

Saint Francis GI Endoscopy, LLC

360 Bloomfield Ave

Suite 204

Windsor, CT 06095

Phone: 860-683-9991

Michael Butensky, MD, Martin Hoffman DO, Raffi Karagozian MD, Lisa Rossi MD, Nancy Kang MD

You have been scheduled for the following procedure in the GI Endoscopy Department:

Procedure: _____ Date: _____ Time of Arrival: _____ Time of Procedure: _____

___ Colonoscopy – Follow enclosed preparations. (on the Web: www.gastroct.com)

___ Endoscopy – **NOTHING BY MOUTH FROM MIDNIGHT THE NIGHT BEFORE**

You are to stop the following medications 5 days prior to the procedure: Iron, Persantine, Aspirin or Aspirin containing products, Bufferin, Arthritis medication, blood thinning agents (examples: Plavix, Heparin)

If taking Coumadin, call the office for further instructions

You will register with the front desk in Suite 204

You have been asked to **arrive forty-five minutes (45 minutes) prior** to your procedure to allow for the following:

Starting of an intravenous (for the medication during the procedure) as ordered by your doctor.

Explanation of procedure, discharge instruction sheet and signature of consent.

A nurse will contact you via telephone a few days prior to your exam for your interview regarding your medical history.

A Family member or friend may wait with you before and after the procedure.

If you are under eighteen (18) years of age, a parent or legal guardian must accompany you for signature of consent.

DISCHARGE INSTRUCTIONS:

The anticipated time of discharge is approx. 2 hours from time of arrival. The medication that you will receive (ordered and administered by your physician) will remain in your system for approx. 8 to 12 hours following the procedure.

Therefore, you will not be allowed to leave the unit unattended or to drive your car home. These safety regulations are mandatory for your protection and if not complied with, may result in cancellation of your procedure.

Questions regarding medication and/or preparation for your procedure should be referred to your physician’s office at **(860) 522-1171**

IMPORTANT!!!

5 days advanced notice is needed in case of cancellation/rescheduling of you procedure or a fee of \$100.00 will be billed to the patient.

YOU ARE RESPONSIBLE FOR CHECKING YOUR FULL COVERAGE WITH INSURANCE CARRIER BEFORE SCHEDULING ANY OURPATIENT PROCEDURE!

Colonoscopy code: 45378 Endoscopy code: 43235

Please note: if you have an out of state insurance plan the anesthesia Propofal may not be covered by your insurance. Please verify your benefits prior to you procedure and if Propofal isn’t covered by your plan please contact the office at (860) 522-1171

Directions: From I-91 Northbound:

- Take I-91 North towards Springfield
- Take Exit #37/Bloomfield Ave/Windsor Center
- Take Right on Bloomfield Ave (CT-305E)

From I-91 Southbound:

- Take I-91 South towards Hartford
- Take Exit #37/Bloomfield Ave/Windsor Center
- Take Left on Bloomfield Ave (CT-305W)