Carolina, LLC

Endoscopy Center of North Carolina, LLC, NPI 1013463157 is owned by Digestive Health Partners, P.A., NPI 1326037680. The current physician owners are:

James R. Alexander, MD	Thomas M. Bond, MD
Craig J. Cender, MD	Andrew C. Dukowicz, MD
Jessica M. Fisher, MD	Brian P. Garvin, MD
William R. Harlan III, MD	Michael N. Heacock, MD
Brentley D. Jeffries, MD	David T. May, MD
Angela M. Meyer, MD	Michael K. Newcomer, MD
Rodney A. Perez, MD	Charles W. Shrode, MD
Tom L. Whitlock, MD	Matthew W. Wood, MD
Adam S. Zivony, MD	

15. Credentialing of Health Care Providers & Malpractice Insurance Coverage

All physicians and other licensed health care professionals who are employed by or contracted with Endoscopy Center of North Carolina, LLC and who provide medical care to Endoscopy Center of North Carolina, LLC patients have been credentialed by Endoscopy Center of North Carolina, LLC health plans pursuant to applicable NCQA standards and Endoscopy Center of North Carolina, LLC policies and procedures. All Endoscopy Center of North Carolina, LLC physicians and certified registered nurse anesthetists have malpractice insurance coverage.

16. Complaints and Concerns

Patients may submit a complaint regarding care or service received at the Endoscopy Center of North Carolina verbally or in writing, without fear of retaliation or discrimination. Voice your concerns, complaints, or problems with the care you received by contacting our Patient Access Manager at 828-254-0881. If we are unable to satisfactorily address your complaint, you may contact the Medical Board at 1-800-253-9653, or AAAHC at 1-847-853-6060 or www.aaahc.org.

Medicare Patients

Medicare patients have the right to contact the agencies below with complaints or concerns:

Medicare Ombudsman:

www.medicare.gov/ombudsman/resources.asp

1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

NC Ombudsman – Aging and Adult Services 919-855-3400

<http://www.dhhs.state.nc.us/aging>

Or Debbie.Brantley@ncmail.net

NC DHSR Complaint Intake Unit:

www.dhhs.state.nc.us/dhsr/ciu/complaintintake

2711 Mail Service Center, Raleigh NC 27699 or 1-800-624-3004 or 1-919-855-4500

Patient Responsibilities

1. Provide Complete and Accurate Health/Medical Information
A patient, his/her parent or legally designated representative has the responsibility to provide accurate and complete medical/health information about present complaints/condition, past hospitalizations and surgeries, medication use (including over-the-counter products and dietary supplements), and allergies (and the allergic reactions). She/he has the responsibility to report unexpected changes, problems or concerns in his/her condition to the treating doctor.
2. Follow the Agreed-upon Treatment Plan
A patient or his/her parent or legally designated representative is responsible for his/her care, including showing up for all scheduled appointments at the Endoscopy Center of North Carolina, and/or with other health care providers involved in the patient's care. The patient is responsible for keeping appointments and, when unable to do so, for notifying the practice prior to the appointment (whenever possible). The patient also has the responsibility of requesting more information/explanation when the treatment plan is not understood.
3. Provide a Responsible Adult to Transport Him/her Home
The patient is responsible for arranging for an adult, age 18 years or older, to accompany him/her to the procedure, remain in the waiting room and transport the patient back home.
4. Responsible When Non-Compliant
The patient or his/her parent or legally designated representative is responsible for his/her actions if she/he refuses treatment or does not follow the practitioner's instructions. If the patient cannot follow through with the treatment, she/he is responsible for informing the physician.

5. Provide Complete and Accurate Demographic Information
The patient or his/her parent or legally designated representative is responsible for providing complete and accurate demographic information (name, age, address, phone number, insurance information, etc.), and notifying the practice whenever any such information changes.
6. Meeting Financial Obligations
The patient or his/her parent or legally designated representative is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible. The patient is responsible for providing accurate information for insurance.
7. Comply with Applicable Endoscopy Center of North Carolina Policies and Procedures
The patient or his/her parent or legally designated representative is responsible for following practice rules and regulations affecting patient care and conduct.
8. Respect and Consideration
The patient or his/her parent or legally designated representative is responsible for being considerate of the rights of other patients and personnel, and for assisting in the control of noise, smoking and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the practice.
9. Lifestyle
A patient's health depends not just on his/her care, but, in the long term, on the decisions she/he makes in his/her daily life. She/he is responsible for recognizing the effect of lifestyle on his/her personal life.

Endoscopy Educational Material and Consent Form

The Procedure and Follow Up

Direct visualization of the digestive tract with lighted instruments is referred to as gastrointestinal endoscopy. Your physician has advised you to have this type of examination. **You must notify your physician if you are on a blood thinner. You must have a driver present at the time of your procedure to take you home after the procedure is completed.**

At the time of your examination, the lining of the digestive tract will be inspected thoroughly and possibly photographed. If any abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed or the lining may be brushed. These samples are sent for laboratory study to determine if abnormal cells are present. Tumors (polyps) will be removed if feasible. **I authorize my physician to take samples for diagnostic or research purposes.**

The Endoscopy Center of NC is dedicated to advancing medical knowledge and education through several training programs involving physicians, nurses, technicians, and other health care providers. Generally, your doctor, a nurse anesthetist (CRNA), a pre-procedure preparation nurse, and a recovery room nurse will be directly involved in your procedure at the Endoscopy Center of North Carolina.

Asheville Gastroenterology (a division of Digestive Health Partners, PA) is committed to the education and training of the Mountain Area Health Education Center (MAHEC) family practice residents in flexible sigmoidoscopy. Periodically residents will observe and possibly participate in your procedure under the direct supervision of your doctor. If you do not wish for the residents to participate in your procedure, please tell the pre-procedure preparation nurse and she will notify your doctor.

Risks and Common Problems

Gastrointestinal endoscopy is generally a low risk procedure. However, all of the complications below are possible.

YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR PROCEDURE.

1. **Perforation:** Passage of the instrument may result in an injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs, surgery to close the leak and/or drain the region is usually required. Perforation risk is 5 to 7 per 10,000 Procedures.
2. **Bleeding:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy, or dilation and which usually occurs 1 to 14 days after the procedure. Management of this complication may consist only of careful observation, but may require a blood transfusion, or possibly a surgical operation. Bleeding risk is 1 to 6 per 1000 Procedures. Larger polyp size is a

risk factor for increased bleeding after removal. In addition, the use of blood thinners may result in increased bleeding.

3. **Aspiration:** Food, drink or stomach contents/secretions can go into the respiratory system or lungs and cause pneumonia or difficulty breathing, and could require antibiotics, hospitalization, or in rare cases, a ventilator.
4. **Medications:** Medications used for sedation may irritate the vein in which they are injected. This causes a red, painful swelling of the vein and surrounding tissue. The area could become infected. Discomfort in the area may persist for several weeks to several months.

I UNDERSTAND THAT THERE WILL BE DIFFERENT TYPES AND LEVELS OF SEDATION. THE TYPE OF SEDATION THAT I WILL RECEIVE WILL BE BASED ON SEVERAL FACTORS WHICH INCLUDE, BUT ARE NOT LIMITED TO, MY MEDICAL HISTORY, PREVIOUS EXPERIENCE, PREFERENCE, AND WHAT IS DEEMED APPROPRIATE BY MY PROVIDER. I UNDERSTAND THAT RECEIVING SEDATION FOR ANY PROCEDURE INVOLVES RISK AS WELL AS BENEFITS, AND THAT NO GUARANTEES CAN BE MADE CONCERNING THE RESULTS OF SEDATION. RISKS AND COMPLICATIONS MAY INCLUDE, BUT ARE NOT LIMITED TO, ADVERSE DRUG REACTION, INJURY TO VEINS, HEADACHE, NAUSEA, AND VOMITING.

5. **Organ Damage:** The endoscope passes by several internal organs including the liver and spleen. Rarely, tears, lacerations, or rupture could occur to these organs or other internal structures.
6. **Dental:** To insure maximum safety to your mouth, make the physician aware of any loose teeth or dental appliances. If you have overlays that may chip, gum, or mouth problems notify the physician.
7. **Polypectomy Electrocoagulation Syndrome:** 1 to 3 cases per 1,000 procedures may occur. This is a result of burn injury to the bowel wall that results in inflammation of the abdomen. Typically, patients experience fever and localized abdominal pain. It is usually managed with intravenous hydration and broad-spectrum antibiotics.
8. **Other Risks:** Include pneumonia, phlebitis, infection and complications from other diseases you may already have. Instrument failure, and death are extremely rare, but remain remote possibilities. You must inform your physician of all your allergic tendencies and medical problems.

If any of the problems listed above happen to you, you may need to have more treatments or procedures. This means you may need to go to the hospital or stay in the hospital for longer than planned.

Although gastrointestinal endoscopy is a low risk and effective means of examining the gastrointestinal tract, it is not one-hundred (100) percent accurate in diagnosis. In a small percentage of cases a failure of diagnosis or a misdiagnosis may result. Other diagnostic or therapeutic procedures, such as a medical treatment, x-ray and surgeries are available. Another option is to choose no diagnostic studies and/or treatment. Your doctor will let you know what other choices may be best for you. How well any other treatment works will depend on your specific health problem.

Consent to Treatment

I certify that I understand the information regarding gastrointestinal endoscopy. I have been fully informed of the risks and possible complications of my procedure. I have received a copy of the organization's Patient Rights and Responsibilities. I hereby authorize and permit:

<input type="checkbox"/> James R. Alexander, MD	<input type="checkbox"/> David Thomas May, MD
<input type="checkbox"/> Thomas M. Bond, MD	<input type="checkbox"/> Angela M. Meyer, MD
<input type="checkbox"/> Craig J. Cender, MD	<input type="checkbox"/> Michael K. Newcomer, MD
<input type="checkbox"/> Andrew C. Dukowicz, MD	<input type="checkbox"/> Rodney A. Perez, MD
<input type="checkbox"/> Jessica M. Fisher, MD	<input type="checkbox"/> Charles W. Shrode, MD
<input type="checkbox"/> Brian P. Garvin, MD	<input type="checkbox"/> Tom L. Whitlock, MD, MPH
<input type="checkbox"/> William R. Harlan, III, MD	<input type="checkbox"/> Matthew W. Wood, MD
<input type="checkbox"/> Michael N. Heacock, MD	<input type="checkbox"/> Adam S. Zivony, MD
<input type="checkbox"/> Brentley D. Jeffries, MD	<input type="checkbox"/>

and his/her assistant as designated to perform upon me the following:

- ☐ **Colonoscopy:** Refers to examination of all or a portion of the colon (large intestine). In some instances, the last portion of small intestine (terminal ileum) can be visualized. Older patients, women who have had pelvic surgery and those with extensive diverticulosis are more prone to complications. Tumors (polyps), if seen, will be removed if feasible. Biopsies may be taken and polyps may be removed.
- ☐ **Esophagogastroduodenoscopy (EGD):** Examination of the esophagus, stomach, and duodenum. If active bleeding is found, treatment of the bleeding site may be performed. Biopsies may be taken and polyps may be removed.
- ☐ **Dilation:** A dilating tube or balloon is used to stretch narrowed areas of the gastrointestinal tract.
- ☐ **Flexible sigmoidoscopy:** Refers to examination of the anus, rectum, sigmoid, and sometimes the left side of the colon, usually to a depth of approximately 60 centimeters. Biopsies may be taken and polyps may be removed.
- ☐ **Other: -**

Patient Initial The first two pages of this form told you about the risks of having your procedure, the likely result, other choices you have for treatment, and problems that could happen because of Endoscopy. If, after you have read and reviewed this form with your doctor, you do not believe that you really understand the risks, likely results, other choices, and possible problems of Endoscopy, **do not sign the form until all your questions have been answered.**

I understand all the facts given to me in this form. I give my consent to my doctor and his/her associates to do an Endoscopy on me. By signing below, I agree that: my doctor has discussed all of the facts in this form with me, no one has given me a guarantee about success or outcome, I have had a chance to ask questions, and all of my questions have been answered.

Signature of Patient or Responsible Party

Relationship to Patient
(if Responsible Party is not Patient)

Date and Time

Witness

Date and Time

Note to Witness: You have been asked to witness this procedure-specific informed consent. By witnessing this form, you are acknowledging that you have asked and the patient has confirmed to you that he or she:

- has read the whole form,
- understands the form as it is written,
- understands no guarantees have been made about success or outcome,
- has had his or her questions answered, and
- chooses to carry on with the doctor's recommended procedure.

Physician: I confirm with my signature that I have given the patient educational material and have discussed with the above-named patient the risks, likely results, other choices, and possible problems of Endoscopy. I have made no guarantees about success or outcome. The patient has had the chance to ask questions, all questions have been answered, and he or she has expressed understanding. Thus informed, the patient has asked that I do an Endoscopy on him or her.

Physician Signature

Date and Time

stabilize you including Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).

If you present to this center for a procedure with a living will, valid Do Not Resuscitate Order (DNR) or Out of Facility Form and you have an emergency, we will do all that we can to stabilize your medical condition and we will begin Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). We will call 911 to transport you to the hospital. EMS will be informed of the Do Not Resuscitate Order or living will upon arrival."

Please be aware that the procedures that we do in this facility are not high risk and that in an emergency, we will do all that is necessary to stabilize you including CPR.

Sedation/Anesthesia

At the Endoscopy Center of North Carolina, anesthesia types range from light sedation to deep anesthesia. The type of anesthesia chosen will be determined by the anesthesia provider and will depend on your medical condition and the nature of the procedure to be performed. It may also be necessary to change the type of anesthesia on the day of your procedure. The initial plan calls for you to have the following type of anesthetic:

Deep Sedation/Monitored Anesthesia Care (MAC)

The majority of patients undergoing endoscopic examinations at the Endoscopy Center of North Carolina are sedated with a drug called propofol. There are several benefits to propofol sedation. There is emerging evidence that patients sedated with propofol may have an increased incidence of polyp detection during colonoscopy. This is likely attributed to the fact that patients are comfortable during the procedure and may tolerate a more thorough examination.

- Propofol has a very rapid onset of action.
- Propofol also has a very short duration of action so that at the conclusion of your procedure you will have very little to no residual drowsiness.
- With propofol you will be unaware of the procedure and will likely experience very little if any pain whatsoever.
- Propofol does not induce nausea or vomiting like some other sedative drugs.

Propofol is administered by a nurse anesthetist who will be with you throughout your procedure, monitoring your blood pressure, heart rate and respiratory status.

Risk and Complications of Anesthesia

Anesthesia is a specialty service that administers anesthetic agents to patients and manages patients who are rendered unconscious or have diminished response to pain and stress during the course of an endoscopic procedure. Risks and complications associated with anesthesia may include allergic reaction, aspiration/pneumonia, respiratory problems, changes in blood pressure, damage to dentition, brain damage, infection, muscle aches, nausea, ophthalmic (eye) injury, pain, positional nerve injury and in very rare cases death. Questions regarding the nature, purpose and risks of the anesthetic, as well as the possibility of complications will be explained to you. Although favorable results can be expected, they cannot be and are not guaranteed.

Our commitment is to give you the highest quality examination possible and make you as comfortable as possible, but your safety is our number one priority.

Anesthesia Services Educational Material and Consent Form

The Procedure and Follow Up

Anesthesia is a specialty medical service that administers anesthetic agents to patients and manages patients who are rendered unconscious and have diminished response to pain and stress during the course of a medical or surgical procedure.

Anesthesia types range from light sedation to deep sedation. The type of anesthesia chosen will be determined by the anesthesia provider and will depend on your medical condition and the nature of the procedure. For this reason, it may also be necessary to change the type of anesthesia on the day of your procedure. The initial plan calls for you to have deep sedation/Monitored Anesthesia Care.

Risks and Common Problems

Risks and complications associated with anesthesia may include: allergic reaction, aspiration/pneumonia, respiratory problems, changes in blood pressure, damage to dentition, brain damage, infection, muscle aches, nausea, ophthalmic (eye) injury, pain, positional nerve injury, and in very rare cases, death.

If a topical local spray is used, there is a rare drug-induced complication called methemoglobinemia. With this condition, hemoglobin in the blood is converted to another chemical that cannot deliver oxygen to tissue.

Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, providers are prepared to rescue a patient from a deeper level of sedation than intended providing an intervention by a practitioner proficient in airway management and advanced life support. The qualified practitioner corrects adverse physiologic consequences of the deeper-than-intended level of sedation (such as decreasing ventilation, oxygen saturation level and hypotension) and returns the patient to the intended level of sedation.

Intended Plan of Anesthesia

<input type="checkbox"/> Minimum Sedation	Definition	Is a drug-induced state-during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilator and cardiovascular functions are unaffected.
	Expected Result	Reduced anxiety while maintaining a normal level of consciousness
	Risks	Increased awareness, anxiety, and/or discomfort
<input type="checkbox"/> Moderate Sedation "Conscious Sedation"	Definition	A drug-induced depression of consciousness during which patients respond purposefully to verbal commands. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate.
	Expected Result	Comfort and tolerability
	Risks	May have some recall, awareness, anxiety, and/or discomfort
<input type="checkbox"/> Deep Sedation Monitored Anesthesia Care (with sedation)	Definition	A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated stimulation. The ability to independently maintain ventilator function may be impaired. Patient may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. Monitored Anesthesia Care does not describe the continuum of depth of sedation, rather it describes "a specific anesthesia service"
	Expected Result	Reduced anxiety and pain, partial or total amnesia
	Risks	An unconscious state, depressed breathing
<input type="checkbox"/> Monitored Anesthesia Care (with No Sedation)	Definition	Does not describe the continuum of depth of sedation, rather it describes "a specific anesthesia service"
	Expected Result	Measurement of vital signs, availability of anesthesia provider for further intervention
	Risks	Awareness of Surrounding

Consent to Treatment

_____ Patient Initial This form told you about the risks of having your procedure, the likely result, other choices you have for treatment, and problems that could happen because of anesthesia. If, after you have read and reviewed this form with your anesthesia provider, you do not believe that you really understand the risks, likely results, other choices, and possible problems of anesthesia, **do not sign the form until all your questions have been answered.**

I voluntarily authorize and consent to the administration of anesthesia.

I certify that information given by me as a patient, parent, or guardian regarding history, problems, medication, food and fluid intake is correct.

I understand that a responsible adult must accompany every patient home when discharged from the Recovery Room. I understand that disregarding such advice could place one at risk if problems develop and go unreported.

I understand all the facts given to me in this form. I give my consent to the anesthesia provider to administer anesthesia for my medical or surgical procedure.

By signing below, I agree that: the anesthesia provider has discussed all of the facts in this form with me, no one has given me a guarantee about success or outcome, I have had a chance to ask questions, and all of my questions have been answered.

Signature of Patient or Responsible Party

Date and Time

Relationship to Patient (if Responsible Party is not Patient)

Witness

Date and Time

Note to Witness : You have been asked to witness this procedure-specific informed consent. By witnessing this form, you are acknowledging that you have asked and the patient has confirmed to you that he or she:

- has read the whole form,
- understands the form as it is written,
- understands no guarantees have been made about success or outcome,
- has had his or her questions answered, and
- chooses to carry on with the doctor's recommended procedure.

Anesthesia Provider : I confirm with my signature that I have given the patient educational material and have discussed with the above-named patient the risks, likely results, other choices, and possible problems of anesthesia. I have made no guarantees about success or outcome. The patient has had the chance to ask questions, all questions have been answered, and he or she has expressed understanding. Thus informed, the patient has asked that I do anesthesia on him or her.

Anesthesia Provider Signature

Date and Time

**Post EGD/Colon
Instructions**

Patient Education Information Sheet
Endoscopy Center of North Carolina,
LLC

191 Biltmore Ave
Asheville, NC 28801

**After
EGD/Colonoscopy
Discharge
Instructions**

In recovery you will be provided with something to drink. After leaving, you may eat a regular diet and resume your medications unless otherwise instructed by your physician. This would also include blood thinners like Coumadin, Warfarin, Plavix, Ticlid, Pletal, Xarelto, Eliquis, Pradaxa, Effient, Brilinta, Aggrenox, Persantine, Jantoven, Lovenox, and Heparin. Do not drink alcohol or use recreational drugs for 24 hours.

Medications given to you during the procedure may make you sleepy, weak, and uncoordinated.

DO NOT drive a car or operate machinery like power tools and lawn mowers until the next day.

Avoid making critical decisions or signing legal documents within 24 hours

It is not uncommon to experience localized irritation of the veins at the IV site. Warm moist packs (a warm cloth) over the site can help reduce pain and irritation. We advise this every two (2) hours throughout the remainder of the day while awake. Notify the office if the area becomes, swollen, painful, red, or hot to the touch.

The doctor may have removed some tissue or polyps during your test. This is called a biopsy or polypectomy. The tissue is sent to a lab to be examined under the microscope. You will receive a letter with the results around 10-14 days. You can also receive test results and communications from your physician by the patient portal. We must have an active email address for the patient portal.

No heavy lifting, straining or exercising for the next 24 hours.

A feeling of fullness or cramping from air remaining in the bowel is normal. During colonoscopy, air is introduced into the colon to distend it and make it easier to see polyps. It is normal to be flatulent and experience some gas pains. Mild activity such as walking will help you expel the air.

If you have soreness in your throat, you may gargle with warm salt water or use throat lozenges.

You might notice a few drops of blood on your underwear, or you might see blood on the toilet paper after you use the bathroom.

Call us right away if you have:

- Blood in your stool for more than two bowel movements or black or "coffee ground" stools. This can occur up to 14 days after the procedure depending on polyp removal.
- Temperature over 101 degrees for the next 3 days.
- Worsening abdominal pain or swelling, nausea, vomiting, chest pain, shortness of breath

Go to the nearest emergency room right away if you have:

- Constant bleeding with feeling faint and/or diaphoretic (clammy). The bleeding is usually bright red in color. *If this occurs, it is important to inform the emergency staff of your procedure.*

Our number is (828) 254-0881. Physician services are available 24 hours.

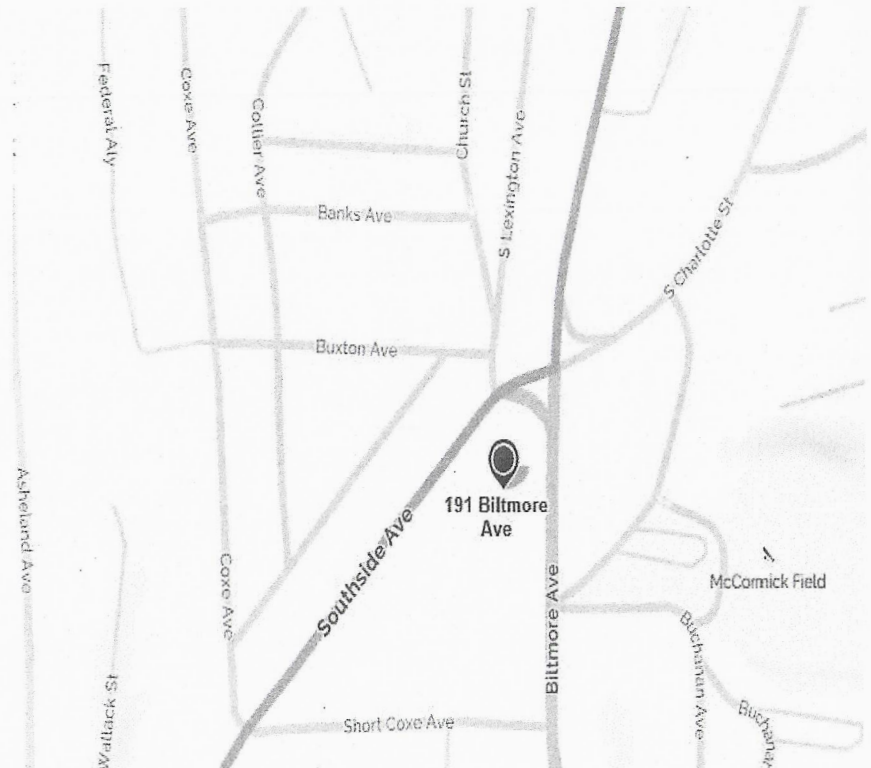
Endoscopy Center of North Carolina, LLC

191 Biltmore Avenue

Asheville, NC 28801

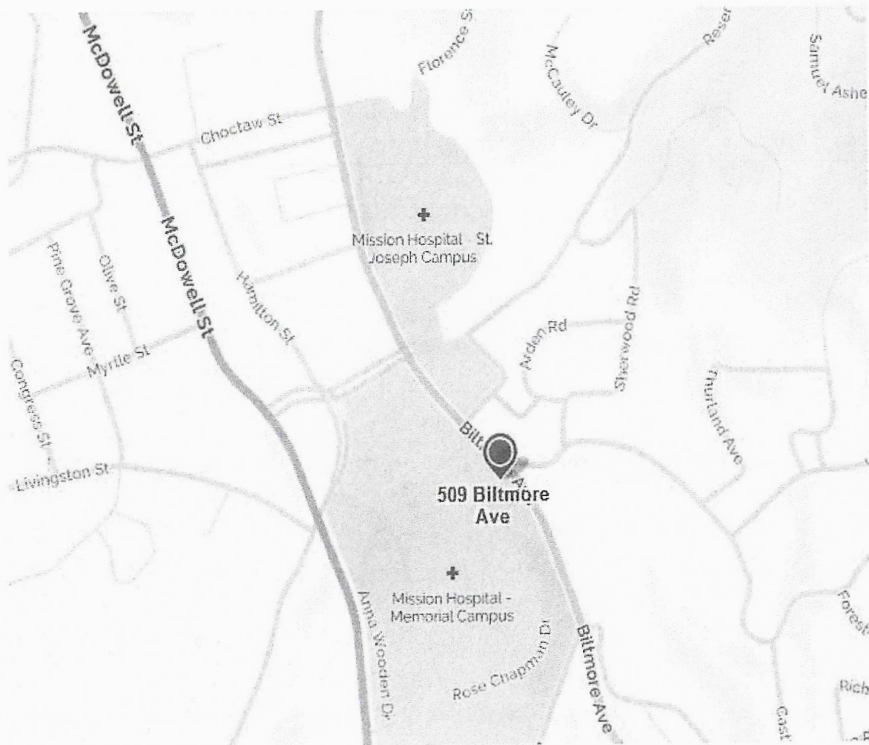
828-254-0881

(Across from McCormick Field)



Mission Hospital

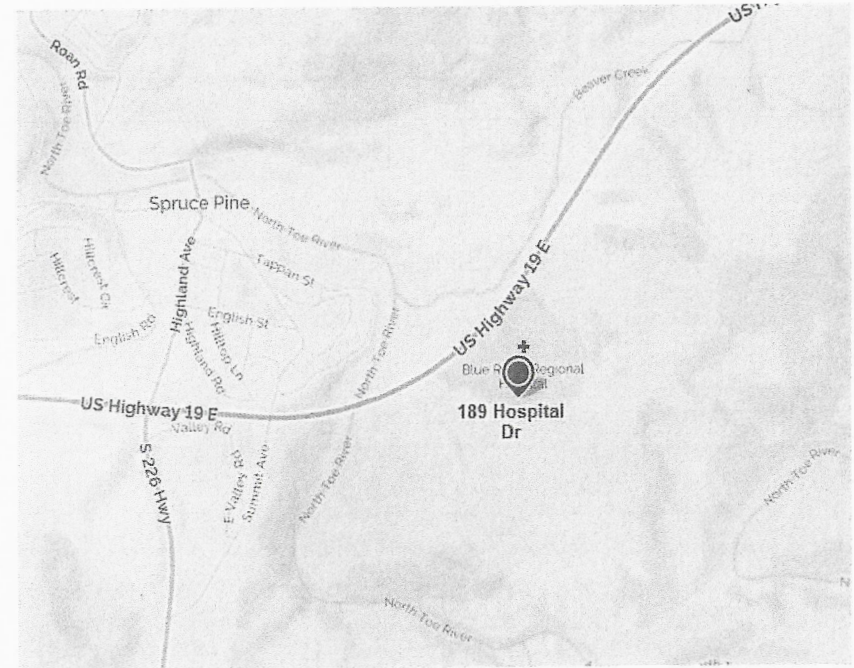
509 Biltmore Avenue
Asheville, NC 28801



Must enter through the main visitor's entrance located across from the McDowell parking deck (off of Victoria Rd). When entering the building please check in at the main desk in the lobby (located on the right-hand side of the lobby).

Mauzy Phillips Center

189 Hospital Drive
Spruce Pine, 28777
828-766-3286



Enter main door and go left to the elevator. You will register on the 2nd floor. The building opens at 7:15am.

McDowell Hospital

430 Rankin Drive
Marion, NC 28752
828-659-5777

(Go to Entrance #2)

The staff at our Endoscopy Center promotes and supports a patient centered approach to care, and we want to make your visit as comfortable as possible. Our goal is to provide excellent patient care.





Transportation Requirement for Endoscopy Center Procedures

You must arrange for a responsible adult driver to be present at all times during your visit at the Endoscopy Center and to drive you home after the procedure.

- The sedation may cause conditions that render driving unsafe. The sedation works like alcohol. It impairs your judgment for several hours. Until your body completely metabolizes the medication and depending on the individual body response, you may not respond as "sharp" as your normal being.
- Since you will be fasting for the procedure, your energy level may be lower on the procedure day. You may be slightly dehydrated from the bowel preparation that you will be taking on the day before the procedure. Your body will need several hours to rebuild its energy level.
- Most patients tend to drop their blood pressure to the borderline of their usual range after they receive sedation. Standing too long may cause dizziness.

Requirements to be followed:

- **Do Not Drive** or attempt to operate machinery until the following day.
- **Have a responsible adult (must be at least 18 years of age) drive you to the Endoscopy Center. They are required to remain on the premises. They are not to leave. Sedated patients will only be discharged in the care of a responsible adult.**
- Our pre-procedure staff is required to verify your driver is present at the time of your arrival and prior to the start of your procedure.
- Failure of your responsible "ride" to appear in person will cause an unexpected delay or cancelation of your procedure.
- Transportation such as Cabs, Ubers, or the Asheville Public Bus System is NOT acceptable unless a responsible adult is with you. The driver of these service is not considered the responsible adult.
- If you live within walking distance from the Center, you will be discharged only in the care of a responsible adult and you still need to arrange the ride home. Walking home is not permitted.
- If you have transportation needs, please notify the Endoscopy Center in advance before the procedure. The Center will try to assist you in making alternative transportation arrangements if possible. You will be responsible for the cost incurred from the alternative arrangement.
- **It is crucial for your safety as well as the community to abide by these instructions. If you attempt to drive from the premises after sedation, we are obligated to report this to law enforcement. You are considered impaired and this is ground for dismissal from the practice.**

I understand and will abide by the transportation requirements.

(Patient/Guardian Signature) Date: _____ Time: _____

As the responsible adult/rider, I understand my responsibilities as stated above:

(Signature of Responsible Adult) Cell Number: _____