

- Sedation is usually given for all procedures.
- Sedation is not required for flexible sigmoidoscopy but may be necessary.

Recovery Period

- A staff member will call you the day after your procedure to see how you are feeling. If at any time you experience problems, please notify your physician. His/her phone number will be on your discharge instructions.
- You may feel weak and drowsy after your procedure. Do not drive a motor vehicle, operate machinery, make legally binding decisions, or drink alcohol for 24 hours after your procedure.
- Please follow your discharge instructions.

Billing

- CEC accepts most major insurance plans.
- It is important to understand that you will receive a bill from both your physician's office for his professional services, as well as a bill from CEC for the use of our facility.
- If you had biopsies and/or anesthesia services you will also receive a bill from the pathology lab, pathologist and/or the anesthesiologists for their professional services.

Thanks Again!

We sincerely appreciate your choosing Court Endoscopy Center of Frederick, Inc.! Your referral to family and friends is our highest compliment.

Inclement Weather:

In the event of inclement weather, please call our office for instructions.

Cancellation:

In the event you must cancel please call your physician and the Court Endoscopy Center. If there is no answer you may leave a message.

DIRECTIONS

- **Route 15 North (toward Frederick Community College) to Motter Avenue exit; make right turn onto Motter Avenue/Oppossumtown Pike**
- **Go to 3rd traffic light and turn right onto Thomas Johnson Drive**
- **0.8 miles on the RIGHT is Thomas Johnson Court, proceed to the end of the court.**
- **Route 15 South exit Motter Avenue; make left turn. Then follow the above directions onto Thomas Johnson Court.**

You are scheduled for:

- EGD
- Flexible Sigmoidoscopy
- Colonoscopy

On:

- Mon. Fri. Sat.

Date/Time: _____

Arrive at: _____

Please try to avoid bringing children to the facility.

Please remember that you have received sedation during your procedure and cannot drive yourself home. You must have a responsible adult who will wait at the facility during your procedure and drive you home.

**Accredited by:
Joint Commission on
Accreditation of Healthcare
Organizations**

COURT ENDOSCOPY CENTER OF FREDERICK, INC.

**85 Thomas Johnson Court
Suite E
Frederick, MD 21702**

Hours: Monday, Friday and 1 Saturday a month.

7:00 am to 1:00 pm

Closed: Tuesday, Wednesday and Thursday

Phone: 301-668-1600

Fax: 301-668-4008

****PLEASE CALL TO
PRE-REGISTER****

Welcome

Thank you for choosing the Court Endoscopy Center of Frederick, Inc. for your gastrointestinal endoscopic services. Choices you make concerning your health are some of the most important decisions you will make. This brochure is designed to help you get to know us and prepare you for your procedure. If you have any further questions, please call. Please remember, your perception of how we care for you is our utmost concern. We welcome suggestions that might help us better serve you.

CEC conforms to state, Medicare and Joint Commission standards in construction, design, policies & procedure, fire protection, safety and handicap accessibilities. Our services incorporate excellence in professional care for ambulatory gastrointestinal endoscopy services.

Our expert medical staffs are licensed to practice medicine in the state of Maryland and are board certified in gastroenterology.

Emergencies

In case of emergency, please contact your physician or go directly to the closest hospital's emergency room. Please note CEC is not a latex free facility.

Grievance:

Patient concerns will be reported through our Quality Assurance program.

Or www.medicare.gov/ombudsman/resource

The Joint Commission 1-630-792-5636
www.compliant@jointcommission.org
Office of Quality Monitoring
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

State of Maryland – DHMH 1-800-492-6005
55 Wade Avenue
Catonsville, MD 21228
www.dhmq.state.md.us/ohcq/

What is Endoscopy?

Endoscopy is a relatively non-invasive procedure that provides direct visualization of the upper and lower portions of your gastrointestinal tract. This is accomplished by passing a thin flexible tube into the body that enables your physician to examine the lining for abnormalities, obtain biopsies and removes polyps as necessary.

Your Visit

We ask that you bring your insurance card and, if required by your insurance carrier, a referral for services.

- **Follow instructions provided by our providers prior to your visit at Court Endoscopy Center.**

Endoscopic Procedures

EGD (Esophagogastroduodenoscopy)

- This procedure examines the lining of the upper part of your gastrointestinal tract, including the esophagus and stomach.
- Biopsies may be obtained and/or dilation of the esophagus may be performed during this procedure as necessary.

Preparation for EGD

- **DO NOT EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR PROCEDURE OR AS INSTRUCTED BY YOUR PHYSICIAN**
- Medications may be taken with small sips of water as advised by your physician.

Colonoscopy

- This procedure examines the lining of the colon (large bowel).
- Biopsies may be obtained and/or polyps may be removed during this procedure.

Preparation for Colonoscopy

- **FOLLOW INSTRUCTIONS BY YOUR PHYSICIAN.**

- In order to provide you with a thorough colonoscopy, it is extremely important that your colon is completely clean. This is accomplished by carefully following the bowel prep that your physician ordered for you.

Flexible Sigmoidoscopy

- This procedure examines the lining of the *left side* of the colon (large bowel).

- Biopsies may be obtained during the procedure.

Preparation for Flexible Sigmoidoscopy

- **FOLLOW INSTRUCTIONS BY YOUR PHYSICIAN.**
- Carefully follow the bowel prep you were given.

Sedation

- **Because you will be sedated during your procedure, you must have a responsible adult present during the procedure and to drive you home.**

Dr. Leonard E. Kane, FACG, AGAF has ownership interest in this center.

Dear Patients:

*Complete the attached patient medication record (This is a requirement of Joint Commission for patient safety).

*Always keep the attached patient medication record with you.

*Take the medication record to all Physician visits and all medical appointments (lab, x-ray, MRI, CT, etc)

*Update the medication record as changes are made to your medications. If a medication is stopped, draw a line through it and record the date it was stopped.

*When you are discharged from a hospital you will get an updated form. It will be reviewed with you and you will be given a copy. When you return to your Physician, take your updated medication record with you.

*By using this medication record it reduces confusion among providers, saves time and serves as an excellent communication tool for you, health care providers and your family members.

Your procedure
is scheduled on _____

You need to
arrive at _____

COURT ENDOSCOPY CENTER OF FREDERICK, INC (CEC)

Patient Bill of Rights

1. *To expect to be treated with respect, consideration , and dignity*
2. *To be assured confidential treatment of records and afforded the opportunity to approve or refuse the release of such information, except as otherwise permitted by law of law of third party payment contract and when release is required by law.*
3. *To know the name and function of any person providing health care services to the patient.*
4. *To know names and professional relationships of other physicians who may care for him in the absence of his attending physician.*
5. *To be provided, to the degree known, information concerning his diagnosis, treatment, and prognosis. When it is not medically advisable to give such information to the patient, the information will be made available to an appropriate person in his behalf.*
6. *To have the opportunity to participate in decisions involving their health care.*
7. *To request a second opinion.*
8. *To expect reasonable response to any reasonable request he may make for service*
9. *To refuse treatment to the extent permitted by law and to be informed of the medical consequences of his actions.*
10. *To expect communication in the language which they understand.*
11. *To expect treatment without regard to race, color, creed, religion, sex, national origin or source of payment, except for fiscal capability thereof.*
12. *To know services available, such as provisions for after hours or emergency care, educational material available, and policies concerning payment of fees.*
13. *To examine and receive an explanation of his bill, regardless of the source of payment.*
14. *To expect reasonable continuity of care and to know in advance the time and location of appointments.*
15. *To designate any area of where he is cared for or treated as a non-smoking area.*
16. *To leave the procedure area even against the advice of his physician.*
17. *To have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.*
18. *To have his pain assessed and treated appropriately.*
19. *To be advised of, request and obtain information on Advance Directives.*
20. *To be informed of an organization's policy on Advance Directives.*
21. *The right to refuse to participate in experimental research.*
22. *The right of an individual to exercise their rights without discrimination or reprisal.*
23. *The right to voice grievances.*
24. *The right of informed consent.*
25. *The right to personal privacy.*
26. *The right to receive care in a safe setting, and to be free from abuse/harassment.*

PATIENT MEDICAL & SURGICAL HISTORY

Date _____
Name _____
Date of Birth _____
Referring Doctor _____

What procedure are you scheduled to have done? _____

Why does your physician want to perform the procedure? _____

Name and Phone number of the person taking your home: _____

Please call immediately if you:

- *Have a pacemaker/internal defibrillator (please bring your card)*

Do you have an Advanced Directive, i.e., Living Will, etc., in place now? Yes No

(If you currently have an Advanced Directive in place, according to Maryland Law, a copy of this is required for your records at Court Endoscopy Center of Frederick, Inc. Please bring a copy with you the day of your appointment.)

Please answer Yes or No to the following disorders and give any explanation necessary.

	YES	NO		YES	NO
CARDIAC			MUSCULO-SKELETAL		
Hypertension (<i>High Blood Pressure</i>)			Arthritis-where		
Coronary Artery Disease			Back Problems		
Angina			Neck Problems		
Heart Attack			Joint replacements		
			Metal Implants-where		
Chest pain with exertion			GASTO-INTESTINAL		
Cardiac (Coronary) Bypass Surgery			Family history colon cancer		
Cardiac (Coronary) Angioplasty			Abdominal surgery		
Cardiac (Coronary) Stents			Hemorrhoids		
Congestive Heart Failure			Colitis		
Irregular Heart Beat			GERD (gastro-esophageal reflux)		
Pacemaker			Ostomy		
Defibrillator			Hiatal Hernia		
Heart Murmur			Cirrhosis		
Mitral Valve Prolapse			Polyps		
Heart Valve Replacement			Diverticulosis / Diverticulitis		
Peripheral Vascular Disease			Crohn's		
Endocarditis (Heart Infection)			Liver Disease		
RESPIRATORY			Irritable Bowel Syndrome		
Asthma - Rescue Inhaler			Gastric Ulcer		
Emphysema			Barrett's Syndrome		
TB			Hepatitis (<i>state type</i>)		
COPD			MISCELLANEOUS		
Smoking (<i>state packs per day</i>)			Bleeding Disorder (<i>state type</i>)		
Sleep Apnea (<i>Sleep with CPAP</i>)			Glaucoma		
NEUROLOGICAL			Cancer (<i>state type and location</i>)		
Stroke / TIA			Kidney Failure or Insufficiency		
Seizures-last one when			Kidney Stones		
ENDOCRINE			HIV/AIDS		
Diabetes					
Thyroid Problems					

Explanation: _____

Allergies to Medications: _____

Allergy to Latex? Yes No

Allergies to contrast? (IVP/CT Dye) Yes No

Please list any surgeries that you have had:

Are you pregnant? Yes No

Do you have a belly piercing? Yes No If yes, please remove prior to procedure.

Height _____ Weight _____

Have you had any problems with intravenous sedation?
Yes No Describe _____

Check if you use any of the following:
Alcohol Yes No Quantity per day _____
Tobacco Yes No Quantity per day _____
Narcotic Yes No Quantity per day _____

You will be called 24-72 hours post-procedure. If you are unavailable, may we leave a message on your answering machine or with another party?
Yes No If with another party(s) please provide name(s): _____

Medication Reconciliation List attached Yes No

Medication List reviewed by nurse Yes No

Patient Signature

Signature of Reviewing RN

COURT ENDOSCOPY CENTER OF FREDERICK, INC. (CEC)

POLICY AND PROCEEDURE MANUAL **ABOUT ADVANCE DIRECTIVES**

The best person to make decisions about your medical care is you. The best time to make decisions about what kind of medical care you would like, should you become terminally ill, is in advance, while you are healthy and able to make your wishes known.

What is an Advance Directive?

An *advance directive* is a written or oral statement that is made and witnessed in advance of serious illness or injury describing your wishes with regard to medical decisions. An advance directive allows you to state your choices about healthcare or to name someone to make those choices for you should you become unable to make decisions about your medical treatment or care.

What is a Living Will?

A *living will* generally describes the type of medical care you want or do not want if you are unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way that your wishes will be understood.

What is a Healthcare Surrogate Designation?

A *healthcare surrogate designation* is a signed, dated and witnessed document naming another person such as a spouse, child or close friend as your agent to make medical decisions for you should you become unable to make them for yourself. This designation is often included in the living will.

You may wish to name a second person as an alternate, should your first choice for healthcare surrogate not be available. Be sure, however, to notify these persons that you have named them as healthcare surrogates, and inform them of your wishes. ***It is also a good idea to give them, as well as your physician and attorney, a copy of both your living will and the healthcare surrogate designation documents.***

Do I have to complete an Advance Directive under (state) law?

No, there is no legal requirement to complete an advance directive. However, if you have not completed an advance directive or designated a healthcare surrogate, healthcare decisions may be made for you by a court appointed guardian, your spouse, your adult child, your parent, your adult sibling, and adult relative or a close friend, in that order.

What if I change my mind after I have completed a Living Will and/or designated a Healthcare Surrogate?

You can change or cancel these documents at any time, either orally, or in writing.

COURT ENDOSCOPY CENTER OF FREDERICK, INC. (CEC)

POLICY AND PROCEUDURE MANUAL **ABOUT ADVANCE DIRECTIVES**

What should I do with my Advance Directive?

- Make sure that someone, such as your physician, lawyer or family member knows that you have an advance directive and where it is located.
- If you have designated a healthcare surrogate, give that person a copy or the original.
- ***Give your physician and any other health care provider a copy for your medical file.***
- Keep a copy of your advance directive in a place where it can be found easily.
- Keep a card or note in your wallet or purse that states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your physician, lawyer and/or family member has the latest copy.

Court Endoscopy Center of Frederick, Inc. **Policy on Advance Directive**

It is the policy of Court Endoscopy Center of Frederick, Inc. physicians and staff to “acknowledge” a patient’s right to have an Advance Directive and will file any advanced directives that have been submitted or brought to our attention in the patient’s medical record. The patient’s medical record will be flagged as such.

However, Court Endoscopy Center of Frederick, Inc. does not “honor” an Advance Directive within the Center. Should an untoward event happen to a patient while he or she is in our Center, it is also our policy to stabilize that patient and transport them to the closest accredited Joint Commission on Accreditation of Health Care Organizations and Medicare participating hospital with a copy of the Advanced Directive if made available to us.