

Name: \_\_\_\_\_

## Procedure Preparation Instructions

Procedure: \_\_\_\_\_

Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

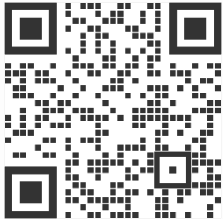
Check-in Time: \_\_\_\_\_



Doctor:

- |                                                                                                            |                                                                                                                 |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Dr. Mel Ona</b><br>(808) 762-2311<br><br>Physicians Exchange<br>(808) 524-2575 | <input type="checkbox"/> <b>Dr. Fernando Ona</b><br>(808) 762-2311<br><br><input type="checkbox"/> <b>Other</b> |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

Location:



- |                                                                                                                                                                                                                                      |                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Ohana Endoscopy Clinic (OEC)</b><br>590 Farrington Hwy, Unit 170<br>Kapolei, Hawaii 96707<br>(808) 762-2311<br><br>Kapolei Shopping Center in between<br><b>Loco Moco</b> and <b>Onyx Nails Wax Lash</b> | <input type="checkbox"/> <b>Pali Momi Medical Center</b><br>98-1079 Moanalua Road<br>Aiea, HI 96701<br>(808) 485-4304 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

Scan for directions to OEC

Please read and follow these instructions prior to your procedure to ensure your safety and comfort.

**Not following instructions, may result in cancellation of your procedure.**

If you develop a cold, fever, persistent cough, runny nose, and/or any emergency in your immediate family, please notify our office immediately.

You must have a driver who is 18 years or older present at check-in and discharge. Because your judgement may be impaired after the procedure, you will not be released to take public transportation, a taxicab, a rideshare, or even walk home without another responsible adult to accompany you. To go home via transport, please arrange the necessary drop-off and pick-up schedule through your PCP and insurance provider. MEDICAB (808-233-3333) is acceptable, but is an out of pocket expense.

Please bring your insurance card(s) and a picture I.D. with you. If available, bring a copy of your Advance Directive.

Your co-pay will be collected on the date of service unless you've made special arrangements.

If you wear contact lenses, dentures, or hearing aids, bring the appropriate storage containers. They must be removed before the procedure.

Please be aware that there may be a delay in your procedure time due to emergency cases or increased length of time for preceding cases.

Complete the attached Medication Reconciliation Form and give it to the nurse upon arrival.

**You may need to make changes to your daily medications**

**If you take weight loss medications**, (e.g. phentermine, diethylpropion, sibutramine) stop taking them **2 weeks** prior to your procedure.

<p><b>Day Before Procedure</b></p>	<ul style="list-style-type: none"><li>• <b>Hold</b> the following medications 24 hours before your procedure<ul style="list-style-type: none"><li>○ <b>Angiotensin Receptor Blockers:</b> Losartan, Irbesartan, Valsartan, Telmisartan, Olmesartan, Candesartan, Azilsartan, Eprosartan</li><li>○ <b>ACE Inhibitors:</b> Lisinopril, Benazepril, Enalapril, Captopril, Ramipril, Quinapril, Fosinopril, Moexipril, Perindopril, Trandolapril</li></ul></li><li>• If history of congestive heart failure, continue sacubitril-valsartan/Entresto</li><li>• Diabetes meds and insulin<ul style="list-style-type: none"><li>○ Take only half the usual dose of long-acting insulin the evening before</li><li>○ Stop Glucophage/metformin 24 hours before</li></ul></li></ul>
<p><b>Day of Procedure</b></p>	<ul style="list-style-type: none"><li>• If applicable, take these medications at least 4 hours before your procedure with a small sip of water before you leave your house.<ul style="list-style-type: none"><li>○ Blood pressure medications<ul style="list-style-type: none"><li>▪ <b>Except</b> diuretics (e.g. hydrochlorothiazide) and ACE/ARBs (see above)</li></ul></li><li>○ Heart medications: beta-blockers (e.g. atenolol, metoprolol), calcium channel blockers (e.g. verapamil, diltiazem), alpha blockers (e.g. tamsulosin, prazosin), coronary artery dilators (e.g. nitroglycerin), digoxin</li><li>○ Thyroid medications (e.g. levothyroxine)</li><li>○ Respiratory medications (e.g., Singulair, inhalers)</li><li>○ Antacids (e.g. famotidine/Pepcid, omeprazole/Prilosec)</li><li>○ Parkinson’s meds (e.g. L-dopa)</li><li>○ Anticonvulsants (e.g. Dilantin)</li><li>○ Chronic narcotics &amp; sedatives as needed</li></ul></li><li>• Diabetes meds and insulin<ul style="list-style-type: none"><li>○ No insulin on the morning of procedure</li><li>○ No oral diabetic hypoglycemic meds (e.g., glipizide, actos) the morning of procedure</li></ul></li><li>• Do <b>NOT</b> take:<ul style="list-style-type: none"><li>○ Stimulants (e.g., Adderall, Ritalin)</li><li>○ Erectile dysfunction medications (hold 24 hours before procedure)</li></ul></li><li>• Notify your anesthesiologist if you take MAO inhibitors (monoamine oxidase inhibitors): furazolidone (Furoxone), isocarboxazid (Marplan), Linezolid (Zyvox), Moclobemide (Manerix), Pargyline (Eutonyl), Phenelzine (Nardil), Procarbazine (Matulane), Rasagiline (Azilect), Safinamide (Xadago), Selegiline (Eldepryl), Emsam patch, Tranylcypromine (Parnate)</li></ul>



**If you take blood thinners** such as Plavix (clopidogrel), Coumadin (warfarin), Xarelto (rivaroxaban), Effient (prasugrel), Pletal (cilostazol), Eliquis (apixaban), Fragmin, Pradaxa (dabigatran), Brilinta (ticagrelor), Innohep, Savaysa, Lovenox, Heparin, or any other blood thinner not on this list, you will need additional instructions provided by your doctor or specialist (e.g. cardiologist, neurologist, etc.) about stopping the medication a number of days prior to your procedure. It is very important for you to receive instructions on your blood thinner in a timely manner, as your procedure may need to be rescheduled if we don't receive this information in time.

**If you have a Pacemaker or Internal Defibrillator**, your endoscopy scheduler will acquire information about your device from your doctor's office. Please bring your device card with you on the day of your procedure.

**If you take blood pressure medicine**, be sure to still use the medication while preparing for your procedure. On the day of your procedure, you should take your blood pressure medicine with a small sip of water two hours before your check-in time.

**If you take anti-inflammatory medications**, like Motrin®, Aleve®, Advil®, ibuprofen, Naprosyn® (Naproxen), it MAY be okay to continue taking these medications. Check with your doctor for more information.

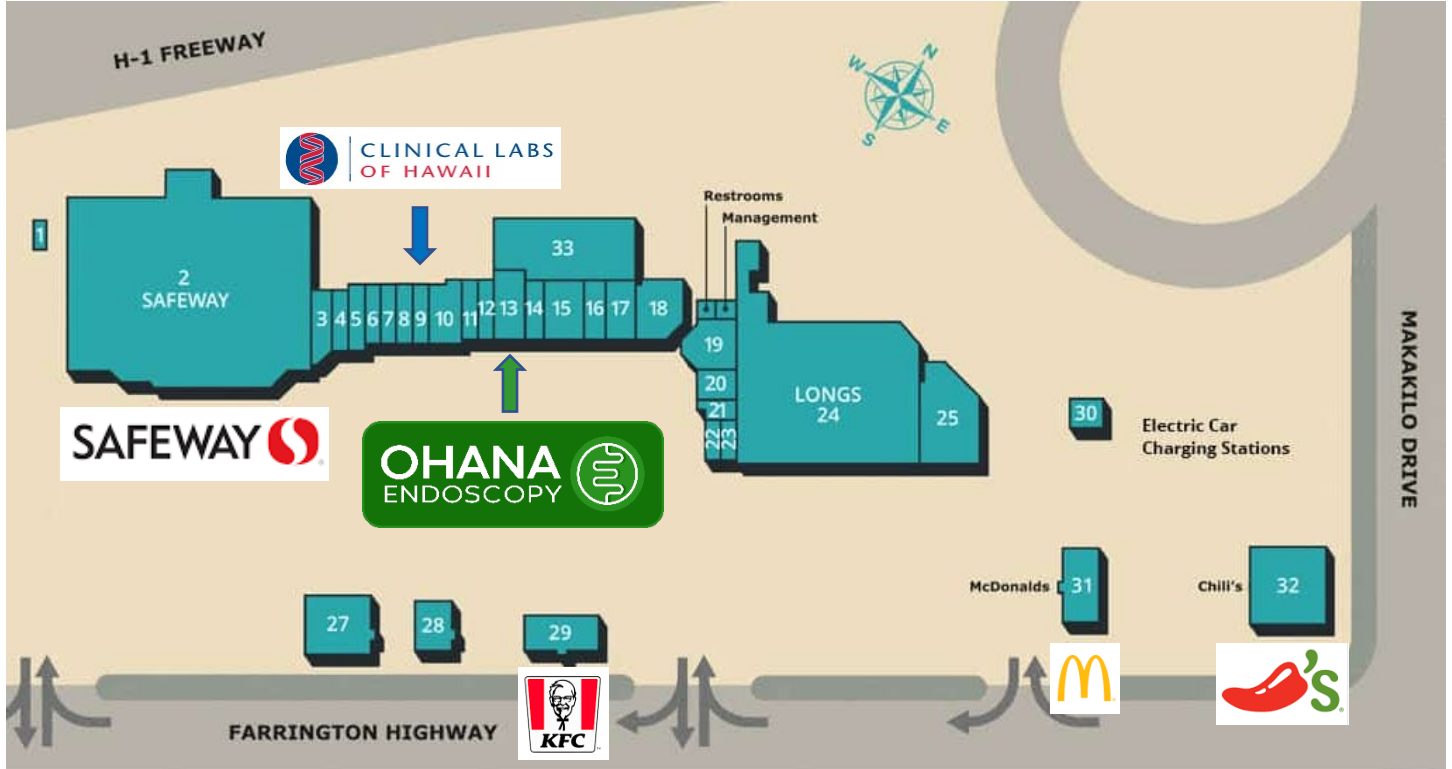
**If you take iron pills, vitamins, fish oil, or liquid antacids**, stop taking these supplements five days prior to your procedure, unless otherwise instructed.

### Ohana Endoscopy

590 Farrington Hwy., Unit 170, Kapolei, HI 96707  
 (808)762-2311

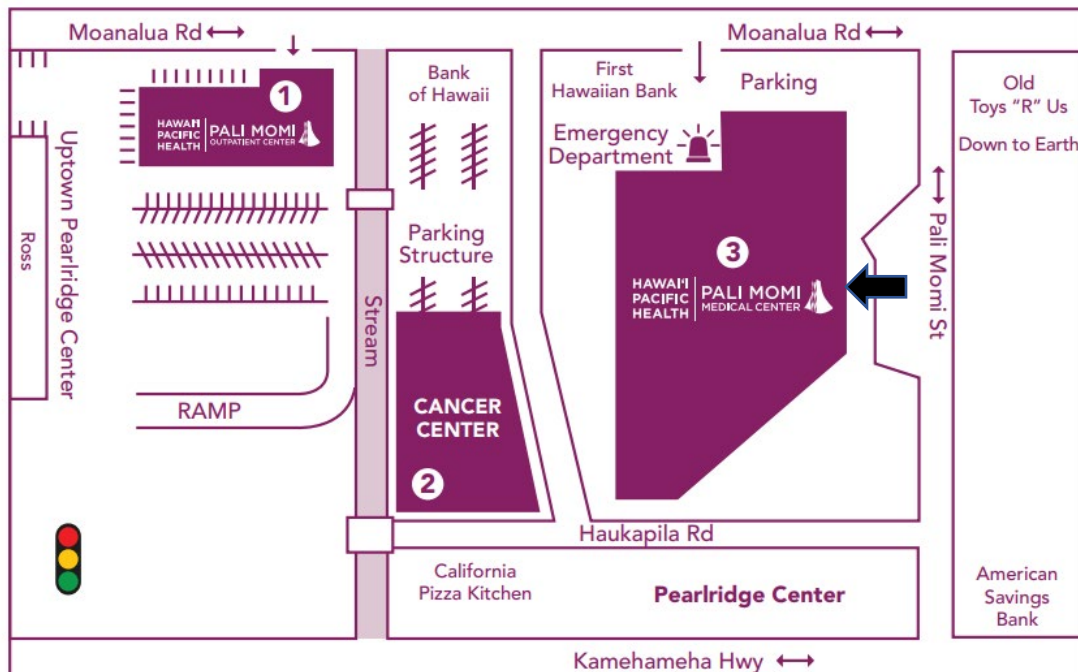


Located in the Kapolei Shopping Center in between Loco Moco and Onyx Nails Wax Lash



### Pali Momi Medical Center

98-1079 Moanalua Road, Aiea, HI 96701  
 (808) 485-4304





## MIRALAX EXTENDED PREP INSTRUCTIONS

Purchase **four 238g bottles of Miralax** and **four 64 oz. bottles of Gatorade** (lemon or lemon-lime flavored) at any local drug store.

### Five (5) days before your procedure

1. **Avoid eating seeds, corn, popcorn, or fruits and vegetables with many seeds** like cucumbers, tomatoes, and strawberries. These foods are hard to digest, do not clear out of your colon easily, can plug up the colonoscope, and can make it difficult for your doctor to view your colon.

### One (1) day before your colonoscopy procedure: DRINK CLEAR LIQUIDS ONLY & TWO BOTTLES

2. **You will be on a clear liquid diet the entire day before your procedure** (starting at 7:00 a.m.):
  - Do NOT consume solid food the entire day
  - Do NOT consume alcohol
  - **Consume clear liquids only**, such as:
    - Water
    - Plain Jell-O (No red/pink color)
    - Juice popsicles (No red/blue/pink color)
    - Coffee (black ok) and Tea (No milk or cream. Sugar ok)
    - Bottled or canned fruit juices **WITHOUT** pulp (no red/pink): apple, white grape, etc.
    - Carbonated beverages/Soda
    - Sports drinks: Gatorade or Powerade (No red/pink/blue color), diabetics may drink zero-sugar variety
    - Clear broths, strained Miso soup (no solids)
3. **Morning: Mix your Miralax/Gatorade solution**, then refrigerate. Use the solution within 24 hours after mixing.
  - Drink **8 ounces every 15 minutes** until you finish the first 64 ounces of **Miralax/Gatorade**
  - Most people will begin to pass loose bowel movements within 1-2 hours. However, sometimes it may take several hours depending on a person's gut motility.
4. **At 5:00 p.m., shake the bottle and begin drinking the second dose/bottle of Miralax/Gatorade** as outlined below.
  - Drink **8 ounces every 15 minutes**. It is a **MUST** to finish the entire second dose/bottle.
5. **Continue to drink 16 or more ounces of clear liquids** to ensure adequate hydration and an effective bowel prep.



**The day of your colonoscopy procedure: BOTTLES THREE & FOUR**

1. Upon waking, you may continue drinking clear liquids. Absolutely **NO solid foods** may be consumed.
2. **Prepare the third and fourth bottles and begin drinking the remaining bowel prep solution**
  - Using your procedure time, determine when you should begin.
    - **Begin 5 hours before procedure time** \_\_\_\_\_
      - Examples:
        - Begin drinking prep at 2:00 am if procedure at 7:00 a.m.
        - Begin drinking at 3:30 a.m. if procedure at 8:30 a.m.
        - Begin drinking prep at 4:00 a.m. if procedure at 9:00 a.m.
        - Begin drinking prep at 7:00 a.m. if procedure at 12:00 p.m.
    - Drink **8 ounces every 15 minutes**. It is a **MUST** to finish the remaining doses/bottles.
    - Continue to drink 16 ounces of clear liquids to ensure adequate hydration and an effective bowel prep.
    - **Do not drink and do not put anything in your mouth 2 hours prior** to your colonoscopy.
3. **If applicable**, take your blood pressure medication with a small sip of water 2 hours prior to your check-in. If you are diabetic, you should **NOT** take your oral diabetes medication or injectable insulin on the day of your procedure unless otherwise instructed by your doctor.
4. **Expected bowel prep result is all water** (you can see through to the bowl) without any solid bits or residue. Either clear or light yellow color liquid stool is normal, and **should NOT** smell like diarrhea.
  - If result is still "dirty" (brown and smelly like diarrhea), please call the office immediately.



## “KNOW WHAT YOU WILL OWE”

### I. DESCRIPTION OF CODES:

- A. Preventive COLONOSCOPY Screening. Procedure Codes: G0121 (Medicare) or 45378-33 (Other). Diagnosis Codes: Z12.11 (Screening of the Colon). Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, has no personal or family history of GI disease, colon polyps, and/or cancer. The patient has not undergone Colonoscopy within the last 10 years.
- B. Surveillance/High Risk Screening COLONOSCOPY. Procedure Codes: G0105 (Medicare) or 45378 (Other). Diagnosis Codes: Z86.010 (Personal History of Colon Polyps), Z80.0 (Family History of Colon Cancer). Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of GI disease, personal and/or history of colon polyps, and/or cancer. These patients are required to undergo Colonoscopy Surveillance at shortened intervals (e.g. every 2-5 years).
- C. Diagnostic/Therapeutic COLONOSCOPY. Procedure Codes: 45378 or 45380 or 45385. Diagnosis Code Examples: K62.5 (hemorrhage of the anus and rectum), R19.4 (change in bowel habit), R19.5 (other fecal abnormalities). Patient has past and/or present gastrointestinal symptoms, polyps, GI disease or anemia.
- D. EGD. Procedure Codes: 43239 or 43235. Diagnosis Code Examples; R10.13 (Epigastric pain), R13.12 (Dysphagia).

### II. WHO WILL BILL ME?

- A. **You may receive bills from 3-5 separate entities** associated with your procedures such as the **physician, facility, anesthesia, pathologist, and/or laboratory**. We can only provide you with information associated with our fees.

### III. HOW WILL I KNOW WHAT I WILL OWE?

- A. Possible codes for colonoscopy and EGD are listed below. If you have a different procedure scheduled, ask our office to provide a list of possible codes.  
 45378    45380    45385    G0121    G0105    43239    43235    \_\_\_\_\_    \_\_\_\_\_
- B. Call your insurance provider and verify the benefits and coverage by asking the following questions:
  - 1. Is the procedure covered under my policy?    Yes    No
  - 2. Will the diagnosis code be processed as: a) preventive, b) surveillance or c) diagnostic? What are my benefits for that service? (Results may vary based on insurance)
    - a) Preventive (Wellness/Routine/Screening)
      - If the physician removes a polyp, will this change my out-of-pocket responsibility? A biopsy or polyp removal may change a “screening” benefit to a “diagnostic” benefit.
    - b) Surveillance
    - c) Diagnostic/Medical Necessity/Therapeutic
  - 3. Is the Facility Participating?    Yes    No
  - 4. How much is my:
    - a) Deductible: \_\_\_\_\_ Amount of deductible still outstanding: \_\_\_\_\_
    - b) Coinsurance Responsibility: \_\_\_\_\_

### IV. CAN THE PHYSICIAN CHANGE, ADD OR DELETE MY DIAGNOSIS SO THAT I CAN BE CONSIDERED A PREVENTIVE SCREENING?


**NO!** The patient encounter is documented as a medical record from information you have provided. It is a binding legal document that CANNOT be changed to facilitate better insurance coverage.

## MEDICATION RECONCILIATION FORM

PLEASE BRING THIS COMPLETED FORM ON THE DAY OF YOUR PROCEDURE

ALLERGIES	REACTION	ALLERGIES	REACTION

MEDICATION NAME	DOSE	FREQUENCY	ROUTE	REASON	LAST DOSE TAKEN
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

 **YOUR BLOOD THINNING MEDICATION PRIOR TO PROCEDURE. STOPPAGE IS DETERMINED BY THE RECOMMENDATION OF YOUR CARDIOLOGIST. A COPY OF CLEARANCE FROM YOUR CARDIOLOGIST MUST BE OBTAINED.**

Noncompliance of this requirement will result in a cancellation of your procedure.

STOP Date: \_\_\_\_\_

1. Dipyridamole 7 to 10 days prior to procedure.
2. Pradaxa: Stop 2 days (4 days, only if recommended by your doctor).
3. Effient: Stop 10-14 days prior to procedure.
4. Xarelto: Stop at least 24 hours prior to procedure
5. Plavix (Clopidogrel): Stop 5 days prior to procedure
6. Arixtra: Stop 36-48 hours prior to procedure, then resume 6 hours after procedure
7. Coumadin or Warfarin 5 days prior to procedure
8. Aggrenox, Motrin, Persantine, Naproxen: Stop 7 days prior to procedure.
9. Fragmin, Innohep: Stop 24 hours prior to procedure.
10. Brilinta, Ticlid: Stop 5-7 days prior to procedure.
11. Pletal: Stop 5 days prior to procedure.
12. Eliquis, Savaysa (Edoxaban): Stop 1-2 days prior to procedure.
13. Zontivity (Vorapaxar): Stop 5-13 days prior to procedure.
14. Lovenox/Fragmin, Reopro, Iprivask: Stop 24 hours prior to procedure.
15. Integrilin: Stop 4 hours prior to procedure.
16. Heparin: IV hold 2-6 hours.
17. Aspirin