



INSTRUCTIONS FOR SUTAB PREP

Obtain from the pharmacy or store:

Three 5mg Bisacodyl (Dulcolax) tablets (sold over the counter)

SUTAB prescription _____ given _____ called to pharmacy

Special Instructions:

A. Do not take these medications seven (7) days before your procedure:

1. Iron medications
2. Pills containing oils such as fish oil, Vitamin E, castor oil (however, if you have taken these medications please stop now and let the physician know at the time of your procedure).

B. It is OK to continue to take a baby aspirin (aspirin 81 mcg).

C. Please notify us if you are a diabetic or are on any blood thinning medications.

D. 3 days before prep – no fruits with skins, raw vegetables, nuts, seeds, corn, or popcorn.

No bulk agents such as Metamucil or Citrucel. If you inadvertently have eaten anything you shouldn't have, go ahead and proceed with the prep as outlined below but avoid any further foods on this list.

E. Do not take oral medications within 1 hour of starting each dose of SUTAB. If taking tetracycline or fluoroquinolone (Cipro or Levaquin) antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB.

F. Disregard the instruction sheet that comes in the SUTAB kit.

Liquid Diet:

Drink **ONLY** clear liquids all day (breakfast, lunch and dinner) Examples: tea, coffee, water, apple juice, cranberry juice (contains no red dye), clear broth, carbonated beverages, popsicles, Jell-O, Hi-C, Gatorade, Crystal Light. **DO NOT DRINK ANY RED LIQUIDS.** (Cranberry juice is OK). No solid food or milk products.

One day before test:

Clear liquid diet all day.

***4:00 p.m.** Take all 3 Dulcolax tablets at one time.

***5:00 p.m.** Fill the container provided with 16 ounces of water (up to the fill line). Swallow 1 tablet every 1-2 minutes. You should finish the 12 tablets and the entire 16 ounces of water within 20 minutes.

Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water and drink the entire amount over 30 minutes.

Approximately 30 minutes after finishing the second container of water, drink an additional 16 ounces.

You may not see results until after your second dose.

Day of procedure:

***5 hours before arrival time** – Over 20 minutes take 12 SUTAB pills with 16 oz of water (fill container to fill line which is 16 oz). Starting 30 minutes later, drink 32 oz of water (2 full containers) over 2 hours. You may drink extra clear liquids if you wish. You should not drink any liquids within 3 hours of your arrival time.

The goal for your bowel prep is to have clean/see through yellow tinged output. If you are still having solid output, please contact our office the morning of your procedure for further instructions.

My procedure is scheduled on _____ . I arrive at _____ .

You must have a driver who is able to bring you to the procedure and stay with you for the duration of your visit. If your driver must leave for any reason, your procedure will be cancelled.

Please call our office at 815-397-7340 if you have any questions.

After 4:30 p.m. you may call 815-490-5704.

DRIVER MUST STAY

MOST OFTEN ASKED QUESTIONS FOR SEDATED PROCEDURES

1. **Can I take my regularly prescribed medications before my procedure?**

Yes. You may take your prescription medications including blood pressure medicines and aspirin.

You should have received specific instructions if you take Coumadin, Plavix, Pradaxa, Xarelto, Pletal, Arixtra, Effient or diabetic medications.

For **7 days prior** to a **colonoscopy**, you should not take vitamins containing iron, fish oil, Vitamin E and castor oil.

2. **What if the colonoscopy prep makes me nauseated (sick) or I begin to vomit?**

Stop drinking the prep for 1 to 1 1/2 hours to help your stomach relax. Then start drinking it again. **The doctor cannot see the lining of the colon well if you do not drink ALL of the prep - so it is very important for you to DRINK ALL OF THE PREP.**

3. **How soon after taking the prep can I expect results?**

Typically, you will see results within 1-4 hours; however, some individuals do not see results until starting the 2nd dose of prep. If you are experiencing solid stool in the
AM day of procedure, please call and request to speak to a nurse.

4. **What if I am still having liquid stools?**

It is normal to have greenish-yellow liquid stools on the day of procedure; this may continue after arrival for procedure.

5. **I will have my menses (period) when I have my procedure; can I wear a tampon?**

Yes, this will not interfere with your exam.

6. **What can I do if my bottom gets sore as I get ready for the colonoscopy?**

This is very common. You can use fragrance free (non-alcoholic) baby wipes, Vaseline, A&D ointment, or Paladin ointment to make you more comfortable. You can apply these ointments before you start drinking your prep to prevent soreness.

7. **Can I drive myself home after the procedure?**

No. Your driver MUST be present throughout the appointment. You may take public transportation in the company of a responsible adult.

8. **When can I return to work?**

You can return to work the day after the procedure. The medication we give you for sedation will be in your system for 12 hours. We will be glad to give you a work excuse for the day of the procedure.



For your safety, Rockford Gastroenterology Associates requires that patients who have had a sedated procedure be discharged in the company of a responsible adult.

- **The expectation is that your responsible adult remains in the facility throughout your procedure.**
- An individual that you have identified will be responsible for getting you home by car, taxi or bus.
- If ordered by your physician, a responsible person will also need to stay with you for up to 12 hours after the procedure.
- **If your responsible adult should need to leave our facility for any reason, please be advised that your procedure will be cancelled.**

Please communicate and share this information with the individual you have chosen. We understand that this may be difficult to arrange, however, your safety is our priority.

Thank you for your cooperation in this matter.

STATEMENT OF PATIENT RIGHTS

Individuals shall be accorded impartial access to treatment or accommodations that are available or medically indicated, regardless of race, creed, sex, national origin, religion, or sources of payment of care. Patients will be informed of their rights before patient care is furnished or discontinued whenever possible.

At Rockford Gastroenterology Associates, Ltd. and Rockford Endoscopy Center a patient has a right to:

Considerate and respectful care at all times and under all circumstances, with recognition of his personal dignity.

Receive complete and current information concerning your diagnosis, treatment and prognosis in terms you can understand. When it is not medically advisable to give such information, it should be made available to an appropriate person on your behalf.

Personal and informational privacy, as manifested by the right to:

- Refuse to talk with or see anyone not officially connected with Rockford Gastroenterology Associates and the Rockford Endoscopy Center, including visitors, or persons officially connected with the center but who are not directly involved in his care.
- Wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
- Be interviewed and examined in surroundings designed to assure reasonable audiovisual privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment, or procedure performed by a health professional of the opposite sex; and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.
- Expect that any discussion or consultation involving his case will be conducted discreetly, and that individuals not directly involved in his care will not be present without his permission.
- Have his medical record read only by individuals directly involved in his treatment or the monitoring of its quality by other individuals only on his written authorization or that of his legally authorized representative.

To expect reasonable safety where medical practice and environment are concerned.

To know the professional status, name and identity of individuals providing service to him. Participation by patients in clinical training programs or in gathering data for research purposes should be voluntary.

To obtain from the practitioner responsible for coordinating his care, complete and current information concerning his diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to a legally authorized individual.

To participate in developing and implementing their plan of care.

Access to an interpreter when the patient does not speak or understand the predominant language of the community.

A concerned staff committed to pain prevention and management.

Health professionals who will respond quickly to reports of pain and that your reports of pain will be believed.

To reasonably informed participation in decisions involving his health care. To the degree possible, this should be based on a clear, concise explanation of his condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. The patient should not be subjected to any procedure without his voluntary, competent and understanding consent, or that of his legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be informed.

To know who is responsible for authorizing and performing the procedures or treatment.

To be informed if Rockford Gastroenterology Associates or the Rockford Endoscopy Center proposes to engage in or perform human experimentation or other research/educational projects affecting his care of treatment, and the patient has the right to refuse to participate in any such activity.

To refuse treatment to the extent permitted by law. When refusal of treatment by the patient or his legally authorized representative prevents the provision of appropriate care in accordance with ethical and professional standards, the relationships with the patient may be terminated upon reasonable notice.

To receive a complete explanation of the need for a transfer. The patient has the right to be informed by the responsible practitioner or his delegate of any continuing health care requirements following discharge from the endoscopy center.

At Rockford Gastroenterology Associates, Ltd. and Rockford Endoscopy Center the Patient has the Responsibility:

- To provide, to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, pain and other matters related to his health. He has the responsibility to report unexpected changes in his condition to the responsible practitioner. A patient is responsible for making it known whether he clearly comprehends a contemplated course of action and what is expected of him.
- To follow the treatment plan recommended by the practitioner primarily responsible for his care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders and as they enforce the applicable Rockford Gastroenterology Associates and the Rockford Endoscopy Center's rules and regulations. The patient is responsible for keeping appointments and when is unable to do so for any reason, for notifying the responsible practitioner or Rockford Gastroenterology Associates or Rockford Endoscopy Center.
- For his actions if he refuses treatment or does not follow the practitioner's instructions.
- For assuring that the financial obligations of his health care are fulfilled as promptly as possible.
- For following the Rockford Gastroenterology Associates and the Rockford Endoscopy Center rules and regulations affecting patient care and conduct.
- For being considerate of the rights of other patients and personnel for assisting in the control of noise at the Rockford Gastroenterology Associates and the Rockford Endoscopy Center. The patient is responsible for being respectful of the property of others.
- To ask questions when he does not understand what they have been told about the care plan.

The physician partners of Rockford Gastroenterology Associates are equal share owners of the corporation's stock.

Concerns regarding your care may be submitted to the Director of Clinical Services at 815-484-7930 or mailed to c/o Director of Clinical Services; 401 Roxbury Road; Rockford, IL 61107.

The State of Illinois Ombudsman

Sally Petrone

421 E. Capitol Avenue, Suite 100

Springfield, IL 62701-1989

Tel: 217-785-3143

www.cms.hhs.gov/center/ombudsman.asp

Reference: Medical Patient Rights Act (410 ILCS 50/0.01)

Most Frequently Asked Questions Regarding Billing Coverage

Please contact your insurance company to verify your benefits for your testing.

Are both our physicians and Rockford Endoscopy center in your network with your insurance plan?

Federal Tax ID # 36-3081482

NPI # for RGA is 1447207441

NPI # for Rockford Endoscopy Center is 1871536763

When checking with your insurance company for benefits, please give them the following procedure codes where applicable:

Colonoscopy code is 45378

Upper Endoscopy (EGD) code is 43235

Screening Colonoscopy

- Screening means you are not experiencing any symptoms* with your bowels.

If you are scheduled for a “Screening Colonoscopy” and a polyp is found, the procedure may change from screening to diagnostic. It is helpful to understand how your benefits differ for screening and diagnostic procedures in advance.

**Symptoms such as change in bowel habits, diarrhea, constipation, bleeding, anemia are examples.*

Repeat Colonoscopy – If you are scheduled for a repeat colonoscopy because you or an immediate family member has a history of colon polyps or cancer, your procedure will not generally be considered screening. Most insurance companies will consider the procedure a diagnostic surgical procedure and major medical benefits would apply.

Do you have wellness benefits?

Please check with your insurance company to determine the following:

- Maximum dollar amount paid out per year?
- Is there a copay for the use of our outpatient facility?

Rockford Gastroenterology Associates will bill your insurance for our services as a courtesy to you. Please be aware that your individual health insurance policy is a contract between you and your insurance company and we are not a party to that contract. Some of our services may not be covered by your insurance policy and we will not be aware of your unique situation when we order testing or procedures for you. By presenting for care, you agree that you are responsible for all services and charges, regardless of your insurance status. If any services rendered are not covered by your insurance, we are not able to alter your claim, change your diagnosis, or report a service other than what was performed for the sole purpose of obtaining insurance payment. You will be responsible for payment of any balance not covered by insurance.

If you have further questions, please feel free to contact our Patient Accounts Department at 815-484-7993.