PRE-PROCEDURE IMPORTANT INFORMATION

PLEASE READ AT LEAST FIVE DAYS BEFORE YOUR PROCEDURE

At least two days prior to your procedure, the procedure center will text / call to confirm your arrival time and review information regarding your procedure.

PLEASE BE ADVISED OF THE FOLLOWING:

It is your responsibility to contact your insurance company to learn whether a specific procedure is covered and if it will be applied to a deductible. Some insurance plans have riders and underwriting on the plan that may or may not cover any or all of the procedure. We want you to be aware and understand the specifics of your insurance coverage. We are happy to provide you with the codes that could be used when submitting your claim to the insurance company.

Depending on the location of your procedure, that locations billing department will verify your insurance benefits and inform you prior to your procedure day if a facility payment is required at the time of service. Anesthesia, pathology, and physician charges will be filed with insurance for determination of additional patient financial responsibility.

VERY IMPORTANT

There are three (3) entities involved that will send a bill following your procedure. You can call the phone numbers provided for each location if you have questions regarding procedure estimates or billing.

1. FACILITY: Associated Endoscopy, Mid-State Endoscopy, or Summit Medical Center.
2. ANESTHESIA: Depending on the location of your procedure, you may receive a bill from the anesthesia group affiliated with the surgery center or hospital where you had your procedure.
3. OneGI: Provider & Pathology if any specimens are collected during procedure (615-455-5732)

Anesthesia, pathology, and physician charges are filed with insurance for determination of additional patient financial responsibility.

SURGERY CENTER LOCATIONS:

You will report to one of the surgery centers noted below as instructed by your provider/nurse.

Associated Endoscopy
5653 Frist Boulevard, Suite 532
Hermitage, TN 37076
Phone: 855-880-9327
*Located next door to our Hermitage Office in Summit Medical Center.

Mid-State Endoscopy
1115 Dow Street, Suite A
Murfreesboro, TN 37130
Phone: 615-848-9234
*Located next door to Mid-State Gastroenterology (Suite B).

Summit Medical Center Same Day Surgery (SDS)
5653 Frist Boulevard
Hermitage, TN 37076
SDS Phone: 615-316-3570
Billing: 800-370-1983
*Check-in on 1st floor at Registration located on left when you enter hospital.

Please note Summit Medical Center offers free valet parking at the patient entrance closest to the ER.

On the day of your procedure:

1. You will be required to have someone available to drive you home after the procedure. You cannot and will not be allowed to drive following the procedure. You will not be released to any public mode of transportation (i.e. taxi, uber, Lyft). Due to the effects of the medications, you may not remember the instructions given to you after the procedure. Your driver must stay on the premises while you are having the procedure and be available to speak with the physician and/or staff regarding your post-procedure instructions and findings.

2. Please leave all your valuables at home except for your photo ID, insurance card, and any copayment you may be required to bring for the procedure. **If your insurance has changed since your procedure was scheduled, you must contact Associates in Gastroenterology at 615-885-1093 and provide them with this new information.**

3. Complete the PATIENT MEDICATION RECONCILIATION FORM provided and bring with you to your procedure appointment. It is very important that the nursing staff and physician know what medications you are taking (including over-the-counter medicines and herbal supplements). Please be sure to include the dosage you are taking and the date of your last dose.

4. All aspirin and aspirin type products, including blood thinners, should have been held as instructed by your physician. This includes Plavix, Warfarin, Ticlid and Coumadin. Please contact your **AiG nurse at 615-885-1093** with any questions regarding these medications.

5. You may not eat or drink anything for at least four (4) hours prior to your procedure unless it is related to your prep instructions. Please follow the necessary bowel preparation instructions provided for your procedure. No mints, gum, cough drops, ice chips, or sips of any liquid for four (4) hours prior to your procedure. No recreational drugs or alcohol for 24 hours prior to your procedure.

6. The only medications you should take the day of your procedure should be for blood pressure or heart medications, unless otherwise instructed.

7. Wear comfortable clothing. DO NOT wear contacts. Glasses are permitted.

Associates in Gastroenterology
powered by
OneGI

Colonoscopy Prep General Instructions

- The day before your procedure, you must stay on a Clear Liquid Diet.
    - Clear Liquid Diet

      **IMPORTANT NOTE* Do not consume any red-, pink-, or purple-colored liquids or foods.*
        - *Coffee & Tea (no dairy or cream)*
        - *Fruit Juice without Pulp (apple, white grape, white cranberry)*
        - *Gatorade, G2, Powerade*
        - *Crystal Light*
        - *Broth*
        - *Jell-O*
        - *Sodas (Coke, Diet Coke, etc.)*
        - *Juice Popsicles without Fruit or Pulp*
- DO NOT consume any milk/cream products, red-, pink-, or purple-colored liquids, or any alcoholic beverages.
- Drink 6-8 ounces of clear liquid every hour throughout the day to stay hydrated.
- **Nothing by mouth four (4) hours prior to procedure, including gum, mints, candy, or water.**
- **Do not use any recreational drugs or alcohol for 24 hours prior to your procedure.**

Medications

- You will need to stop taking full-dose aspirin (325mg), blood thinners and/or arthritis medications such as Motrin, Advil, Vitamin E, and herbal supplements for 5 days prior to your procedure, unless otherwise instructed. You may take Baby Aspirin (81mg), Tylenol, multi-vitamins, and all other prescription medications. If you are unsure about a medication, please ask your physician or nurse. Please see attached list of medications to avoid.
- If you take heart, blood pressure or seizure medications you should take them as directed the morning of your procedure with a small amount of water. All other medications should be held until instructions are given after your procedure.
- GLP-1 medications, such as Dulaglutide (Trulicity) (weekly), Exenatide extended release (Bydureon bcise) (weekly), Exenatide (Byetta) (twice daily), Semaglutide (Ozempic, Wegovy) (weekly), Liraglutide (Victoza, Saxenda) (daily), Lixisenatide (Adlyxin) (daily), Semaglutide (Rybelsus) MUST BE STOPPED prior to your procedure and taken as follows:
    - If taken once a day, hold the medication the day of the procedure.
    - If taken once a week, hold the medication one (1) week prior to your procedure.
    - Consult with your endocrinologist if taking GLP-1 agonist for diabetes.

Don't Forget

- You must drink the recommended amount of water and/or clear liquids while taking this bowel preparation to prevent serious side effects and to ensure that you are properly prepared.
- If you do not follow these directions, your exam may have to be repeated or rescheduled.
- You must have a responsible adult to accompany you home. If you do not have an adult escort, your procedure will be cancelled and rescheduled.
- You need to bring your insurance card and a photo ID with you.
- Please bring your medication list with you on the day of your procedure, along with the date your medication was last taken.

PROCEDURE DATE _____

PROCEDURE TIME _____

SUPREP INSTRUCTIONS

*****PLEASE BE SURE TO FOLLOW THESE INSTRUCTIONS*****
(DO NOT FOLLOW THE ONES ON THE PACKAGE)

Evening Before Procedure @ 6PM

Pour one (1) – six (6) ounce bottle of Suprep into container. Add cool drinking water to the 16 oz line. Drink all of this mixture. After completing this, drink eight (8) ounces of clear liquids every hour until bedtime.

Day of Colonoscopy

Six (6) hours before procedure, prepare 2nd batch of Suprep. Pour six (6) ounce bottle of Suprep into container and add cool drinking water to the 16 oz line. Drink this mixture entirely. Follow with two (2) 16 oz glasses of water over the next one (1) hour.
After drinking this, nothing else by mouth prior to your procedure.

IMPORTANT:

- IF YOU EAT OR DRINK ANYTHING WITHIN FOUR (4) HOURS OF YOUR PROCEDURE, THIS WILL RESULT IN A DELAY OR CANCELLATION OF YOUR PROCEDURE!! THIS INCLUDES WATER, MINTS, HARD CANDY, AND GUM!!
- NO USAGE OF MARIJUANA, COCAINE, RECREATIONAL DRUGS, OR ALCOHOL WITHIN 24 HOURS OF YOUR PROCEDURE. Anesthesia will not sedate you if you have consumed any of these in 24 hours.

PROCEDURE DATE _____

PROCEDURE TIME _____

PRODUCTS TO AVOID PRIOR TO YOUR PROCEDURE
(IMPORTANT: These are drugs that can thin your blood and may cause bleeding.)
Avoid these medications for at least five (5) days before your procedure.

Advil	**Lodine**
Aggrenox	**Loritab ASA**
Aleve	**Magsal**
Alka Seltzer	**Midol**
Anaprox	**Mobic / Meloxicam**
Anacin	**Mobigesic**
Arthritis Pain Formula	**Monogesic Tablets**
Ascriptin	**Motrin**
Aspergum	**Naprosyn**
Aspirin 325mg (Baby Aspirin 81mg is OK)	**Naprelan**
Azoid	**Naproxen**
BC Powders	**Norgesic**
Bextra	**Norwich**
Brilinta	**Nuprin**
Bufferin	**P-A-C Analgesic**
Carna Arthritis Medication	**Pepto-Bismal**
Celebrex	**Percodan**
Clinoril	**Plavix**
Coumadin	**Pradaxa**
Darvon Compound / Darvocet	**Robaxisal**
Disalcid	**Salflex**
Doan's Pills	**Salsalate**
Dristan	**Salsitab**
Easpirin	**Savaysa**
Ecotrin	**Sine-Aid**
Effervescent Tablets	**Soma Compound**
Effient	**Stanback**
Eliquis	**Synalgos-DC**
Empirin	**Talwin**
Equagesic	**Therapy Bayer Caplets**
Etodolac	**Tolectin**
Excedrin	**Tolmetin**
Feldene	**Toradol**
Fenoprex	**Trigesic**
Fiorinal	**Trilisate**
Fish Oil	**Urisinus-Inlav**
Formula Caplets	**Vanquish**
Goody Powders	**Vitamin E**
Haltran	**Vioxx**
Ibuprofen	**Warfarin**
Ibu-Tab	**Xarelto**
Indocin	**Zontivity**

PATIENT MEDICATION RECONCILIATION Form

PT. STICKER

Height:	Weight:	Date of Birth:	Age:
Allergies: ☐ Yes ☐ No Known Allergies		**Latex Allergy** ☐ No ☐ Yes ☐ Testing Performed for Latex Allergy	

Allergy (Drug)	Reaction	Allergy (Drug)	Reaction

CURRENT PRESCRIPTIVE MEDICATIONS:

Name of Medication (print please)	Dose	Last Dose Taken/Time	How Often	Continue After Discharge	Stop After Discharge

HERBALS, VITAMINS, SUPPLEMENTS & NON-PRESCRIPTIVE DRUGS:

Name of Medication (print please)	Dose	Last Dose Taken/Time	How Often	Continue After Discharge	Stop After Discharge

NEW MEDICATIONS/DOSAGES YOU SHOULD TAKE AFTER DISCHARGE:

Name of Medication (print please)	Dose	How Often

Patient/Responsible Person Signature: _____ **Date:** _____

Nurse Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____