

Saint Francis Hospital and Medical Center

Endoscopy Day Hospital

114 Woodland Street

Hartford, CT 06105

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 Endoscopy Day Hospital:

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 at the desk in the admitting office.

Parking may be as follows:

Enter Collins Street Parking Garage from Woodland Street or Collins Street.

Park on any level and use the stairs to get to the second floor to enter the hospital area. Proceed across the walkway to the reception desk. At the desk you will be directed to admitting and the Endoscopy Day Hospital.

You have been asked to **arrive One (1) hour prior** to your procedure to allow for the following:

Nursing interview regarding your medical history.

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 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. 3 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