

APPOINTMENT DATE \_\_\_\_\_  
ARRIVAL TIME \_\_\_\_\_

REGISTER 2<sup>ND</sup> FLOOR, SUITE 2400  
BELTWAY SURGERY CENTER AT SPRINGMILL

PLEASE READ THE ATTACHED INSTRUCTIONS UPON RECEIPT. FAILURE TO FOLLOW THE INSTRUCTIONS MAY RESULT IN AN INCOMPLETE TEST OR THE NEED TO RESCHEDULE YOUR PROCEDURE.

**\*\*Important\*\*** If you have an implanted electronic device such as a pacemaker, defibrillator or nerve stimulator, it is required that you provide us with the manufacturer, customer service phone number and diagnosis related to device. Patients with an implanted defibrillator should contact the pre procedure nurse (317-817-8052) two days prior to appointment and provide this information.

BSC-SPRINGMILL SURGERY CENTER  
200 WEST 103<sup>RD</sup> STREET SUITE 2400  
INDIANAPOLIS, IN 46290  
(317) 944-4782 SCHEDULING  
(317) 428-4356 INSURANCE QUESTIONS  
**(317) 817-8052 PREP NURSE and if you need to cancel the day of the procedure**  
(317) 755-6267 PREP NURSE QUESTIONS AFTER BUSINESS HOURS

THANK YOU FOR YOUR COOPERATION.

PROCEDURE CHECKLIST

- MEDICATION LIST AND HEALTH HISTORY FORMS COMPLETED
- PREP COMPLETED (IF NEEDED)
- DRIVER
- NAMES, ADDRESSES, PHONE AND FAX OF ALL DOCTORS YOU WANT TO RECEIVE A COPY OF REPORT
- COPY OF RELEVANT MEDICAL RECORDS FROM REFERRING PHYSICIAN OR OTHER FACILITIES
- INSURANCE CARDS AND DRIVERS LICENSE/ID
- INFORMATION CARDS FOR IMPLANTED DEVICES SUCH AS PACEMAKER/ICD

**Directions and Parking**

Beltway Surgery Center at SpringMill is located on the second floor of the IU Health building located at 200 W 103<sup>rd</sup> St, Indianapolis IN. Enter the building through Door #2, the west entrance with the canopy. Take the elevator to the 2<sup>nd</sup> floor. When you exit the elevator, make a right turn and the check-in desk is a short distance through the waiting room on your right.

# Post Sub-Total Colectomy Preparation Instructions

## No Renal Problems

These instructions are for patients who have had some of their colon removed and are preparing for a sigmoidoscopy or colonoscopy procedure. If you have kidney problems, please call the GI scheduling office for different instructions. Using these instructions for prepping with a history of kidney problems could cause further damage to your kidneys.

**PLEASE READ ALL INSTRUCTIONS ON THE DAY YOU RECEIVE THEM.**

### **About Sigmoidoscopy/Colonoscopy**

Some bowel preparation (cleansing) is needed to perform your procedure effectively. Any stool remaining in the colon can hide lesions and result in the need to repeat the procedure. You should plan to be at the surgery center 2-4 hours. It is critical that you follow the instructions as directed.

The physician will discuss your procedure with you when you are in the recovery room. If you had any biopsies taken, you will receive a letter with those results, usually 2-3 weeks after the procedure. If there are serious findings on the biopsy, your physician will contact you.

Every effort will be made to keep your appointment at the scheduled time, but in medicine, unexpected delays and emergencies may occur and your wait time may be prolonged. We give each patient the attention needed for his or her procedure.

If you have any questions, please call (317) 817-8052; if you need to cancel, please call (317) 944-4782 as soon as possible.

### **What to Bring:**

1. The completed enclosed forms.
2. The first and last name and address of all doctors you want to receive a copy of your procedure report.
3. Someone to drive you home. Sedation is usually given during your procedure. If using a taxi service and you receive sedation you must use a medical transport service if you will be by yourself. **If you have not arranged for someone to drive you home, your procedure will be cancelled.** The person who signs you out must be with you on the unit before you can be released. You will not be able to drive, operate machinery, make important decisions or return to work for the rest of the day. You may resume normal activities the next day unless the doctor states otherwise.
4. A copy of relevant medical records from your referring physician.
5. Your insurance cards. Many insurance carriers (not Medicare) and managed care organizations require preauthorization or precertification. To obtain coverage for these procedures, we recommend you contact your insurance company. As a courtesy

we will make every attempt to obtain the authorization for these procedures. Please make sure we have your correct insurance information. If your insurance has changed or is inaccurate, please contact our authorization coordinators at local# (317) 428-4356 or long distance # 855 884-2822.

## Patient Checklist

If you are affected by any of the conditions listed below, please follow these instructions.

Diabetes	Check with your physician regarding your dose of insulin and other diabetic medications needed the day before and the day of your procedure. Inform your doctor that you will be on clear liquids the day prior to your procedure. Typically, we recommend that you do not take your oral hypoglycemic or insulin before your procedure. Bring it with you to take after your procedure. Check your blood sugar frequently while taking the prep solution and the morning of your procedure.
Hip or knee replacement in the past 6 months, vascular graft in the past year, coronary stent in the past 6 weeks	You may need antibiotics before your procedure. Please arrive two hours before your scheduled procedure time. Do not schedule your procedure before 8am. Please inform the nurse and your physician.
Aspirin	If you are taking aspirin <b>PRESCRIBED</b> by your MD, please continue to take it. If you do not have a heart, blood vessel or clotting disorder and you are taking aspirin on your own without a doctor's advice, please stop taking aspirin 5 days before your procedure.
Coumadin, Plavix, Heparin, Lovenox or other anticoagulants	Ask the physician who prescribed your medicine how to take it before and after your procedure. If you cannot contact your physician, call us several days before your exam. If you take Coumadin, you may need a blood test two hours before your exam. <i><u>Please do not assume that you can safely follow the same medication adjustments that have been made for your previous procedures.</u></i>

**\*\*\*If you require an interpreter, please call (317) 817-8052 2 days before your procedure.**

## What to Wear

Wear comfortable, loose fitting clothing. Wear flat shoes or tennis shoes. Do not wear jewelry or bring valuables.

**DO NOT WEAR CONTACT LENSES THE DAY OF YOUR PROCEDURE.**

## Research Studies:

Some patients who come to the endoscopy unit are asked to participate in a research study. If you are asked to participate, the study purpose and procedures will be explained to you. You have the right to decline participation. Declining participation will not affect the interest the doctors have in your case. The doctors at the endoscopy center are typically involved in research studies on how to improve endoscopy

## Prep Instructions for Post Sub-Total Colectomy – No Renal Problems

5 days before your procedure	2 days before your procedure	The day before your procedure	The day of your procedure
<p>Read all prep instructions.</p>		<p><b>CLEAR LIQUIDS ALL DAY</b>  <b>NO SOLID FOOD</b>  <b>NO ALCOHOL</b></p>	<p><b>CLEAR LIQUIDS ONLY UP TO 6 HOURS BEFORE PROCEDURE</b>  <b>NO SOLID FOOD</b>  <b>NO ALCOHOL</b>  <b>You may take your prescribed morning medications with water.</b></p>
<p>Contact prescribing physician for instructions on dosage of blood thinners.</p>	<p>Complete forms sent from the endoscopy department. List all current medications, find insurance cards, get names and addresses of the physicians you want to receive a copy of your procedure report.</p> <p>Obtain bowel prep products from your pharmacy. 1 bottle (10 ounces) of Magnesium Citrate. 4 gas tablets (Gas-X or Mylanta Gas).</p>	<p><b>6pm</b> Drink 1 bottle of Magnesium Citrate.  <b>9pm</b> Take 2 gas tablets with 8 ounces clear liquid.  <b>10pm</b> Take 2 gas tablets with 8 ounces clear liquid.</p> <p>Upon your arrival to the surgery center tomorrow, enemas will be given to further cleanse your lower GI tract.</p>	<p>When registering at our front desk, please inform the staff that you need enemas to complete your prep so they can inform the assessment nurses.</p>
<p>Stop herbals, vitamins and oral iron supplements.</p>	<p>Stop any anti-inflammatory medications (Motrin, Advil, Ibuprofen). Celebrex and Tylenol are ok to use.</p>	<p>You may apply a petroleum based product or diaper rash ointment to the rectal area if you experience discomfort from frequent stools.</p>	<p>After the procedure you may eat your usual diet unless otherwise instructed. Drink 8 ounces of liquid at least 6 times after the procedure and before retiring for the night to rehydrate your body and flush out your kidneys.</p>
<p>Arrange for a driver for your procedure.</p>	<p>Confirm that you have a driver to take you home following your procedure.</p>		<p><b>Your driver must remain in the waiting room during your procedure.</b></p>

**If you think the prep is not working, please call 317 817-8052 during business hours or (317) 755.6267 after business hours.**

## **Clear Liquid Diet**

As a rule – if you can see through it, you can drink it.

### **Gatorade is the preferred clear liquid (no red or purple)**

Clear fruit juices, white grape juice and apple juice

Water

Kool-Aid, PowerAde (no red or purple)

Clear soup, broth or bouillon

Popsicles (no red or purple)

Tea or coffee without cream

Hard candies

Soda, 7-Up, Sprite, regular or diet Pepsi or Coke, ginger ale, orange soda (no red or purple)

Jell-O (no red or purple)

**Please note:** Although your upcoming colonoscopy may be scheduled as a screening procedure, if during the course of your screening the physician removes a polyp or performs a tissue biopsy, the procedure may be considered diagnostic and may not qualify for coverage as a screening service. Insurance company policies vary regarding these matters and we urge you to contact your insurance company to obtain their policy on these types of procedures.

# Beltway Surgery Center at SpringMill

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

## PATIENT INFORMATION

WE REQUEST EACH PATIENT FILL OUT THE FOLLOWING INFORMATION AND BRING IT TO THE SURGERY CENTER THE DAY OF YOUR PROCEDURE.

Please list all allergies	Type of reaction
1	
2	
3	
4	
5	

Medication	Dosage	Times per day	Reason taken
1			
2			
3			
4			
5			

Please list all surgeries	Date	Note any complications
1		
2		
3		
4		
5		

Beltway Surgery Center at SpringMill

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

Please indicate primary care &/or referring physician who should receive a procedure report.

Primary Care Physician:
Name:
Address:
City/Zip:
Phone:



Referring Physician:
Name:
Address:
City/Zip:
Phone: