



2200 Whitney Avenue, Suite 380  
Hamden, CT 06518  
1591 Boston Post Rd. Ste. 206  
Guilford, CT 06437  
[www.Endocenterct.com](http://www.Endocenterct.com)

*You have been scheduled for an endoscopic procedure at the Endoscopy Center of Connecticut. Reading through all the information provided below at least one week prior to your procedure will ensure you are properly prepared. Please complete and bring the enclosed Medication Form with you the day of your procedure.*

### **Before your procedure,**

Please contact us at (203)281-4463 if:

- You are experiencing **COVID-19** like symptoms to reschedule your procedure.
- You are unable to keep your scheduled appointment.
- You should have any change in your health including hospitalizations, a cold, flu, infection or change in your medical history.
- There is any chance you may be pregnant.
- You have tested positive for COVID-19 within the last 4 weeks.

Please contact us at (203) 287-2918 if:

- There is a change of your insurance

### **Our Policies**

#### **Valuables**

Please leave all jewelry (including removal of any facial piercings such as tongue, lip and cheek) at home. All jewelry must be removed prior to the procedure and ECC will not accept responsibility for your personal valuables.

#### **Facial/Oral Piercings**

All facial and oral piercings including tongue, lip, nose, cheek and brow must be removed for all endoscopy procedures. Inability to remove your piercings prior to procedure will result in cancellation.

#### **Weapons**

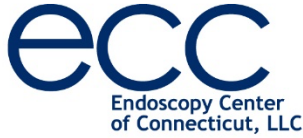
The Endoscopy Center has strict no-weapons policy even for off-duty law enforcement officials. Leave all weapons at home.

#### **Cell Phones**

Cell phones are prohibited inside the patient care area of the Endoscopy Center. If you bring a cell phone, you will be asked to power down the phone and it will be stored safely for you until discharge.

#### **Marijuana**

Your procedure will be cancelled if Medical or Recreational Marijuana is used after midnight the evening before your procedure.



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## **Our Policies (continued)**

### **Cancellation**

Cancellations with less than 48-hrs notice will be considered a missed appointment.

First missed appointment: \$250.00 fee

Second missed appointment: We will no longer schedule at the Endoscopy Center.

### **Transportation**

1. For your safety, you will not be permitted to drive until the day after your procedure. You must be accompanied by a responsible adult, 18 years or older, who will drive you home after the procedure.
2. Public transportation is acceptable as long as there is a responsible adult to accompany you to your home.
3. Unfortunately, we must cancel the procedure if you have not made the necessary transportation arrangements.

### **Masks**

Masking is no longer required, but if a patient prefers masks to be worn by our staff while caring for them please ask. We are more than happy to accommodate your request.

## **Insurance and Procedure Charges**

Please bring your Insurance cards, photo ID and facility co-pay with you the day of procedure. Please check your policy for co-pay responsibility. When you have a procedure performed at the Endoscopy Center of Connecticut, you can expect the following 4 separate charges:

- ENDOSCOPY CENTER OF CT will bill for the facility where the procedure is performed.
- ENDOSCOPY CENTER OF CT will bill for the anesthesiologist who administers anesthesia.
- PACT (Physicians Alliance of CT) will bill for the gastroenterologist who performs the procedure.
- PACT will bill for the pathologist if a biopsy is taken.

Please contact your insurance company directly to find out what your potential out-of-pocket costs might be. You may receive a call from our billing department with your expected payment prior to your procedure.



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## **Before your procedure, we will contact you**

Approximately 10 days before the procedure date: You will receive an automated call to remind you of the procedure date, which should prompt you to arrange for a ride, purchase the preparation and review the instructions.

Several days before your procedure date: A nurse will contact you for an anesthesia assessment and review your health history. It is important that a nurse speak with you prior to your procedure to ensure all goes smoothly for that day. If you are unavailable at the time of the call, please be sure to return the call to a nurse ASAP at (203) 281-3636.

Two days prior to your procedure you will receive a call from a scheduler who will give you your Arrival time. **Please DO NOT use the time listed on your My Chart Portal as it is NOT your arrival time.**

## **Frequently Asked Questions (FAQs): Preparing for Endoscopic Procedures (Endoscopy and Colonoscopy)**

### **These questions are for both endoscopy and colonoscopy**

#### **How long will I be at the Endoscopy Center?**

You can expect the entire visit to last approximately 2 hours.

#### **What should I wear?**

Wear comfortable, easily removable clothing and slip-on shoes. Non-skid slipper socks will be provided during your procedure as well as a patient gown and a bag for your clothing and shoes.

#### **Why do I have to remove and leave all jewelry at home?**

Jewelry is removed for your safety to eliminate any “potential” risk of burn during the procedure if electrocautery is used. ECC will not accept responsibility for jewelry worn in and removed so you are asked to leave jewelry home.

#### **Why do I have to remove all facial and oral piercings?**

Piercings must be removed for your safety. They can be both an obstruction and something for equipment to get caught on while you are under sedation.



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**Will I be able to speak with the doctor after my procedure?**

The gastroenterologist who performed your procedure will meet with you and your significant other (if you approve) briefly, while you are resting in the recovery room and review the findings. You may not remember this meeting due to side effects from the sedatives so you will receive a hard copy of your discharge instructions with findings and important information.

**When will I receive the results of my procedure?**

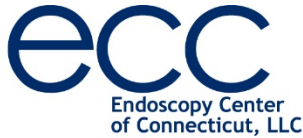
You will be given a hard copy of the preliminary results at the time of discharge. However, it will take about one week to receive the results of any polyp biopsies or removals. The office will call you with the results.

**How will I feel after the procedure?**

You may be sleepy and have some abdominal bloating for a while. Most patients may return to full activity including work the following day, unless otherwise instructed by their physician at the time of discharge. After a polypectomy, your physician may recommend that you allow 2 weeks before traveling.

**Why can't I drive myself home after my procedure? Why do I need an adult to accompany me if I'm using a bus or taxi service?**

You may be sleepy, uncomfortable, nauseated, or simply not yourself for several hours after your procedure. In addition, your reflexes will be poor as a result of the sedatives. For this reason you will not be able to drive (or operate heavy machinery) and you will need a responsible adult (18 yrs or older) to accompany you and make sure that you get home safely. If you do not arrange for transportation from the endoscopy center, for your safety your procedure will be rescheduled.



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## **These questions are for colonoscopy only**

**I do not have my prep instructions, where do I get them?** Please go to [www.endocenterct.com](http://www.endocenterct.com) and go to the drop down “For Patients” then “Preparing for Procedure.” All prep instructions are listed. Please click on the one your Physician prescribed.

### **Why can't I drink anything for 3-hrs before my procedure?**

During your procedure, sedatives will be given which affect your body's ability to hold liquid in your stomach. Drinking on the day of your procedure after the three –hour cutoff increases the risk of liquids traveling to your esophagus and lungs which may result in pneumonia or life – threatening complications.

On the day of your procedure you may continue with clear liquids, including the remaining prep (for colonoscopy) for up to 3-hrs before your arrival time. **If you drink anything after the three-hour cutoff time, for your safety the procedure will be rescheduled.**

### **Can I have milk or cream in my coffee?**

Unfortunately, dairy is not a clear liquid. You may have black coffee or tea only.

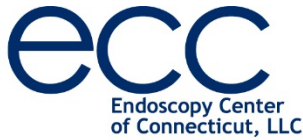
### **What happens if I start drinking the liquid laxative and I become nauseated or start vomiting?**

Take a thirty-minute break and then try again. Pace yourself, don't rush. Drinking the liquid laxative more slowly may also help. For instance, if you are using Nulytely, GoLytely, Colyte, or Miralax, try drinking four ounces every 15-20 minutes. If your stomach is upset, try ginger tea, “flat” Coke or warm broth. If you continue to have problems, call the office at (203) 281-4463.

### **How long does it take the liquid laxative to work? What do I do if nothing happens?**

The liquid laxative should take effect within three hours. If you don't begin to have frequent and loose bowel movements within that time, call the office at (203) 281-4463 and speak to your provider.

**If you take aspirin, anti-coagulants, or blood thinners:** please call the office at (203) 281-4463 for further instructions.



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## WEIGHT LOSS AND DIABETIC MEDICATION FAQs

### What if I take one of these Weight loss medications or Diabetic Medications daily?

Liraglutide (Victoza)  
Exenatide (Byetta)  
Semaglutide (Rybelsus)

- **Answer:** If taking the medication daily, hold the dose the day before and the morning of the procedure.

### What if I take one of these Weight loss medications or Diabetic Medications once a week?

Semaglutide (Ozempic and Wegovy)  
Dulaglutide (Trulicity)  
Tirzepatide (Mounjaro)  
Exenatide (Byetta)

- **Answer:** If taking the medication once weekly, hold the dose the week before the procedure.

Pre-procedure instructions for patient's currently taking these weight loss or Diabetic medications:

- Clear liquid diet the day before and the day of the procedure regardless of procedure. (Upper Endoscopy, Colonoscopy, Sigmoidoscopy, and Pouchoscopy).
- Hold your medication as listed above

Your procedure will be cancelled if you do not follow this protocol. If you have any questions please call 203-281-3636.

Pt Stamp
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RN signature				
Medications Verified by (check all that apply)				
Patient	<input type="checkbox"/>	Family	<input type="checkbox"/>	Inter Agency referral <input type="checkbox"/>

Section 1  
 List all medications that you take regularly or as needed including over the counter and herbal medications.

Medication Name	Date/time last taken	Restart	Hold	Comments
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You may restart the above listed medications on \_\_\_\_\_  
 Medications checked as HOLD may be restarted on the date marked in comments \_\_\_\_\_

Section 2 MD Signature

<p><b>During your procedure you were given:</b></p> <p><input type="checkbox"/> Propofol for sedation</p> <p><input type="checkbox"/> Glycopyrrolate used to reduce oral secretions</p> <p><input type="checkbox"/> Lidocaine for discomfort and reduce coughing</p> <p><input type="checkbox"/> other medications: _____</p> <p>_____</p> <p>_____</p>	<p><b>In the Recovery Room you were given:</b></p> <p><input type="checkbox"/> No Medications</p> <p><input type="checkbox"/> _____ for nausea or vomiting</p> <p><input type="checkbox"/> _____ for _____</p> <p><input type="checkbox"/> _____</p>
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Section 3 New prescriptions given today at discharge		
Medication	Dose	Frequency

## **PATIENT BILL OF RIGHTS**

*In recognition of our responsibility in rendering patient care, these rights are affirmed in the policies and procedure of the*

### **Endoscopy Center of Connecticut, LLC**

*To receive services without regard to race, color, age, sex, sexual orientation, religion, marital status, handicap, national origin or sponsor.*

- ❖ *To be provided a reasonable physical access.*
- ❖ *To be provided a secure environment for self and property.*
- ❖ *To be provided with appropriate privacy.*
- ❖ *To be treated with respect, consideration and dignity.*
- ❖ *To be provided appropriate assessment and management of pain.*

*To expect that all disclosures and records are treated confidentially, except when required by law, and to be given the opportunity to approve or refuse their release.*

*To be provided, to the degree known, complete information concerning their diagnosis, treatment or prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient to be a legally authorized person.*

*To be given opportunity to participate in decisions involving their health care, except when participation is contraindicated for medical reasons.*

*To receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment, except in emergencies. Such information for informed consent should include the specific procedure and/or treatment, significant medical risks involved, and the probable duration of incapacitation. Where significant alternatives for medical care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information and the consequences of not complying with therapy. The patient has the right to know the name of the person responsible for the procedure and/or treatment.*

*To be informed, when appropriate, of treatment policy for an unemancipated minor not accompanied by an adult.*

*To refuse treatment and be informed of consequences of refusing treatment or not complying with therapy.*

*To be informed as to:*

- ❖ *Expected conduct and responsibilities as a patient*
- ❖ *Provisions for after-hours and emergency care*
- ❖ *Fees for services*
- ❖ *Payment policies*
- ❖ *Right to refuse participation in investigational studies or clinical trials*
- ❖ *Methods for expressing grievance and suggestions to the practice*
- ❖ *Procedure for reporting public health concerns to the appropriate authorities*

*To be informed of their rights to change primary or specialty physicians if other qualified physicians are available.*

### **Policy on Advanced Directives**

*While under the care of the Endoscopy Center of Connecticut, due to reasons of conscience, the center will choose to use life saving measures in the event of a medical emergency requiring resuscitation, without limitation, and transfer to the hospital, at which time any Advanced Directives will be made known to the receiving physician.*

### **Policy Ownership Disclosure**

*The Endoscopy Center of Connecticut is owned exclusively by the physician Partners of PACT Gastroenterology and HHC Surgical Center Holdings, LLC. Francis Chan MD, Dean Chang MD, Paul Feuerstadt MD, Philip Ginsburg MD, David Hass MD, Ramnath Hebbar MD, Mark Taylor MD, Renuka Umashanker MD, Doug Grunwald, MD, Benigno Varela, MD, and Daniel Helburn MD.*

**Please report Medicare complaints to:** Office of the Regional Administrator; JFK Federal Building Suite 2325; Boston, MA 02203-0003. 1-800-MEDICARE (1-800-633-4227); TTY: 1-877-486-2048, Website: <http://medicare.gov/Ombudsman/activities.asp>

**Please report Joint Commission complaints to:** 1-800-994-6610

**Please report State of CT/DPH complaints to:** State of CT, Dept. of Public Health, Section Chief; 410 Capital Avenue, MS#12HSR, P.O.Box 340308, Hartford, CT 06134 (860) 509-8000. Website: <http://www.ct.gov/dph>