

Name: _____

Procedure Preparation Instructions

Procedure: _____

Date: _____

Appointment Time: _____

Check-in Time: _____



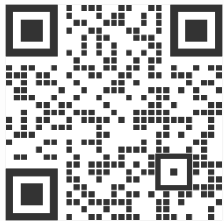
Doctor:

- | | |
|--|---|
| <input type="checkbox"/> Dr. Mel Ona
(808) 762-2311

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

<input type="checkbox"/> Other |
|--|---|

Location:



- | | |
|--|---|
| <input type="checkbox"/> Ohana Endoscopy Clinic (OEC)
590 Farrington Hwy, Unit 170
Kapolei, Hawaii 96707
(808) 762-2311

Kapolei Shopping Center in between
Loco Moco and Onyx Nails Wax Lash | <input type="checkbox"/> Pali Momi Medical Center
98-1079 Moanalua Road
Aiea, HI 96701
(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.

**Day
Before
Procedure**

- **Hold** the following medications 24 hours before your procedure
 - **Angiotensin Receptor Blockers:** Losartan, Irbesartan, Valsartan, Telmisartan, Olmesartan, Candesartan, Azilsartan, Eprosartan
 - **ACE Inhibitors:** Lisinopril, Benazepril, Enalapril, Captopril, Ramipril, Quinapril, Fosinopril, Moexipril, Perindopril, Trandolapril
- If history of congestive heart failure, continue sacubitril-valsartan/Entresto
- Diabetes meds and insulin
 - Take only half the usual dose of long-acting insulin the evening before
 - Stop Glucophage/metformin 24 hours before

**Day
of
Procedure**

- If applicable, take these medications at least 4 hours before your procedure with a small sip of water before you leave your house.
 - Blood pressure medications
 - **Except** diuretics (e.g. hydrochlorothiazide) and ACE/ARBs (see above)
 - 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
 - Thyroid medications (e.g. levothyroxine)
 - Respiratory medications (e.g., Singulair, inhalers)
 - Antacids (e.g. famotidine/Pepcid, omeprazole/Prilosec)
 - Parkinson's meds (e.g. L-dopa)
 - Anticonvulsants (e.g. Dilantin)
 - Chronic narcotics & sedatives as needed
- Diabetes meds and insulin
 - No insulin on the morning of procedure
 - No oral diabetic hypoglycemic meds (e.g., glipizide, actos) the morning of procedure
- Do **NOT** take:
 - Stimulants (e.g., Adderall, Ritalin)
 - Erectile dysfunction medications (hold 24 hours before procedure)
- 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)



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.

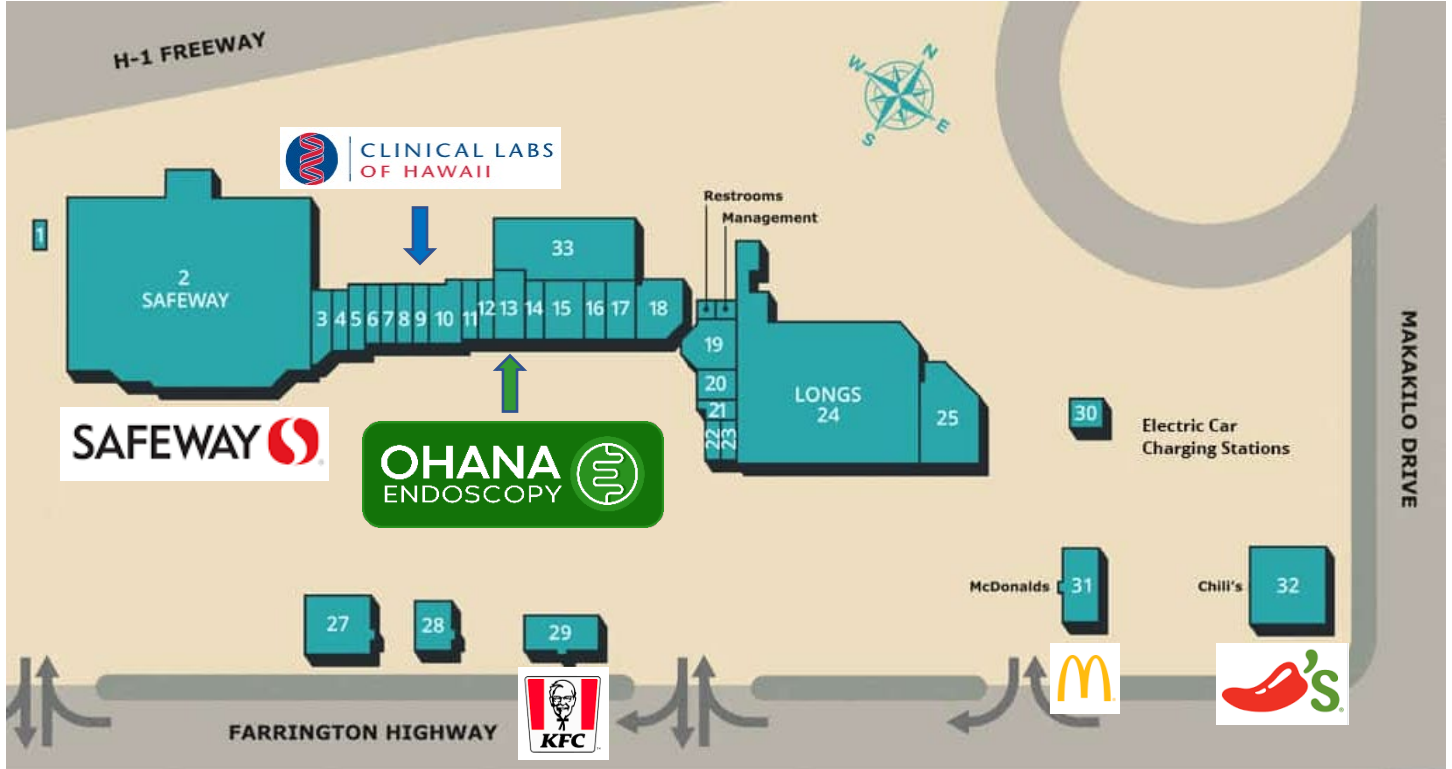
If you take iron pills, vitamins, fish oil, or liquid antacids, stop taking these supplements five days prior to your procedure, unless otherwise instructed.

Ohana Endoscopy

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

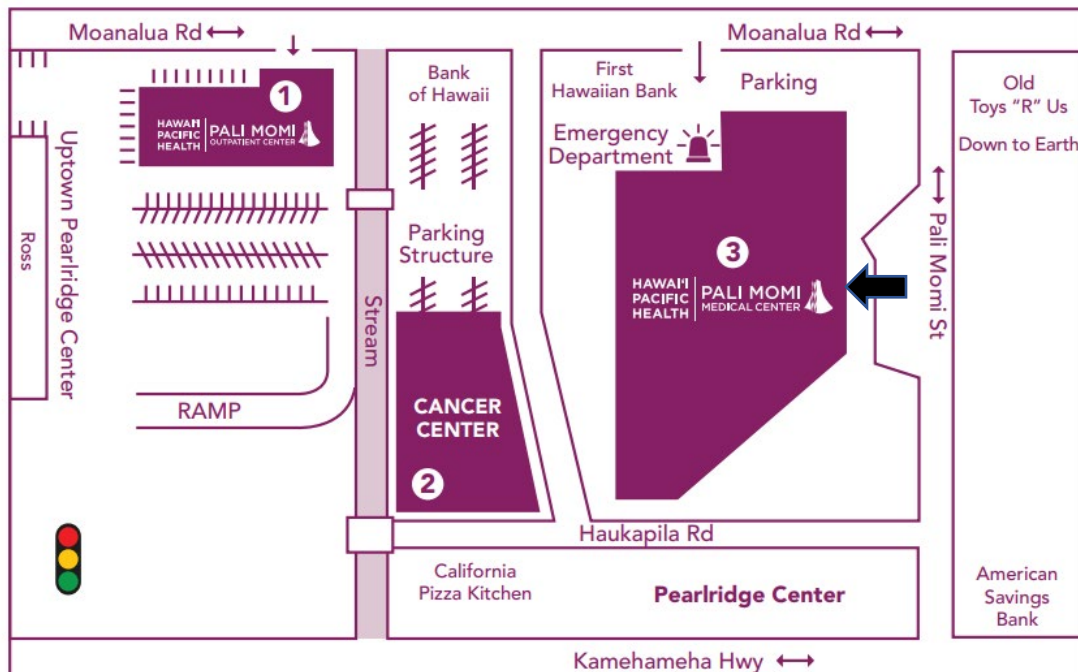


Located in the Kapolei Shopping Center in between Loco Moco and Onyx Nails Wax Lash



Pali Momi Medical Center

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





UPPER ENDOSCOPIC ULTRASOUND (EUS) PREPARATION INSTRUCTIONS

Carefully review pages 2 and 3 regarding medications.

One (1) day before your procedure:

1. You are allowed to eat up until 12:00 midnight
2. Do **NOT** drink alcohol on the day before or the day of the procedure
3. You can take regular medications, unless otherwise instructed
4. If history of congestive heart failure, continue sacubitril-valsartan/Entresto
5. **Hold** Angiotensin Receptor Blockers and ACE Inhibitors 24 hours before your procedure
6. Diabetes meds and insulin
 - Take only half the usual dose of long-acting insulin the evening before
 - Stop Glucophage/metformin 24 hours before
7. If you are taking blood thinners, **STOP** on: _____ as recommended by your doctor or specialist (e.g. cardiologist, neurologist, etc.).

The day of your procedure:

1. Do not eat any solid food after 12:00 midnight.
2. Take your morning medications (as outlined on Page 2) at least 4 hours before your procedure time unless otherwise instructed.
3. If you are **DIABETIC, NO INSULIN or ORAL MEDICATIONS**. If you are insulin-dependent, please check your blood sugar, record and report to the Nurse during admission interview.
4. Do **NOT** take:
 - Stimulants (e.g., Adderall, Ritalin)
 - Erectile dysfunction medications (hold 24 hours before procedure)
5. You may drink clear liquids until 2 hours before your scheduled procedure time.
 - 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)
6. 2 hours before your EUS:
 - Stop everything by mouth, including all liquids, smoking and chewing gum.



“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