



## COLONOSCOPY

### IMPORTANT INFORMATION

PLEASE READ THIS INFORMATION NOW SO YOU WILL BE PREPARED FOR YOUR EXAMINATION

**1. Seven (7) days before your exam:**

- **STOP** using any iron and fiber supplements.
- If you are taking blood thinner medications, have a pacemaker or defibrillator, call our office and speak to a nurse.
- Continue your other medications.

**2. Three (3) days before your exam:**

- **STOP** eating popcorn, seeds, raw fruits, raw vegetables, and nuts. Cooked fruits and vegetables may be eaten.
- If you have diabetes and are taking insulin, consult your diabetes physician for the correct dosage to take on the day of your exam.
- **YOU MUST ARRANGE A DRIVER WHO WILL STAY WITH YOU AND DRIVE YOU HOME. Please inform your driver this will take about 2 hours.**

**3. On the day before your exam:**

- **NO FOOD** on the day before your procedure. Follow the clear liquid dietary instructions on the preparation instruction sheet enclosed.

**4. On the day of your exam:**

- **Continue to ONLY** follow the colon preparation instruction sheet enclosed.
- **DO NOT** follow the instructions given by your pharmacy.
- **NO FOOD** continue a clear liquid diet until 3 hours before your exam, after that nothing by mouth until after your exam. **DO NOT** use chewing tobacco, gum, lozenges, candy, or breath mints.

**5. On the day of your exam, please bring:**

- Medication list, include dosage
- Allergy list
- Medical problems and surgery list
- Insurance cards and Photo ID
- Inhaler, if you use one

**\* APPROVED CLEAR LIQUID DIET LIST: \***

- Clear fruit juices without pulp, water, tea, black coffee, low sodium clear broths, Jell-O™ in lemon, lime or orange flavors, Popsicles™, Kool-Aid™, Tang™, Crystal Light™, Gatorade™, Soda Pop.
- **NO FOOD PIECES, NO PULP, NO RED FLAVORING OR DYES.**

**Examination scheduled for:**

Day \_\_\_\_\_

Date \_\_\_\_\_

Arrival time \_\_\_\_\_ ~~AM~~/PM

Though the exam takes about 30 minutes, plan on being with us about 2 hours.

**For your examination go to:**

- Fogel Endoscopy Center** (253) 838-9839  
34503 9th Avenue South, Federal Way  
Suite 240
- Peninsula Endoscopy Center** (253) 858-0112  
2727 Hollycroft, Gig Harbor  
Suite 480
- Puyallup Endoscopy Center** (253) 841-3933  
1703 S. Meridian Ave., Puyallup  
Suite 203
- Sunrise Endoscopy Center** (253) 770-3700  
11216 Sunrise Blvd East, Puyallup  
Suite 3-201
- Waldron Endoscopy Center** (253) 272-5127  
3209 South 23rd Street, Tacoma  
Suite 200
- Auburn Regional Med. Center** (253) 833-7711  
202 N. Division Street, Auburn  
Admitting
- Frank S. Baker Center** (253) 403-1361  
316 MLK Jr. Way, Tacoma  
Gastrointestinal Study Unit, Suite 103
- St. Francis Hospital** (253) 927-9700  
34515 - 9th Avenue South, Federal Way  
Admitting
- Good Samaritan Hospital** (253) 697-4000  
407 14th Avenue SE, Puyallup  
Admitting
- Medical Park at Covington** (253) 639-9660  
17700 SE 272nd Street, Kent  
Patient Registration (Main Lobby)
- St. Joseph Hospital** (253) 426-4101  
1617 South "J" Street, Tacoma  
Outpatient Center

# COLONOSCOPY (TC)

## COLONOSCOPY

Colonoscopy is an examination of the large intestine. A narrow, flexible instrument called a colonoscope is used. It allows visualization of the lining of the colon. The examination takes about thirty minutes.

## ON THE DAY OF YOUR EXAM

**Check in at the location indicated on the front side of this pamphlet.**

- When you arrive, you will check in with the receptionist, who will verify and have you sign all your registration information, copy your insurance cards and photo ID, and collect any co-payments due.
- A nurse will discuss your medical history. Please let the nurse know if you are allergic to any medicines. The nurse will take your temperature, pulse, blood pressure, and will place a small intravenous (IV) catheter in your arm vein for sedative medications to be given. You will be asked to undress and put on a patient gown.
- You will be asked about your transportation person. **YOU MUST HAVE A DRIVER ARRANGED WHO WILL STAY WITH YOU AND DRIVE YOU HOME.**
- You will be asked to sign a consent form authorizing the physician to perform the procedure.

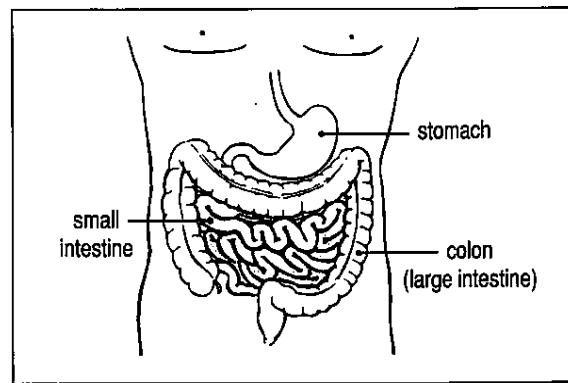
## THE EXAMINATION

- Each step will be explained to you.
- You may leave your dentures in place. Your eyeglasses will be removed. A nurse will help you to get comfortable lying on your left side.
- The doctor will examine your rectum with a gloved lubricated finger. The doctor will insert the lubricated flexible colonoscope. This may give you a mild sensation of wanting to move your bowels. As the colonoscope is carefully advanced through the colon, the doctor will examine the bowel lining thoroughly.
- You may feel some cramping or gas due to the air the doctor uses to open up the folds of the colon. Breathing deeply and slowly will help you to relax. You may be asked to change positions during the procedure to assist in passage of the colonoscope.
- A biopsy specimen (a tiny bit of tissue) may be taken for microscopic examination. If you have a polyp, it may be removed by electrocautery through the colonoscope. You will not feel any sensation or discomfort when the biopsy is performed or the polyp is removed. If bleeding is seen, it may be controlled by thermocoagulation (heat) and/or the injection of medication. Photographs may be taken.

## RISKS

Colonoscopy is a low risk procedure when performed by a competent specialist. However, all of the following complications are possible:

- Perforation (tearing) or bleeding of the gastrointestinal tract wall.
- Phlebitis of the vein due to irritation from the sedative medication at the injection site.
- Other risks include drug reactions or complications from other medical problems you may already have.
- Instrument failure or death are extremely unlikely but remain remote possibilities.



## AFTER YOUR EXAMINATION — BEFORE YOU GO HOME

- You will be observed closely by the nurses until you are awake.
- You may feel some bloating from the air inserted during the procedure. You will feel more comfortable if you expel this air.
- Many people do not recall any of the procedure because of the effect of the sedative medication.
- The doctor will speak with you before you leave.
- When the nursing staff assesses that you are ready to leave, you will be given final instructions.
- When you leave, **it must be with your transportation person.**

## AFTER YOUR EXAMINATION — AT HOME

After you leave the outpatient center or hospital:

- Do not drive, drink alcohol, sign legal documents or operate mechanical equipment until the next day.
- You may eat and resume your normal activities as you feel able, unless otherwise instructed.
- Walking, a warm bath, drinking warm fluids, or lying on your left side with knees drawn up will help you to pass any air remaining in your colon.
- This procedure may preclude travel, strenuous exercise, and heavy lifting.

## RESULTS

- Preliminary findings will be discussed with you after you are awake.
- A full report will be sent to your primary and or referring physician.
- Biopsy and polyp results are usually available in 7–10 working days. At discharge you will be told how you will receive your results.
- Your primary and or referring physician will receive a report from the laboratory.

If you have any questions or concerns, please contact us before and after your examination. It is important to us that you understand the examination and the results.

PEG-ELECTROLYTE SOLUTION  
BOWEL PREPARATION FOR COLONOSCOPY

These instructions have been prepared to help you understand the procedure for cleansing the colon (large intestine). A thorough examination depends on your colon being carefully cleansed and emptied. Stool remaining in the colon can obscure important details, resulting in the exam having to be repeated at another time.

Your Colonoscopy Appointment is on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ at (location) Tacoma

**READ THIS ENTIRE INSTRUCTION SHEET**

**On The Day Before Your Colonoscopy:**

1. Be sure you have arranged a driver who will stay with you and drive you home. Please inform your driver this will take about 2 hours.
2. NO FOOD on the day before your procedure. Follow the clear liquid dietary instructions. (See clear liquid list at right.)
3. If you are experiencing constipation, take two (2) Dulcolax tablets at 12:00 PM (Noon).
4. At 6:00 PM, begin drinking the Preparation Solution. Drink one glassful (8 oz.) every 5-10 minutes, or as fast as tolerated, until half the gallon is gone. The prep often works within 30-60 minutes. Remain close to the toilet, as multiple bowel movements will occur. To help with the taste, you may find it helpful to add to each glass some fresh lemon juice, Crystal Light™ powder, sugar-free Kool-aid™ powder, or sugar substitute. Do not add any product containing sugar as this may alter the quality of the prep.
5. After completing this portion of the preparation, continue the CLEAR LIQUID diet.

**On The Morning of Your Colonoscopy:**

1. NO FOOD. You may continue the clear liquid diet. At 8:00 AM, which is 5 hours prior to your procedure, begin the second half of the preparation solution. Shake or stir to remix the solution. Follow the same instructions as the previous night, once again remaining close to the toilet, as multiple bowel movements will occur.
2. After completing the preparation, you may continue a CLEAR LIQUID diet until 3 hours before your colonoscopy appointment. After that nothing by mouth until after your exam. DO NOT use chewing tobacco, gum, lozenges, candy, or breath mints.
3. You should be passing clear or light yellow fluid.
4. If you regularly take medications in the morning, take it at least 3 hours before your colonoscopy, with a small amount of water.

**\*\*\*If you are unable to complete this preparation call the number listed on the right side of the sheet.\*\*\***

**Medications You Need to Cleanse the Bowel:**

- "Preparation Solution" (Golytely, Nulytely, Colyte or Trilyte) 1 gallon.
- Dulcolax 5 mg (bisacodyl) 2 tablets. This is an over the counter medication, no prescription required. (Use only if you are experiencing constipation.)
- ✓ Your "Preparation Solution" prescription has been sent electronically to your pharmacy unless otherwise mentioned.
- ✓ ONLY FOLLOW THE DIGESTIVE HEALTH SPECIALISTS INSTRUCTION SHEET (DO NOT FOLLOW THE DIETARY INSTRUCTIONS GIVEN BY THE PHARMACY)

**Clear Liquid Diet List: (Any liquid that is clear enough to read print through it.)**

- Clear fruit juices without pulp (apple, white grape)
- Water, tea or black coffee
- Low sodium CLEAR broths
- Jell-O™ – lemon, lime or orange, without topping or fruits
- Popsicles™
- Kool-aid™, Tang™, Crystal Light™, Gatorade™, soda pop
- NO FOOD, NO FRUIT PIECES, NO PULP, NO RED FLAVORS OR DYES
- NO ALCOHOL

**Some Suggestions While Prepping At Home:**

- You may experience chills. Dress warmly. (socks, robe, blanket)
- Walking around the house may help get the prep working.
- Drinking from a straw may be helpful.
- If you experience nausea or vomiting, stop drinking for 1 hour and then start again at a slower rate. Drink each glass in 10-20 minutes, resting 10 minutes between each glass.
- Be patient, the prep solution rarely fails. Most patients have a bowel movement within 30-60 minutes, but it may take up to two hours.

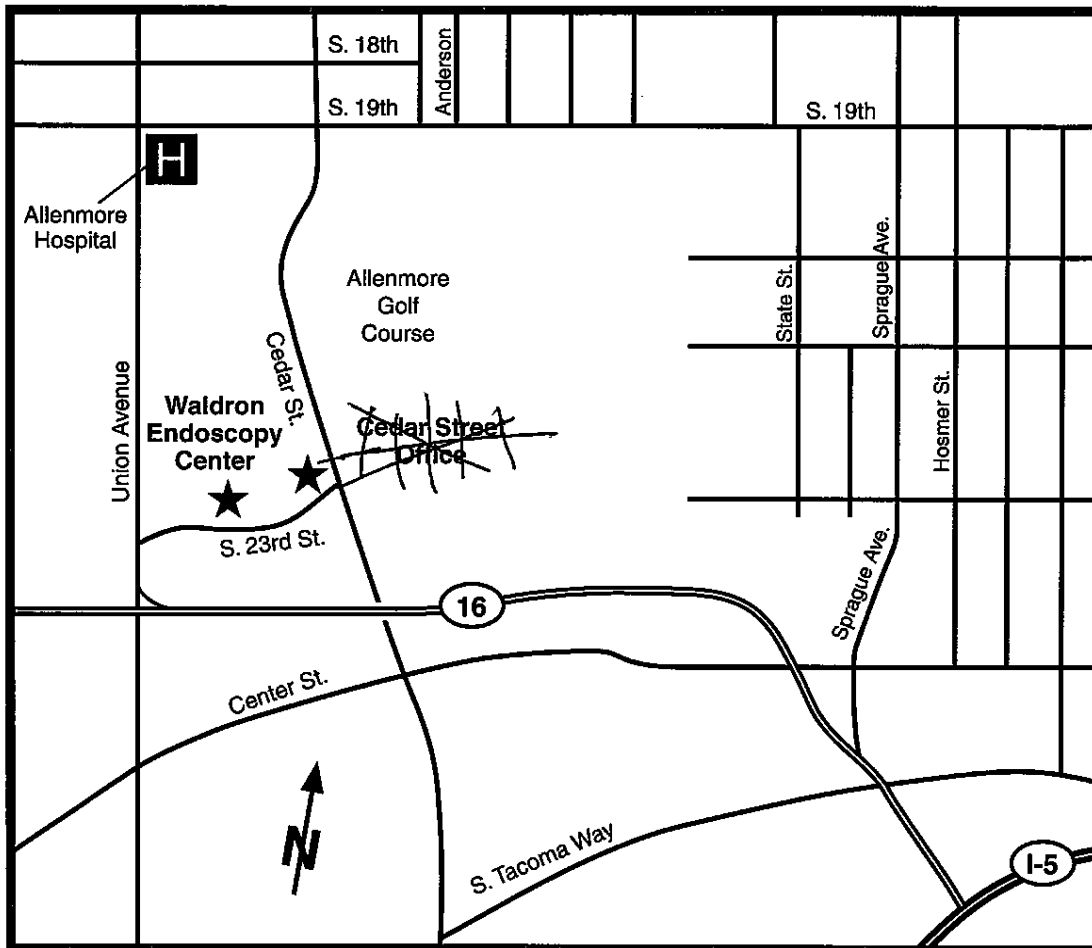
**24-Hour Phone Line:**

Tacoma: 253-272-5127 • Federal Way: 253-838-9839  
Puyallup, Downtown: 253-841-3933 • Gig Harbor: 253-858-0112  
Puyallup, Sunrise at South Hill: 253-770-3700

Please visit us at: [www.dhsgl.com](http://www.dhsgl.com)



Convenient Pierce County locations to better serve you.



### Waldron Endoscopy Center

3209 South 23rd Street, Suite 200  
Tacoma, WA 98405  
253-272-5127

#### Directions from I-5:

- Take Exit 132, Hwy 16 West
- Take Union Avenue exit
- Turn right onto Union Avenue
- Turn right onto South 23rd Street
- Turn left into parking lot

#### Directions from Peninsula area/Hwy 16:

- Cross the Tacoma Narrows Bridge
- Take Union Avenue exit
- Turn left onto Union Avenue
- Turn right onto South 23rd Street
- Turn left into parking lot

### ~~2202 Cedar Street Office~~

~~2202 South Cedar, Suite 330, Tacoma, WA 98405  
253-272-5127~~

#### ~~Directions from I-5:~~

- ~~• Take exit 132, Hwy 16 West~~
- ~~• Take Union Avenue exit~~
- ~~• Turn right onto Union Avenue~~
- ~~• Turn right onto South 23rd Street~~
- ~~• Turn left onto South Cedar Street~~
- ~~• Turn left into parking lot~~
- ~~• Located on the corner of South 23rd and Cedar Street~~

#### ~~Directions from Peninsula area:~~

- ~~• Cross the Tacoma Narrows Bridge~~
- ~~• Take Union Avenue exit~~
- ~~• Turn left onto Union Avenue~~
- ~~• Turn right onto South 23rd Street~~
- ~~• Turn left onto South Cedar Street~~
- ~~• Turn left into parking lot~~
- ~~• Located on the corner of South 23rd and Cedar Street~~



**DIGESTIVE  
HEALTH**  
*Specialists*

## ***WELCOME***

Thank you for choosing Western Washington Endoscopy Centers for your gastroenterology procedure.  
Please read and complete all the enclosed instructions to prepare for your appointment.  
These instructions will prepare you in advance for your appointment.

Appointment Date: \_\_\_\_\_ Arrival time: \_\_\_\_\_ Procedure time: \_\_\_\_\_

<b>Appointment Information</b>	<p>Please bring these forms <b>completed</b> in black ink with you to your appointment.</p> <ul style="list-style-type: none"> <li>• HIPAA Privacy Policy</li> <li>• Financial Policy</li> <li>• No Show/Cancellation Policy</li> <li>• Medicare Secondary Payer Form (Medicare Patients Only, if applicable)</li> <li>• Screening versus Diagnostic Form (Screening Colonoscopy Only)</li> <li>• Informed Consent</li> <li>• Patient Billing Explanation</li> <li>• Digestive Health Specialists Brochure</li> </ul>
<b>Driver</b>	<p><b>A driver needs to check-in with you on your procedure day to drive you home after your procedure and assist you with follow-up care.</b> This takes approximately 2 hours. You will <b>NOT</b> be able to drive a car, operate any machinery or go to work until the following day.</p>
<b>Prepping Instructions</b>	<p>You must read the enclosed prepping instructions <b>immediately</b>. The prep instructions can be found on the colored forms. Failure to follow your instructions may result in your appointment being rescheduled.</p>
<b>Prescription</b>	<p>For the Colonoscopy only, please pick up your prescription for the prep solution at your pharmacy within five days prior to your procedure.</p>
<b>Photo Identification</b>	<p>Photo identification is now required by Federal Regulation to prevent Identity Theft. You will be asked to present photo identification at <b>EVERY</b> visit to our office.</p>
<b>Insurance Cards</b>	<p>Please bring current insurance card(s). You will be asked to present insurance cards at <b>EVERY</b> visit to our office.</p>
<b>Co-Payments</b>	<p>Your co-payment is due at time of service. Your co-payment amount may be different for procedures.</p>
<b>Map</b>	<p>Enclosed for specific location.</p>
<b>Due to Provider and Staff allergies, we request NO perfume or cologne</b>	

## THIS FORM IS FOR YOUR INFORMATION ONLY:

**We are providing a copy of our consent form for your review prior to your procedure.  
PLEASE READ THIS CONSENT FORM CAREFULLY PRIOR TO YOUR APPOINTMENT.  
There is no need for your signature on this form.**

### Explanation of Procedure

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. The following information is presented to help you understand the reasons for and the possible risks of these procedures.

At the time of your examination, the lining of the digestive tract will be inspected and photographs are often taken to document your condition. If an 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. Polyps (growths), if seen, may be removed.

### Brief Description of Endoscopy Procedures

**EGD (Esophagogastroduodenoscopy):** Examination of the esophagus, stomach and duodenum. If active bleeding is seen, coagulation by heat may be performed. If polyps are found, they may be removed and mucosal abnormalities may be biopsied.

**Gastrointestinal Dilation:** Dilating tubes or balloons are used to stretch narrow areas of the gastrointestinal tract.

**Flexible Sigmoidoscopy:** Examination of the anus, rectum and left side of the colon, usually to a depth of approximately 60 cm (2 feet).

**Colonoscopy:** Examination of all or a portion of the colon. Older patients and those with extensive diverticulosis or previous pelvic surgery are more prone to complications. Polypectomy (removal of growths called polyps) is performed, if necessary, by the use of a wire loop and electric current or by biopsy technique with or without coagulation.

### Principal Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal endoscopy is generally a low risk procedure. However, all of the complications listed below are possible. Your physician will discuss their frequency with you, if you desire, with particular reference to your own indications for gastrointestinal endoscopy.

**YOU NEED TO TELL YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR TEST.**

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, hospitalization and surgery to close the leak and/or drain the region is usually required

2. **Bleeding:** Bleeding, if it occurs, is usually a complication of biopsy, removal of polyps or dilation. Management of this complication may consist of careful observation, hospitalization, transfusions, and/or a surgical operation.

3. **Trauma to Internal Organs or Intestines:** Passage of the instrument may result in trauma to an internal organ such as the intestines or the spleen. If this occurs, hospitalization, a surgical operation and/or medical treatment may be required.

4. **Moderate and Deep Sedation:** Moderate sedation is given to produce a state that helps you relax and minimizes unpleasant sensations while maintaining adequate heart and lung functions and the ability to respond to verbal stimulation and/or touch. Deep Sedation is a deeper level of sedation in which you respond purposefully to repeated or painful stimuli. Potential complications of any sedation include: breathing problems (decreased respiration, aspiration leading to pneumonia, airway blockage), heart problems (low blood pressure or irregular rhythm) for which you will be monitored and treated if necessary. Your physician and/or the anesthesiologist or CRNA (nurse anesthetist) can answer any of your sedation questions.

5. **Infection and Phlebitis:** Infection or irritation resulting in inflammation (phlebitis) may occur at the intravenous site and may require treatment. Passage of the endoscope and manipulation may, on rare occasions, cause infection elsewhere in the body.

6. **Other Risks:** Include drug reactions and complications from other diseases you may already have. Teeth and/or dental work may be injured during an EGD. Instrument failure and death are rare, but remain remote possibilities.

**YOU MUST INFORM YOUR PHYSICIAN OF ALL ALLERGIES (SUCH AS TO MEDICATIONS, ANESTHETICS AND LATEX) AND OF ALL YOUR MEDICAL CONDITIONS.**

Although gastrointestinal endoscopy is a safe and effective means of examining the gastrointestinal tract, it is not 100% accurate in diagnosis. In a small percentage of cases a failure of diagnosis or a misdiagnosis may result. For example, polyps and/or cancerous lesions can be missed. Other diagnostic or therapeutic procedures, such as medical treatment, xray and surgery are available to examine the gastrointestinal tract. Your physician will be happy to discuss these options with you.

### Consent and Authorization

"I acknowledge that I have had the opportunity to review this consent form with my physician and discuss with him/her the proposed procedure and ask any questions I have, and that I have been fully informed of the risks and possible complications of the procedure."

I hereby authorize and permit \_\_\_\_\_, MD and whomever he/she may designate as assistant(s) to perform upon me the following procedure:

Upper Endoscopy with possible biopsy, polypectomy and/or dilation.

Colonoscopy with possible biopsy, polypectomy and/or dilation.

Flexible sigmoidoscopy with possible biopsy, polypectomy and/or dilation

Other: \_\_\_\_\_

1. I further acknowledge, if any unforeseen condition arises during this procedure, calling for (in the physician's judgment) additional treatments or operations, I hereby authorize the physician to do whatever he/she deems advisable. I am aware that the practice of medicine and surgery is not an exact science and I understand that no guarantees have been made to me concerning the results of this procedure.

2. I consent to the taking and publication of any photographs made during my procedure for use in the advancement of medical education. I certify that I understand the information regarding gastrointestinal endoscopy.

3. I understand that, as part of my endoscopy procedure, my physician or other person may obtain or remove blood, fluids and/or tissue ("samples"). I understand and agree that all such samples are the property of Digestive Health Specialists, will be retained as part of my medical record and may be used for any lawful purpose, and I waive any further rights thereto.



## No Show and Late Cancellation Policy

Thank you for choosing Digestive Health *Specialists*.

We are privileged to be a partner in your health care and are committed to your gastroenterology needs.

The intent of this policy is to promote timely access to care for our patients by reducing unused appointments.

Digestive Health *Specialists*' definition of a No Show or Late Cancellation is considered to be any scheduled appointment where the patient:

- Does not present for the appointment.
- Calls to cancel and/or reschedule their appointment with less than two business days' notice before their scheduled appointment time.

When patients provide us with two or more business days' notice of needing to cancel their appointment, that appointment time becomes available for another patient to receive timely access to care.

As a courtesy reminder for our patients, our staff calls three business days prior to the scheduled appointment date.

We understand that emergencies do occur, and you may not always have the opportunity to give a two day business notice.

When proper notification for two or more scheduled appointments does not occur, the result may be discharge from Digestive Health *Specialists* practice.

Thank you for helping Digestive Health *Specialists* promote and provide timely access to patient care.



### Acknowledgment and Receipt of Notice of Privacy Practices

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this acknowledgment. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by submitting a request.

By signing this form, you acknowledge receipt of our notice regarding use and disclosure of protected health information about you for treatment, payment and health care operations as described in the notice.

Yes  No I authorize Digestive Health Specialists to call my home and leave a message.

Yes  No I authorize Digestive Health Specialists to call my work and leave a message.

Please list anyone whom you want to have verbal and/or physical access to your health care information. This information will be retained in your medical record unless you direct Digestive Health Specialists in writing to revoke or change.

**Name:** **Relationship:** **Phone Number:**

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Patient Name (Please Print) \_\_\_\_\_

Patient (Patient Representative) Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only:**

I have attempted to obtain the patient's signature on this form, but was not able to obtain it for the reason listed below:

Staff member initials: \_\_\_\_\_

Reason:

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