

## What You Need To Know About Your Procedure Visit

Thank you for scheduling your appointment with Huron Gastro. A member of our clinical staff may contact you to obtain additional information to ensure that your procedure meets the medical and payment criteria of your insurance plan.

To allow time to register, please arrive 60 minutes **before** your scheduled appointment time.

You will need to have a responsible driver who is at least 18 years of age with you throughout your entire visit, and will drive you home when you are done. **Please park and enter our building at parking lot U for all appointments at our Ypsilanti location.** Your driver for your procedure will be asked to wait in his/her car – rather than the reception area – with a cell phone that is charged and handy. We will call your driver when your procedure is complete, and your driver will **pick you up at the door leading to parking lot M.** Your driver will also be given our direct phone number in the unlikely event that he/she needs to leave before your procedure is completed. **If you do not have a driver, your procedure will either be rescheduled or possibly performed without sedation.**

### Remember to bring the following items with you:

- Driver's license or photo identification card
- All insurance cards

If you are a member of an HMO, please verify that your insurance referral has been sent before your appointment date.

### Appointment Cancellation:

If you need to cancel or reschedule your appointment, please call our office at 734-434-6262. A \$50.00 fee will be applied to your account if you cancel your procedure within 24 hours of your appointment time.

### Audio/Video Recording:

To protect the personal health information and privacy of our patients, staff, and guests, the use of cellphones or electronic devices for audio/video recording is prohibited.

### Questions:

If you have any questions, please call our office at (734) 434-6262 and ask for our scheduling department. You may also contact us through our Patient Portal that can be found on our website: [www.hurongastro.com](http://www.hurongastro.com)



## **Flexible Sigmoidoscopy - no sedation**

Most patients undergoing flexible sigmoidoscopy require no sedation. These instructions are only for those undergoing the exam **without sedation**. If sedation is required, refer to the **Flexible sigmoidoscopy with sedation** instructions.

### **What is it and why do I need it?**

Flexible sigmoidoscopy is an endoscopic procedure that uses a tiny camera attached to a scope to examine the lower portion of the large intestine (the colon). It is sort of a limited colonoscopy. It is most often used to diagnose the cause of rectal bleeding, diarrhea, constipation and rectal pain. It is occasional used as a colon cancer screening exam.

### **The risks**

You will be asked to sign a consent form at the time of the exam. The risks of sigmoidoscopy are low (under 1%) but do include bleeding, perforation, infection and tearing of the lining. If you have any unusual concerns about these risks, please contact your physician before your procedure. You will also be able to discuss this with you physician at the time of the exam.

### **The preparation**

At least a day prior to the procedure, purchase two Fleets enemas from your pharmacy (over the counter).

You will administer these enemas 1-2 hours before your procedure in order to cleanse the lower part of your colon of stool. Insert the 1<sup>st</sup> enema rectally (directions are included with the enema) and try to hold it for several minutes. Then repeat this with the 2<sup>nd</sup> enema 20-30 minutes later. If you cannot take enemas, let us know.

You may consume clear liquids up until 2 hours before the procedure. Don't eat solid food after midnight, although a liquid breakfast is OK if you have an afternoon procedure.

You may take your usual medications right up until procedure time (small amounts of water). Iron supplements are usually held 2 days before the exam.

If you take insulin or other diabetic medicines, dosage adjustments will be provided for you.

Occasionally, your doctor will want you to have a full colonoscopy prep for this exam instead of the prep listed above. If this is the case, you will be told this specifically. Then please see **Colonoscopy Prep** for additional instructions.

## **The procedure**

In the preparation area, you will be asked questions about your health history. You will lie on your left side and the flexible scope will be inserted through your rectum and up into the lower part of your colon. Air will be inflated to better see the lining and biopsies may need to be taken. Some discomfort is normal but you can communicate with your physician throughout the procedure. The procedure usually takes 5-10 minutes.

## **After the procedure**

In the recovery area, you will be asked to pass air that was put into your colon for the procedure. Your physician will discuss the results with you. You may return to work and your usual activities and diet immediately.

## **PATIENT RIGHTS**

Each patient of the Center for Digestive Care has the following rights:

- To be treated with dignity, consideration, and respectful care given by competent personnel.
- Medical and nursing services without discrimination based upon age, race, color, religion, gender, national origin, sexual orientation, disability, marital status, diagnosis or source.
- To be treated in a safe environment, free from all forms of abuse, neglect, harassment, exploitation, coercion, manipulation, sexual abuse, sexual assault, or seclusion.
- To be treated with every consideration of privacy in treatment and personal care needs.
- To make informed decisions regarding his/her care. To receive assistance from a family member, representative, or surrogate in understanding, protecting, or exercising the patient's rights.
- To be able to obtain from his/her physician current and complete information concerning his/her diagnosis, evaluation, treatment, and prognosis, including information about alternative treatments and possible complications involved in terms he/she can be reasonably expected to understand and in a language that can be understood.
- To have access, where possible, to an interpreter when he/she does not speak English.
- To participate in decisions involving his/her health care except when such participation is contraindicated for medical reasons. In such events, the person designated by the patient (patient representative) or a legally authorized person (surrogate) will participate in decisions involving the patient's health care. Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure.
- To expect emergency procedures to be implemented without unnecessary delay.
- To expect that when an emergency occurs and he/she is transferred to another facility, the patient's representative or surrogate shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
- To good quality care and high professional standards that are continually maintained and
- To expect good time management techniques to be implemented within the Center for Digestive Care. These techniques shall make effective use of time for the patient and minimize personal discomfort.
- Upon request, to know the name of his/her attending practitioner, the names of all other practitioners directly participating in his/her care, and the names and functions of other health care persons having direct contact with the patient.
- To change providers if other qualified providers are available.
- To refuse drugs or procedures. A practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures. Each patient accepts responsibility for his/her actions including refusal or withdrawal of consent for treatment or not following the instructions of the physician or Center.
- To expect that the Center for Digestive Care will provide information for continuing health care requirements following discharge, including a referral for needed services.
- To receive and examine a detailed explanation of his/her bill.
- To expect the Center to maintain the confidentiality, privacy, and security of his/her medical and financial records. Case discussion, consultation, examination, treatment, and medical records are considered confidential and shall be handled discreetly.
- To confidential disclosures and records of his/her medical care except as otherwise provided by law or third party contractual arrangement. The Center for Digestive Care shall provide the patient, or patient designees, upon request, access to the information contained in his/her medical records, unless the attending practitioner for medical reasons specifically restricts access.
- To know the Center's rules and regulations applicable to his/her conduct as a patient.

- To be informed of the Center’s policy on Advance Directives and to receive information regarding Advance Directives prior to his/her scheduled appointment.
- To designate a person/surrogate to represent them as their representative in all matters relating to their healthcare. If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the patient’s rights are exercised by the person appointed under State law to act on the patient’s behalf. If a court of proper jurisdiction has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient’s rights to the extent allowed by State law.
- To know that the physician’s of Huron Gastro have a financial interest in the Center for Digestive Care and to receive information regarding Physician Ownership Interest prior to his/her schedule
- To voice grievances, including grievances regarding treatment or care that is (or fails to be) furnished, abuse, neglect, or compliance, at any time.
- To exercise his/her rights without being subjected to discrimination or retaliation.

**GRIEVANCES:**

The Center for Digestive Care will investigate all written and verbal grievances received. All grievances from patients, patient representatives, or patient surrogates should be forwarded to the attention of the Nurse Manager (734-528-4704) or Administrator (734-528-1405) of the Center for Digestive Care.

The Nurse Manager or person of authority will investigate the grievance within 7 business days. A written notice of the Center’s decision will be provided within 14 days to the patient, patient’s Representative, or patient’s surrogate. The decision must contain the name of the contact person, steps taken to investigate the grievance, the results of the grievance process, and the date that the grievance process was completed.

Patients and patient representatives/surrogates may also contact:

Michigan Department of Community Health  
 Bureau of Health Systems  
 Complaint Investigation Unit  
 P.O. Box 30664  
 Lansing, MI 48909  
 1.800.882.6006

Office of the Medicare Beneficiary Ombudsman  
[www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html](http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html)  
 1.800.633.4227

## **Advance Directives**

In Michigan, all patients have the right to participate in their own health care decisions and to create advance directives—such as a living will or a health care power of attorney—to authorize others to make decisions on their behalf if they are unable to do so.

The Center for Digestive Care will provide patients or their representatives with advance directive information and forms upon request. Additional information about advance directives is available here:

- [http://www.michigan.gov/documents/miseniors/Advance\\_Directives\\_230752\\_7.pdf](http://www.michigan.gov/documents/miseniors/Advance_Directives_230752_7.pdf)
- <http://www.stjoeshealth.org/for-patients-advance-directives>

In the event that a patient should suffer a cardiac or respiratory arrest, or other life-threatening situation, the signed consent implies consent for resuscitation and transfer to a higher level of care. Some patients may have an advance directive in place. However, irregular heart beats, low blood pressure, and respiratory depression are known potential side effects of the anesthetic medications and are not necessarily a natural sign of impending death.

The Center for Digestive Care will facilitate patient/family/representative informed decision-making should any deterioration occur and develop an individualized treatment plan, which may include hospital transfer, as needed. At the hospital, further treatments or withdrawal of treatment measures may be ordered in accordance with the patient's or patient representative's advance directive. Each patient's agreement with this advance directive policy will neither revoke nor invalidate any current advance directive or healthcare power of attorney.

For more information, please visit our website [www.hurongastro.com](http://www.hurongastro.com) or call 734-434-6262.

## **Center for Digestive Care Notice of Physician Ownership Interest**

You have been referred to Center for Digestive Care for a procedure. The following physicians have ownership interest in Center for Digestive Care, located at 5300 Elliott Drive, Ypsilanti, MI 48197. Please be advised that you have the right to obtain healthcare services, for which you have been referred at the hospital or facility of your choice, other than at the Center for Digestive Care.

Andrew T. Catanzaro, MD  
1326028481

Najm M. Soofi, MD  
NPI: 1902949761

Larry A. Adler, MD  
NPI: 1356320634

Robert L. Stoler, MD  
NPI: 1952380081

Mary P. Mortell, MD  
NPI: 1851370142

John W. Walsh, MD  
NPI: 1982684643

Naresh T. Gunaratnam, MD  
NPI: 1194704486

Ali Yazdani, MD NPI:  
NPI: 1578543633

Stephen Berger, MD  
NPI: 1407146517

Mark D. Zeglis, MD  
NPI: 1497898233

Stevany L. Peters, MD  
NPI: 1275689895

Michael R. Fine, MD  
NPI: 1679690549

Anthony T. DeBenedet, MD  
NPI: 1538286687

Paul M. Corsello, MD  
NPI: 1437479383

Miriam Thomas, MD  
NPI: 1689654725

The physicians listed below may have referred you to the Center for Digestive Care for a procedure, but they do not have an ownership interest:

Lisa Glass, MD  
NPI: 1154521177  
Timothy McGorisk, MD  
NPI: 1356637177

Kevin Wenzke, MD  
NPI: 1376961318