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WHAT IS A COLONOSCOPY? Colonoscopy is a procedure that enables your surgeon to examine the lining of the rectum and colon. It is usually done in the hospital or an endoscopic procedure room. A soft, bendable tube about the thickness of the index finger is gently inserted into the anus and advanced into the rectum and the colon.

WHY IS A COLONOSCOPY PERFORMED? A colonoscopy is usually done 1) as part of a routine screening for cancer, 2) in patients with known polyps or previous polyp removal, 3) before or after some surgeries, 4) to evaluate a change in bowel habits or bleeding or 5) to evaluate changes in the lining of the colon known as inflammatory disorders.

WHAT CAN BE EXPECTED DURING COLONOSCOPY? The procedure is usually well tolerated, but there is often a feeling of pressure, gassiness, bloating or cramping at various times during the procedure. Your surgeon will give you medication through a vein to help you relax and better tolerate any discomfort that you may experience. You will be lying on your side or your back while the colonoscope is advanced through the large intestine. The lining of the colon is examined carefully while inserting and withdrawing the instrument. The procedure usually lasts for 25 to 45 minutes. In rare instances the entire colon cannot be visualized and your surgeon could request a barium enema (dye placed via the anus to visualize a silhouette of the rest of the colon).

You will be sedated during the procedure and an arrangement to have someone drive you home afterward is imperative. Sedatives will affect your judgment for the rest of the day. You should not drive, operate machinery, or make legal decisions until the next day.

WHAT COMPLICATIONS CAN OCCUR? Colonoscopy and biopsy are safe when performed by surgeons who have had special training and are experienced in these endoscopic procedures. Complications are rare, however, they can occur. They include bleeding from the site of a biopsy or polypectomy and a tear (perforation) through the lining of the bowel wall. Should this occur, it may be necessary for your surgeon to perform abdominal surgery to repair the intestinal tear. Blood transfusions are rarely required. A reaction to the sedatives can occur. Irritation to the vein that medications were given is uncommon, but may cause a tender lump lasting a few weeks. Warm, moist towels will help relieve this discomfort. It is important to contact your surgeon if you notice symptoms of severe abdominal pain, fevers, chills or rectal bleeding of more than one-half cup. Bleeding can occur up to several days after a biopsy.

WHAT IF COLONOSCOPY SHOWS AN ABNORMALITY? If your surgeon sees an area that needs more detailed evaluation, a biopsy may be obtained and submitted to a laboratory for analysis. Placing a special instrument through the colonoscope to sample the lining of the colon does this. Polyps are generally removed. The majority of polyps are benign (non-cancerous), but your surgeon cannot tell by the appearance alone. They can be removed by burning (fulgurating) or by a wire loop (snare). Biopsies do not imply cancer; however, removal of a colonic polyp is an important means of preventing colon and rectal cancer. Biopsy results are usually available 3 business days after the procedure.

Excerpted from the SAGES Colonoscopy brochure. For more information, log on to www.sages.org.



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COLONOSCOPY NOTIFICATION STATEMENT You may receive bills from separate entities associated with your procedure, i.e. physician, facility, anesthesia services, and/or laboratory charges. ATL Colorectal Surgery PC can only provide you with the information associated with our own fees. Please call your insurance company to verify your benefits and coverage for this procedure. If your insurance plan has a high deductible, you may be asked to make a deposit prior to your procedure. For our fees, deposits, or an explanation of this notification, please call our billing department at (404)574-5820 extension #110.

Due to the nature of our specialty, procedures may become more complex (i.e. biopsy or removal of polyps). Your CPT code may be changed following your procedure; the National Correct Coding Initiative (NCCI) Guidelines require that physicians bill the codes associated with the actual procedures performed (post-operative), not the planned procedure (pre-operative screening). This means your "screening" colonoscopy may be changed to a "medically necessary" colonoscopy (e.g. from screening to medically necessary due to the biopsy or removal of polyps). "Screening" can only be billed if **no intervention** is performed (e.g. polyps found but not biopsied or removed). Insurance is very frustrating and we appreciate your patience and understanding.

SCHEDULING YOUR COLONOSCOPY

PLEASE FILL OUT THE ATTACHED MEDICAL HISTORY/REGISTRATION FORM & SEND A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.

Return by fax (404)574-5821 or by mail to: 95 Collier Road NW, Suite 4025, Atlanta GA 30309. We will contact you once we receive this information and schedule your colonoscopy. If you would like a physician office consultation, or if you do not hear from our office within 7 days to schedule your colonoscopy, please contact us at (404)574-5820. There is limited time in the GI Lab to perform these procedures; please do not schedule your procedure unless you intend to keep your date and know that you will have a reliable driver to escort you home after the procedure.

By signing this form, I acknowledge that I have read this form and fully understand its contents. I request to schedule the colonoscopy.

 Signature of Patient Name of Patient (print) Date Signed Telephone #

I prefer to have my colonoscopy performed on (place # in order of preference):
 _____Monday_____Tuesday_____Wednesday_____Thursday_____Friday

Instructions and prescriptions will be mailed to you.

Check here if you can download the preparation instructions from www.atlcrs.com. Prescriptions will only be called in if you are able to download your instructions.

Pharmacy name: _____ Pharmacy telephone #: (_____) _____

FOR OFFICE USE ONLY: ASA 1 2 3
 Preparation (circle): Halflyte Moviprep Osmoprep Trilyte Date Mailed/Called In: _____

Colonoscopy Date Given: _____ Case # _____ / _____
 Patient Contacted: _____