



scottsdale
gastroenterology
specialists

Date:_____

Dear Valued Patient,

Your primary care physician has requested that we contact you to schedule a colonoscopy. As your primary care physician has done a preliminary exam, you may be a candidate for our Open Access Colonoscopy Program. To help determine if you fit the criteria, we have included a questionnaire, explanation of the procedure and a consent form.

Please fill out the questionnaire and consent form and return it to us, along with a copy of your insurance card (front and back), via fax to (480) 947-4702.

Once we have received this information, we will call you to schedule your procedure. If you prefer to come in and visit with the provider before the procedure is scheduled, please contact our office.

8761 E. Bell Rd #105 Scottsdale, AZ 85260 P: (480) 219-6662 x205
4383 N. 75th St #103 Scottsdale, AZ 85251 P: (480) 949-1260

As all colonoscopies are performed with sedation, you will need to secure a ride the day of the procedure with a driver over 18 years of age.

What is Open Access Endoscopy?

Open Access Endoscopy allows patients to schedule an endoscopic procedure without a prior consultation in the gastroenterologist's office. Open Access typically applies to those needing a screening colonoscopy who are healthy and do not have a complicated medical history be referred at the discretion of your primary care provider. Our office will review your referral and completed paperwork to make sure you are an appropriate candidate. If you meet the criteria for open access, you will be able to schedule the procedure and you will be given further instructions. Please be assured that if you prefer a face to face consultation with a provider in the office, we will always accommodate you.

If you have any questions or concerns, please do not hesitate to call.

Sincerely,
Scottsdale Gastroenterology Specialists



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Open Access Questionnaire

Patient Name: _____ DOB _____

Best Contact #: (____) _____ Pharmacy Phone #: _____

1. Please list your current Height _____ Weight _____ BMI _____
2. Are you over 75? If so, patient must schedule appointment.
Y / N
3. Do you have any chronic medical conditions such as diabetes, kidney disease, liver disease or any other chronic medical condition? If so, staff must send medical record to Advanced Practitioner for review.
Y / N
4. Do you have a history of heart disease, coronary artery disease, valve problems, or valve replacement? Have you had heart failure, heart surgery, and/or stent placement in the last year? If so, patient must schedule an appointment.
Y / N
5. Do you have a pacemaker or defibrillator? If so, patient must schedule an appointment.
Pacemaker may be performed at outpatient surgery center; Defibrillator can only be done at the hospital.
Y / N
6. Do you use supplemental oxygen? If so, patient must schedule an appointment.
Y / N
7. Are you on blood thinning medications? (ex. Coumadin, Plavix, Eliquis, Pradaxa, Xarelto)
Y / N
8. Do you have asthma, chronic bronchitis, or emphysema, and have been admitted to the hospital, seen in the ER, or required steroids within the last 3 months regarding these issues? If so, patient must schedule an appointment.
Y / N
9. Have you had a colonoscopy previously? What Year? _____ Did you have polyps? **Y / N**



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10. If you had a colonoscopy previously, did you have any issues with the prep for the procedure or were you told that you were poorly prepped?

Y/N

11. Do you have any family members (parents, siblings, or children) who have a history of colon cancer or polyps?

Relative _____ Age _____

Relative _____ Age _____

12. If you have had surgery in the past, did you have difficulty with anesthesia?

Y / N

13. Are you allergic to Propofol? If so, patient must schedule an appointment.

Y / N

14. If you had surgery before, were you told they had trouble intubating you?

Y / N

15. Do you or a family member have a history of malignant hyperthermia (life-threatening reaction to anesthesia)? If so, procedure must be done at hospital **Y / N**

Pre-Procedure Checklist

I will receive a billing statement from someone other than my physician.

Initials _____

I have read the above and understand, and have agreed to proceed with scheduling of the recommended procedure.

Initials _____

If Applicable:

I understand the instructions regarding the use of my Coumadin, Plavix, and Aspirin. (Or any other anticoagulant/blood thinning medication).

Initials _____

Patient Name: _____ DOB: _____

Patient Signature _____ Date: _____



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Description, Benefits, Alternatives & Risks of Endoscopic Procedure

Description

Colonoscopy is a highly technical, state of the art method for the diagnosis of digestive diseases of the colon. This type of procedure is performed by a Board Certified Gastroenterologist using flexible fiber optic instruments. These are flexible rubber tubes that contain a camera and light source that can be maneuvered through the large colon. The instruments are sterilized, then when the patient is under sedation, the endoscope is passed through the rectum, through the large bowel, until the appendix area is found. Sometimes the endoscope is advanced further in the last part of the small bowel (ileum). The images are projected onto a video screen and pictures are taken. Specially designed instruments can be introduced through the endoscope to obtain tissue samples (biopsies), removal of polyps (benign growths that can lead to colon cancer), or cauterize bleeding lesions.

Benefits

The advantages of this type of endoscopic procedure are a prompt and accurate diagnosis and the possibility of finding polyps and removing them at the time of the procedure. Left undiagnosed, some digestive diseases can get worse or even cause death. If biopsies are taken, they are sent to pathologist for examination, which may take up to two weeks to come back with a diagnosis.

Alternatives

X-ray tests of the digestive system such as Barium Enema or CT Colonography (Virtual Colon) are alternatives to endoscopy but are less accurate and do not allow for tissue samples or polyp removal. If polyps or abnormalities were seen on these types of x-ray or CT tests, you would still need a colonoscopy to have the polyps removed or biopsied.

Risks

Many activities of daily life have risk involved, such as driving a car or crossing the street. Endoscopy is quite safe and the risk of a complication is low, about one chance in a thousand. However, we need to make you aware of the following possible risks:

1. **Sedation risks:** Except for rare circumstances, all endoscopies are done under sedation. Most of the time a Board Certified Anesthesiologist or Certified Registered Nurse



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Anesthetist (CRNA) under the supervision of a Board Certified Anesthesiologist will be providing the sedation. Sedation has rare risks such as a drop in blood pressure, decrease in respiration and oxygen levels, vomiting and aspirating into the lungs, allergic reactions, and very rarely, cardiopulmonary arrest requiring CPR and a breathing tube placed into the wind pipe. People with severe heart or lung disease, such as heart failure, emphysema, and COPD are at higher risk with sedation and may not be good candidates for endoscopy. Patients who have Do Not Resuscitate (DNR) orders should consider temporarily waiving them in writing in case of emergency during the procedure. In high risk patients, unsedated procedures may be an option.

2. **Perforation:** Another risk of all endoscopic procedures is perforation of the digestive organs which can occur in the large bowel or colon during colonoscopy. This occurs in about 1 in 1,000 to 5,000 procedures and is more common when therapy is performed such as removal of growths or polyps. Patients with previous abdominal surgeries causing adhesions or with severe diverticulosis may be at higher risk for perforation. Most perforations are treated by surgery which has additional risks, especially in patients with severe heart, liver, or lung diseases or the very elderly. Early detection of perforation is very important and anyone with any pain after an endoscopic procedure should immediately tell their doctor or go to the emergency room so x-rays can be done to confirm or rule out this problem.
3. **Bleeding:** This can occur immediately or up to 2 weeks after biopsy, removal of polyps, or growths. If bleeding occurs a repeat procedure with cauterization and/or blood transfusions may be needed. If you cannot receive blood products due to religious reasons, please notify your physician.
4. **Aspiration:** If a patient has a stomach full of food, vomit, or blood, there is a risk of vomiting and aspirating into the lungs, which creates a respiratory emergency and may require a breathing tube and mechanical respirator. It is very important that all patients come to their endoscopic procedure on an empty stomach for at least six (6) hours.

I have read and understand the risks and alternatives to endoscopic procedure.

Patient Signature & Date:



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To Our Valued Patients:

First and foremost, thank you for trusting us with your healthcare needs. We would like to help educate you on what to expect when you have your outpatient procedure.

If you are having anesthesia for your procedure, the medication used is called Propofol. It is administered by a Certified Registered Nurse Anesthetist (CRNA) under the supervision of a Board Certified Anesthesiologist. This medication will put you into a deep sleep and you will not feel or remember any part of the procedure. However, this will create an additional charge from the Anesthesiologist for their services.

If you are experiencing any gastroenterology symptoms, previously diagnosed gastroenterology diseases or conditions, or have a personal history of colon polyps or colon cancer, your procedure will be considered diagnostic, not screening.

You may receive separate billing statements for the facility charges from the physician billing services (for the physician charges), for the anesthesiologist charges, and possibly an additional billing statement from the Pathologist (if you have biopsies or polyps removed).

If you have any further questions regarding your potential out of pocket expense, please contact your insurance company for clarification.

If you have any questions regarding facility or anesthesia charges, please contact:

- Vital Axis (480) 210-1214
- E & A Billing (602) 343-7954



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Patient Information on Diverticular Disease

A colonic diverticulum is a pouch-like structure that can form at points of weakness in the muscular wall of the colon, typically at points where blood vessels pass through the wall. Diverticulosis is a very common incidental finding on the colonoscopy exam and affects men and women equally. Most people with diverticulosis have no symptoms and will remain symptom free for the rest of their lives. People with diverticulosis who do not have symptoms do not require treatment. We used to suggest avoiding certain foods, such as nuts, corn, and popcorn, which we thought could become trapped in the diverticula and cause problems such as bleeding or inflammation (diverticulitis). We do not recommend avoiding those foods as a routine, as there is not good evidence that they can cause a problem. Only a small number of people with diverticula will develop bleeding or inflammation in their lifetime. This will require management by your physician.

It is quite possible that diverticula will be found in your colon when you have a colonoscopy. If diverticula are found, most clinicians will recommend increasing both fiber and fluids.



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