

PREPARATION FOR A FLEXIBLE SIGMOIDOSCOPY
PAULO PACHECO. MD.

Appointment Date: _____ Arrival Time: _____

Appointment time: _____ Pick-up Time: _____

Please report for your procedure at:

MANHATTAN ENDOSCOPY CENTER
535 FIFTH AVENUE, 5FL.
BETWEEN FIFTH & MADISON AVENUES
ENTRANCE OF 44TH ST., NORTH SIDE
212-682-2828

Flexible sigmoidoscopy is an examination of only the lower section of the large intestine (sigmoid).

Have a light dinner during the evening prior to your sigmoidoscopy. Stay away from foods with seeds, nuts or skins (i.e. tomatoes, beans, olives, corn, whole grain cereals and green leafy vegetables, at least 5 days prior to your procedure.

Take 2 Dulcolax tablets with 8oz of water or clear beverage at 8:00pm on the evening prior to your sigmoidoscopy. Swallow the tablets whole. Do not crush or chew.

On the morning of your scheduled sigmoidoscopy have a clear liquid breakfast (tea, coffee, clear juices) No milk or non-dairy creamer. If your appointment is after 1pm, please do not have anything to eat or drink 4 hours prior.

Clear liquids include: strained fruit juices without pulp, water, clear broth or bouillon, tea (without milk or non-dairy creamer). All of the following that are **NOT** colored red or purple: Gatorade. Carbonated, non-carbonate soft drink, plain Jell-O, ice Popsicle, hard candies etc. In rare instances, the doctor may need to use sedation, if so, **you should not drink or eat anything for 4 hours prior to the procedure.** You will not be able to drive or operate heavy machinery.

Take a Fleets enema, Saline laxative about two hours prior to your procedure. If your trip to the office is one hour or longer, take your Fleets enema 3-4 hours prior to the procedure.

NOTE:

1. **Avoid aspirin** or arthritis-like medications (including Nuprin, Advil, Aleve, Excedrin, etc.) Stop **Vitamin E, Iron supplements, or Herbal preparations, Fish oil** for **1 week prior** to your procedure. Many of these medications may cause more bleeding if biopsies are done. They are stopped as a precaution. ONLY TYLENOL if you need any pain medication
2. If you are taking any blood thinners such as COUMADIN (WARFARIN) or Plavix check with your cardiologist, you must stop 5 days prior but only with your doctor's approval.
3. If you take blood pressure or heart medications you may take these pills with a sip of water at 6:00 am the day of your procedure.
4. If you are a diabetic and take insulin, do not take insulin the morning of the examination. Following the procedure, you should eat and take one-half your usual morning dose. If you take a pill for your diabetes, do not take it the day of your procedure. Following the procedure you should eat and take your diabetes pill.

IF YOU ARE HAVING SEDATION, YOU MUST HAVE SOMEONE ACCOMPANY YOU HOME AFTER THE PROCEDURE, -- IT IS NOT OPTIONAL- OTHERWISE YOUR PROCEDURE WILL HAVE TO BE RESCHEDULED.

IF YOU MUST CANCEL YOUR PROCEDURE, PLEASE CALL AT LEAST 48 HOURS PRIOR TO YOUR PROCEDURE. WE ASK THIS TO BE COURTEOUS TO PATIENTS THAT ARE WAITING FOR A PROCEDURE APPOINTMENT.

*****PLEASE NOTE THAT OUR CANCELLATION FEE FOR PROCEDURES CANCELLED WITHIN 4 BUSINESS DAYS OF YOUR SCHEDULED TIME IS \$175.00**

24 HOUR CLEAR LIQUID LIST

FOR PATIENTS HAVING A COLONOSCOPY/IT IS VERY IMPORTANT TO DRINK AT LEAST 2 LITERS OR QUARTS OF CLEAR LIQUIDS THROUGHOUT THE DAY TO PREVENT DEHYDRATION.

(This would be in addition to the laxative you will be drinking if you are scheduled for a colonoscopy).

FOR PATIENTS HAVING AN UPPER ENDOSCOPY OR SIGMOIDOSCOPY ONLY CLEAR LIQUIDS 8 HOURS PRIOR (You must avoid items that are Red or Purple in color.)

- Tea without milk. Sweeteners are OK
- Broth; Clear Chicken Broth, Vegetable or Beef Broth
- Juices; Apple, White grape, White cranberry, White pear
- Snapple drinks; Orange colored, Light pink, Iced Teas, Lemonade
- Gatorade/G Series; these beverages are highly recommended on your clear liquid diet. - Lemonade, Lemon Lime, Citrus Cooler
- Vitamin Water; Essential, Energy
- Coconut Water; Zico or Vito Brand Coconut water (no pulp)
- Crystal Light , Lemon Lime
- Jell-O; Orange, Lemon, Peach, Pineapple, Green
- Ice pops; Lemon or Lime Bars
- Italian Ices; Lemon
- Soda Sprite, 7up, Colas, Ginger ale, Sprite, Sierra Mist
- **NO VEGGIE JUICES**
- **COFFEE IS NOT A CLEAR LIQUID**

BILLING INFORMATION

Dear Patient:

You have been scheduled for a procedure at The Manhattan Endoscopy Center. Our billing department will be contacting your insurance carrier to obtain necessary authorization, and to verify coverage and benefits. **Please be aware that you may have responsibilities for any in-network deductibles, co-insurance, or copayments as indicated by your insurance carrier.** Coverage and benefits may vary based on your individual policy.

If you are scheduled for a screening colonoscopy and you have a past medical history which would be considered high risk, your insurance provider may consider the colonoscopy to be a surveillance exam, or diagnostic procedure, and not a routine screening colonoscopy. There may be different coverage guidelines that apply.

High risk diagnoses for colonoscopy include but are not limited to the following: personal history of colonic polyps, personal history of inflammatory bowel disease (ulcerative colitis, Crohn's disease) and history of Colon cancer.

If your procedure is being performed for specific symptoms (**not screening**) or if you are under age 50, it will be considered **DIAGNOSTIC** and a **deductible, coinsurance and/or copay will be applied**, please review your personal insurance benefits information.

If you are scheduled for an **Upper Endoscopy**, this procedure will be **considered a DIAGNOSTIC test**.

Please be aware that a PRE-AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT, only until the claim is received, payment will be subject to your eligibility and your individual contract information at the time of the procedure. Deductible and coinsurance as part of your insurance contract might apply.

Billing contact phone information:

In the event that you do receive a **bill from our office**, please contact our billing company, CSI Billing at 866-240-0800 x 1208.

If you receive a bill from **Manhattan Endoscopy Center**, or the **anesthesiologist** please call their billing Dept. at: **Before the procedure**: 833- 844-6695.

After the procedure: Facility billing: 866 840-6226

Anesthesia billing: 866 688 9704

Sincerely,



Paulo Pacheco, MD