# INFORMATION TO HELP YOU PREPARE FOR YOUR VISIT



#### PRIOR TO YOUR PROCEDURE

#### YOUR PHYSICIAN'S OFFICE

- Provides information, instructions to follow, and forms to be completed.
- To cancel or change your appointment, please contact your physician's office.
- Notify your physician if you experience significant changes in your health.

### REMEMBER TO

- Obtain bowel prep (if colonoscopy) from your pharmacy.
- Follow your physician's directions regarding medications to take, such as blood thinners or diabetic medications.
- Make arrangements for an adult driver to accompany you and stay during your procedure. Your driver MUST be 18 years old with a valid driver's license.
- Make arrangements for someone to stay at home with you until you are fully awake.
- If your situation involves guardianship, please call us at 231.392.8900 to discuss.

### CRSC's BUSINESS OFFICE

- Will verify your insurance coverage.
- Will determine your financial responsibility, if any.
- Will notify you if payment is due on the day of your procedure.
- Can be reached at (231)392-8908, for questions.

#### 24 HOURS PRIOR TO YOUR PROCEDURE

## REMEMBER TO

- Follow pre-procedure bowl prep instructions carefully.
- Abstain from smoking and alcohol.

### ARRIVAL TIME

• You will be contacted the day prior to your procedure with an arrival time to the Surgery Center.

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#### ON THE DAY OF YOUR PROCEDURE

## REMEMBER TO

- Arrive at the time you were given.
- Follow your physician's instructions regarding clear liquids and medications.
- Not bring valuables with you.
- Wear comfortable clothing.
- Bring an adult driver with you that can stay and safely transport you back home. A taxi, Uber, or shuttle service is not acceptable unless you are accompanied by a responsible adult companion.

### **✓** PLEASE BRING

- COVID-19 Vaccine Card (if you have one)
- Insurance card and photo ID.
- Completed medication/allergy list.
- Payment, if required.
- Medical device ID card if you have a pacemaker or defibrillator.
- The remote for implanted electrical device, if you have one.
- Advance Directive, if you have one.
- Guardianship papers, if applicable.

#### REGISTRATION

- Even if you have pre-registered with your physician's office, you will need to register with us too.
- Your information will be verified and you will be asked to sign a consent for us to treat you.
- Payment will be collected, if due.
- Your questions will be answered.

# INFORMATION TO HELP YOU PREPARE FOR YOUR VISIT



#### YOUR PROCEDURE & RECOVERY

## PRE-OP

- An aide will escort you to this area to take your vitals, and give you a gown and warm blanket.
- A nurse will confirm your information, review your history, medications, and allergies, ask you to sign consents, and insert an IV.
- You MAY see an anesthesiologist, if applicable for your situation.
- Your physician will visit you, review your history, confirm your planned procedure, and answer your questions.

#### (a) YOUR ENDOSCOPY NURSE WILL

- Escort you to the procedure room where you will receive sedation prior to the procedure.
- An Endoscopy Technician will be present to assist your physician.

## AFTER YOUR PHYSICIAN PERFORMS YOUR PROCEDURE

- Your physician will speak with your companion to review the procedure.
- Your vitals will be monitored.
- A beverage will be provided.
- Medications and discharge instructions will be reviewed and questions answered.
- You will be safely discharged in a wheelchair to your vehicle.
- A physician procedure and biopsy report will be sent to your primary care physician within 1-2 weeks of your procedure.



# INFORMATION TO HELP YOU PREPARE FOR YOUR VISIT



#### WHILE YOUR COMPANION WAITS

- There is vending and public Wifi available in the lobby.
- There is a monitor in the lobby to check your location status throughout your stay.
- The Front Desk staff is available for any questions.

#### 24 HOURS AFTER YOUR PROCEDURE

## POST-OP CALL

• On the next business day, you will receive an automated follow-up call to monitor your recovery and provide assistance, if needed. We ask that you complete this call in its entirety.

## REMEMBER TO

- Follow your discharge instructions.
- Please complete our satisfaction survey that will be sent via email.

## ✓ NOTE

- If you experience chest pain, severe abdominal pain, severe nausea, vomiting, a large amount of rectal bleeding, difficulty breathing, or a fever greater than 101, please page your physician's office or go to the nearest Emergency Room.
- We respectfully request no video recording or photography while at CRSC.

