



Procedure Instructions

You have been scheduled for the following procedure today: _____

- Please review the enclosed procedure instructions and call with any questions.

Please visit our website at www.connecticutgi.org to review the following documents:

1. Form entitled "Your Rights"
2. Form entitled "Informed Consent"
3. Form entitled "Financial Policy"
4. Form entitled "Advanced Directives"
5. CTGI Privacy Notice
6. Directions to the facility



Your procedure is scheduled for:

DATE: _____

ARRIVAL TIME: _____

*The arrival time is subject to change. If you need to change or cancel your appointment, please give as much notice as possible so someone else can be scheduled.

LOCATION: Coastal Digestive Care Center, LLC
234A Bank Street
4th Floor
New London, CT 06320
Telephone: 860-447-0402

PREPARATION: Follow the preparation instructions given to you by your doctor's office.

*Please inform staff immediately if you are taking blood thinners such as COUMADIN (WARFARIN), PLAVIX, PLETAL, EFFIENT, AGGRENOX, PRADAXA, SAVAYSA, XARELTO, ELIQUIS, BRILINTA

Diabetic Patients:

- If you are diabetic, please inform the staff if you are taking insulin or oral medication to treat your diabetes.
- If you take insulin, please contact the prescribing physician for instructions.
- If you take oral DIABETIC medications, you should not take your pills the night before or in the morning prior to your procedure.

10 Days before your procedure:

- Stop iron supplements

At least 7 days before your procedure:

- Read all prep instructions and purchase any necessary prep products from your pharmacy.
- Verify instructions for stopping your blood thinning medications with the office.
- Stop herbal supplements.
- No seeds, nuts or quinoa.
- Arrange for a ride home after your procedure.

Day of Procedure:

- YOU MUST NOT HAVE ANYTHING BY MOUTH FOR 4 HOURS PRIOR TO YOUR PROCEDURE INCLUDING GUM AND HARD CANDIES. HOWEVER, if you take medication for your BLOOD PRESSURE or Heart (and you normally take them in the morning), please take them with a SIP of water at least 2 hours prior to your arrival time.
- If you are scheduled at one of the Endoscopy Centers, plan on a 1 ½ hour stay. If you are scheduled at the Hospital plan on a 2 ½ hour stay.
- It is critical that you arrive on time. Every effort will be made to keep your appointment at the scheduled time, but in medicine, unexpected delays and emergencies may occur. We give each patient the attention needed for his or her procedure.
- Bring your insurance cards and a photo ID.
- Bring your insurance co-pay/deductible. If your insurance has changed since your appointment was scheduled, please contact us immediately. Many insurance carriers (not Medicare) and managed care organizations require preauthorization or precertification. To obtain coverage for these procedures, we recommend you contact your insurance company. The phone number is usually on the back of your insurance card.
- Dress casually and comfortably as you will be required to change into an examination gown. Leave jewelry and other valuable items at home.

Transportation:

- DO NOT DRIVE YOURSELF. Arrange for transportation home before you arrive for your appointment. Since you will receive sedation, you will not be permitted to drive home.
- Public transportation (cab, limo, bus, Uber) is not acceptable.
- Your examination will be cancelled if you have not arranged transportation home.

If you have any questions regarding this procedure, please call: _____

Phone: _____ Ext _____



FLEXIBLE SIGMOIDOSCOPY INSTRUCTIONS

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Diabetic Patients:

- You should not take any diabetic medication the morning of your procedure.

10 Days before your procedure:

- Stop iron supplements

At least 7 days before your procedure, please be sure to:

- Verify instructions for stopping your blood thinning medications with the office.
- Stop herbal supplements.
- No seeds, nuts or quinoa.
- Arrange for a ride home after your procedure.

1 Day before your procedure:

- Please take Citrate of Magnesium at approximately 7:00pm the night before the procedure.
- *Do not eat anything after midnight. You may have clear liquids until 4 hours before your procedure, and take any medications. Nothing by mouth 4 hours or less*

Day of procedure:

- Nothing by mouth 4 hours before your procedure
- Take a Fleet enema one hour before leaving home.
- You will need transportation as sedation is required.

Please do not hesitate to contact the office if you have any questions regarding this procedure.

You are scheduled on: _____ at _____ am/pm with Dr. _____

DATE: _____

ARRIVAL TIME: _____

*The arrival time is subject to change. If you need to change or cancel your appointment, please give as much notice as possible so someone else can be scheduled.

LOCATION: _____