

Mandatory Driver/Escort Protocols**Please Review with your Driver**

ATTENTION: If you arrive at ANY of the below locations with no driver/escort, your appointment will be **CANCELLED/RESCHEDULED**. This is **MANDATORY** as you will be receiving anesthesia/sedation. If you request **NO** anesthesia/sedation, you **MAY** drive yourself.

Tryon Endoscopy Center 16817 Marvin Road, Charlotte, NC 28277 (704) 275-3256

-One (1) person may come inside with you. If they do not feel comfortable, they may wait in their car ON CAMPUS.

Drivers are required to stay on campus for the duration of your appointment.

- We must be able to reach your driver by phone. Please ensure that they are aware.
- We will call your driver **before** the procedure begins to ensure we can reach them.
- The physician may call your driver when the procedure is finished if you request.
- We will call your driver when you are ready to leave.

Atrium Health Pineville 10628 Park Road Charlotte, NC 28210 (704) 667-1000

Or

Atrium Health Mercy 2001 Vail Avenue, Charlotte, NC 28207 (704) 304-5000

- One (1) person may come inside with you. If they do not feel comfortable, they may wait in their car ON CAMPUS.
- Please provide your driver's contact number to be called when you are ready to leave.

TURN PAGE OVER FOR ADDITIONAL FACILITIES

ATTENTION: If you arrive at ANY of the below locations with no driver/escort, your appointment will be **CANCELLED/RESCHEDULED**. This is **MANDATORY** as you will be receiving anesthesia/sedation. If you request **NO** anesthesia/sedation, you **MAY** drive yourself.

Atrium Health Main 1000 Blythe Blvd, Charlotte, NC 28203 (704) 355-2088

- Driver may come inside with you. If they do not feel comfortable, they may wait in their car **ON CAMPUS**.
- Please provide your driver's contact number to be called when you are ready to leave.

Please call your Scheduler with additional questions or to **RESCHEDULE** your appointment. **DO NOT CALL THE FACILITY**. They **CANNOT** reschedule your appointment.

[] Andrea	Oscar Brann, MD	(704) 912-4554
[] Prunchetta	Kent Holtzmuller, MD	(704) 275-3112
[] Stacy	Susan Nikrooz, MD	(704) 323-7765
[] Billie	David Scott Smith, MD	(704) 370-9079
[] Andrew	GI Scheduler	(704) 275-1989

Sir or Madam:

Welcome and thank you for choosing Tryon Medical Partners Gastroenterology!

Please take a moment to read this introductory letter in addition to the procedural packet that is enclosed. It contains very important information regarding your upcoming procedure.

Procedure Instruction Packet #1

- Procedure Appointment and location information
- Procedure instructions
- Prep instructions
- Anesthesia/billing info

Tryon Endoscopy Center Packet #2

- Patient responsibilities
- Patient/Visitor information
- Patient Financial Policy
- Patient Rights

Patient History Form

- Complete and bring with you. (Only for Tryon Endoscopy Center patients)

Please do not wait until the last minute to open/read your information as this may lead to inadequate preparation for your test. Please take care of work/school coverage PRIOR to your procedure.

This test has been recommended by your PCP as they partner with us in your overall health. Your reservation has been made well in advance for your upcoming procedure. Please make every effort to keep your appointment.

Your driver/escort is required to remain onsite for the duration of your appointment. The expected duration for procedure(s) is 3 hours but may be shorter or longer.

If you cannot secure a driver/escort, please contact:

COMFORCARE (704)543-0630 or VISITING ANGELS (704) 549-4010, Seven (7) days prior to your procedure. (There is a fee for this service.)

Our facilities are equipped with WIFI for those who require it.

You will receive a call from Tryon Medical Partners 48 hours prior to confirming the scheduled procedure(s).

Should your scheduled appointment need to be changed or cancelled please call our office at (704) 489-3410.

Oscar Brann, MD
Susan Nikrooz, MD
Kent Holtzmuller, MD
David Scott Smith, MD

Patients Name: _____

Referring MD: _____

Appointment Date: _____

Arrival Time: _____

Scheduler: _____

Phone: _____

Please call your scheduler (listed above)
AT LEAST 7 BUSINESS DAYS IN ADVANCE
If you find it necessary to reschedule your procedure.
Please bring your photo ID and insurance cards with you to the facility.
For after hours nurse (5pm-8am) Please call (704) 489-3410

Tryon Endoscopy Center []

16817 Marvin Road, Charlotte, NC 28277
(704) 275-3256

Atrium Main/Mercy/Pineville

1000 Blythe Blvd. Charlotte, NC []
2001 Vail Avenue Charlotte, NC []
10628 Park Road Charlotte, NC []

PLEASE NOTE:

3 cancellations or reschedules will result in an office visit prior to scheduling your procedure again.

ANESTHESIA/BILLING**ATTENTION**

1. You will automatically be receiving **MONITORED SEDATION** (deep IV sedation) for your GI procedure. It is required by the Anesthesia Provider that someone over 18 years of age accompany you to your appointment, stay with you throughout your procedure(s) and take you home.
2. An alternate sedation such as Fentanyl/Versed is available upon request. This sedation is administered by a nurse assisting the Gastroenterologist. **Please note this sedation will be given on a case-by-case basis.**
3. [] Monitored sedation will be administered by a Certified Registered Nurse Anesthetist (CRNA) at **Tryon Endoscopy Center** through **Anesthesia Care Services**. To verify please contact (888) 447-7220. **You may receive a separate bill.**
4. [] Propofol will be administered by a Certified Registered Nurse Anesthetist (CRNA) from **Anesthesia Services, LLC** for the following Atrium facilities: **Atrium Main, Atrium Pineville, Atrium Mercy**. Their charges will be processed through your insurance along with those from your physician's office, Carolina Pathology, Carolina's Gastroenterology or Carolinas Digestive Health Associates based on where your procedure is scheduled. To verify that Anesthesia is a covered benefit under your insurance, please contact them directly at (888) 276-1910

IMPORTANT BILLING INFORMATION

- Tryon Medical Partners (704) 489-3410 and the surgical center must be notified prior to the procedure of **ANY** changes in your insurance plans, as your insurance may require pre-authorization or a referral from your primary care provider to be a covered benefit.
- Tryon Medical Partners **WILL** obtain Prior Authorization for your procedure if required.
- We ask that you contact your insurance company to verify your benefits under your policy.** This allows you, the patient, to be educated and informed of any out-of-pocket expenses you may incur.
- The CPT codes for a **Colonoscopy** are **45378, 45380 or 45385**. Routine/Screening procedures will change to Diagnostic procedures if biopsies are taken and/or polyps are removed.
- The initial diagnosis code for your Colonoscopy is: _____
- The CPT codes for **Upper Endoscopy (EGD)** are **43235, 43239 or 43249**.
- The initial diagnosis code for Upper Endoscopy (EGD) is: _____
- Please be aware your financial responsibility may be greater than your regular doctor's office co-pay.
- You may receive a separate bill from GPA Labs if any specimens are collected. To verify your insurance with the lab, please call them at (800) 345-3376.
- If you are having an EGD, there may be a separate bill from CDX Diagnostics for specimen collection: please call (888)363-6239.

****PLEASE READ THE FOLLOWING INSTRUCTIONS****

In preparation for your Colonoscopy, **MUST** follow our directions.

The quality of your examination depends on adequate preparation. Inadequate prep may result in polyps being missed or the need to repeat the examination.

NO SOLID FOODS AT ALL THE DAY BEFORE YOUR PROCEDURE

"IF YOU CAN CHEW IT. DON'T DO IT"

Please remember to stay hydrated throughout the day before the start of your prep. The more hydrated you are the more effective your bowel cleanse will be.

DAY BEFORE CLEAR LIQUID DIET CHOICES**Water**

Flavored, spring, sparkling

Coffee or Tea

Sweetener or lemon, Iced tea, hot tea, green tea, herbal tea

NO MILK OR CREAMER

Soft Drinks

Sprite, 7UP, Ginger-Ale, Tonic Water, Mountain Dew, Fresca, Coke, Pepsi, **DIET IS FINE**

Fruit Juices

Apple, White Cranberry, White Grape, Crystal Light
packets

NO JUICE WITH PULP

Sports Drinks

Gatorade, All- Sport, Powerade

Broth

Chicken, Beef, Vegetable, Bone

NO NOODLES OR BITS OF MEAT

JELL-O

(Any flavor Regular or sugar free)

Popsicles

(Any flavor Regular or sugar free)

NO BITS OF FRUIT

Sorbet and Italian Ice

Honey/Sugar

Continued Instructions

One week prior

- If you are on insulin or diabetes medications, a nurse will call you at least one week prior.
- **If you take any blood thinners, please alert our office. You do not need to stop a low dose of 81mg or 325mg Aspirin.**
- AVOID corn, nuts, seeds, and popcorn.
- All weight loss medications must be stopped prior to the procedure.

Two days prior

- No alcoholic beverages

The Day before your procedure

- You may use disposable wet wipes and A&D ointment or Desitin products to reduce irritation of the anal area during the preparation. Please pat the area; do not wipe.
- If you experience pain, please take Tylenol (acetaminophen) If you have been prescribed migraine medication, you may take that.

Day of the procedure

- You must take the day off work
- Wear loose, comfortable clothing that is easy to put on and remove for the test. Bring socks to keep your feet warm.
- The colonoscopy can be performed during your menstrual cycle
- The colonoscopy takes less than 30 minutes, but plan to be at the facility up to 3 hours from arrival time to discharge.
- **Please take blood pressure, anxiety, asthma, allergy, thyroid, seizure, or heart medications the morning of your procedure, one hour AFTER you drink your AM prep with a small sip of water.**
- **No smoking, vaping, chewing tobacco, hard candy, lozenges or chewing gum**
- If Biopsies are taken you will receive notification in 7-10 business days with results and findings.
- **On the day of the procedure, someone over 18 years of age MUST be able to accompany you and drive you home. There are no exceptions to this request. This is for your safety due to the medical sedation protocol. Taxis and ride shares are not permitted UNLESS you have an escort.**
- Please do not call the facility to cancel/reschedule your procedure. Please contact the scheduler on your paperwork. Failure to do so will count as NO SHOW.

ATTENTION: Your bowel prep will be sent to your pharmacy 1 week-48 hours prior to your procedure. Please call your pharmacy if you have not received a notification to verify that your prep has been filled. Due to limited availability and/or insurance coverage, your bowel prep may be changed at the pharmacy. We apologize in advance. To alleviate further delay please note the following:

1. All bowel prep choices will have dosing times filled in on your prep sheet. **YOU WILL ONLY USE ONE BOWEL PREP. DO NOT PICK UP/PAY FOR 2!**
2. Once you have picked up your bowel prep from the pharmacy, MATCH the PREP you purchased with the prep directions on the sheet.
3. **NOTE:** If you are given **Sodium Sulfate, Potassium Sulfate and Magnesium Sulfate Oral Solution, 17.5g/3.13g/1.6 ounces**, follow the SUPREP instructions as this is the generic version.
4. **NOTE:** If you are given **PEG-3350, Gavilyte-C, Gavilyte-N, or Gavilyte-G** follow the **COLYTE/NULTELY/TRILYTE** instructions.
5. Please call your scheduler should you have any questions or concerns.
6. Please remember to take any vouchers/coupons to the pharmacy with you, IF provided in your packet present it to the pharmacy BEFORE paying for your bowel prep. Pharmacies will not take a prep back once it has left the store.
7. You may obtain coupons/vouchers at: www.sutab.com , www.clenpiq.com , www.plenvuecopaysavings.com and www.goodrx.com
8. If the price/co-pay for the bowel prep is out of your budget, STOP and contact your scheduler before you purchase the prep. We will attempt to find an alternative selection for you.
9. Please follow the same instructions if you are having an upper endoscopy (EGD) with your Colonoscopy.

PLEASE DO NOT FOLLOW THE INSTRUCTIONS ON THE PREP BOXES

****If your prescription changes, The PM and AM drink times are the same****

Your Bowel Prep will be sent to your local pharmacy 48 hours prior to your procedure for pickup.

Pharmacy_____

**PEG 3350, Nulytely, Trilte, Colyte, Gavilyte-N, Gavilyte-C INSTRUCTIONS
(Prescription Required)**

- Clear liquids only, the day before your procedure, up until midnight the night before.
- At 5pm, take 2 Bisacodyl/Dulcolax tablets with water (This is an over-the-counter purchase)
- At 5pm, mix the PREP (Can be done earlier to cool the solution) Add water to the top of the line of the bottle. If the prep came with flavor packets, choose one flavor of your choice and pour into the bottle. Cap bottle, shake and place in refrigerator.
- At_____PM, the evening before your procedure, drink a glass of your prep every 15-20 minutes until HALF of the gallon is completed. Place the remainder in the refrigerator.
- At_____AM, 4 hours prior to your arrival time, drink the rest of your prep within the hour.
- **IMPORTANT REMINDER – NO LIQUIDS, GUM, HARD CANDY, LOZENGES at all after you drink your 2nd dose of your PREP in the AM.**

**SUPREP or Magnesium sulfate/Potassium Sulfate/Sodium sulfate INSTRUCTIONS
(Prescription Required)**

- Clear liquids only, the day before your procedure, up until midnight the night before.
- At_____PM, the evening before your procedure, pour one 6oz bottle of your prep into the container provided in the box.
- Add cool/cold water to the 16oz fill line on the container and mix well and drink (you may use a straw)
- You must drink 2 more 16oz containers of water within the next hour (use container)
- At_____AM, 4 hours prior to your arrival time, mix the second bottle of your PREP liquid and follow the same directions as stated above. Ensure you drink two – 16oz containers of water within the next hour.
- **IMPORTANT REMINDER – NO LIQUIDS, GUM, HARD CANDY, LOZENGES at all after you drink your 2nd dose of your PREP in the AM.**

NOTE: If you become nauseated or begin to throw up the bowel prep. Please STOP, put a cool rag on your chest and neck, take a couple of deep breaths. Try drinking Ginger-Ale, Sprite, Apple Juice or honey on your tongue between drinking the prep. Resume drinking at a slow pace and try using a straw.

****Your stool should be light yellow/green in color, with minimal flecks in it.,
there should be no solid****

PLEASE DO NOT FOLLOW THE INSTRUCTIONS ON THE PREP BOXES

****If your prescription changes, The PM and AM drink times are the same****

Your Bowel Prep will be sent to your local pharmacy 48 hours prior to your procedure for pickup.

Pharmacy_____

**CLENPIQ Instructions
(Prescription Required)**

- Clear liquids only, the day before your procedure, up until midnight the night before.
- At_____PM, the evening before your procedure, open and drink one bottle of CLENPIQ prep directly from bottle. **DO NOT REFRIGERATE**
- Following, you must drink Five (5) *oz cups of water within the hour.
- At_____AM, the morning of your procedure, 4 hours prior to your arrival time, repeat steps above. Once you have completed your second round of CLENPIQ and water to follow, **NOTHING BY MOUTH** until after the procedure is complete.
- **IMPORTANT REMINDER – NO LIQUIDS, GUM, HARD CANDY, LOZENGES at all after you drink your 2nd dose of your PREP in the AM.**

**PLENVU Instructions
(Prescription Required)**

- Clear liquids only, the day before your procedure, up until midnight the night before.
- At_____PM, the evening before your procedure, Empty dose 1 pouch of powder in the disposable container provided (MANGO FLAVOR)
- Add cool water to the fill line of the container, mix well to dissolve. Drink the contents within 30 minutes. Refill container with CLEAR liquid, drink within 30 minutes.
- At_____AM, 4 hours prior to your arrival time, empty DOSE 2 (Pouch A&B FRUIT PUNCH) with cool water to fill like. Mix and dissolve well. Drink within 30 minutes.
- **IMPORTANT REMINDER – NO LIQUIDS, GUM, HARD CANDY, LOZENGES at all after you drink your 2nd dose of your PREP in the AM.**

NOTE: If you become nauseated or begin to throw up the bowel prep. Please STOP, put a cool rag on your chest and neck, take a couple of deep breaths. Try drinking Ginger-Ale, Sprite, Apple Juice or honey on your tongue between drinking the prep. Resume drinking at a slow pace and try using a straw.

****Your stool should be light yellow/green in color, with minimal flecks in it,
There should be no solids****

SUTAB Instructions (24 Tablets) (Prescription Required)

- Clear liquids only, the day before your procedure, up until midnight the night before.
- **Please remember to stay hydrated throughout the day before the start of your prep. The more hydrated you are the more effective your bowel cleanse will be.**
- At _____ PM, the evening before your procedure, open bottle 1 of Sutab (12 tablets)
- Fill the provided container with 16oz of water (to fill line) Swallow each tablet with a sip of water, drink remaining water over the next 15-20 minutes. Approximately 1 hour after you take the last tablet, fill container with 16oz of water again and drink the entire amount of water within 30 minutes.
- Approximately 30 minutes after the last 16oz of water, fill container with 16oz of more water and drink that within 30 minutes.
- At _____ AM, 5 hours before arrival time, repeat steps from prior day.
- **IMPORTANT REMINDER – NO LIQUIDS, GUM, HARD CANDY, LOZENGES at all after you drink your 2nd dose of your PREP in the AM.**

NOTE: If you become nauseated or begin to throw up, please STOP, put a cool rag on your chest and neck, take a couple of deep breaths. Try drinking Ginger-Ale, Sprite or Apple Juice.

****Your stool should be light yellow/green in color, with minimal flecks in it.
There should be no solids.****

BOWEL PREP QUALITY

Please use the chart below as a guide for adequate vs. inadequate bowel prep results. This is what your colon most closely resembles when compared to the content of the toilet.

Inadequate bowel prep may result in an incomplete examination and need for a repeat procedure.



A and B are adequate



C is inadequate

