

PCS Procedure Suite



Dr. Mark Mansfield received his endoscopic training during residency at Idaho State University with such mentors as Dr. Andy McRoberts, Dr. David Vanec, and Dr. Cliff Field. Dr. Mansfield is a board certified Family Practice Physician. He earned his medical degree from the University Of Nevada School Of Medicine. He completed his full course work and certification through the National Procedures Institute to include upper endoscopy and colonoscopy. Dr. Mansfield performs these procedures at PCS Endoscopy Suite and Portneuf Medical Center.

Dr. Mansfield has performed over 5,000 Colonoscopies and over 2,500 Upper Endoscopies thus far in his career.

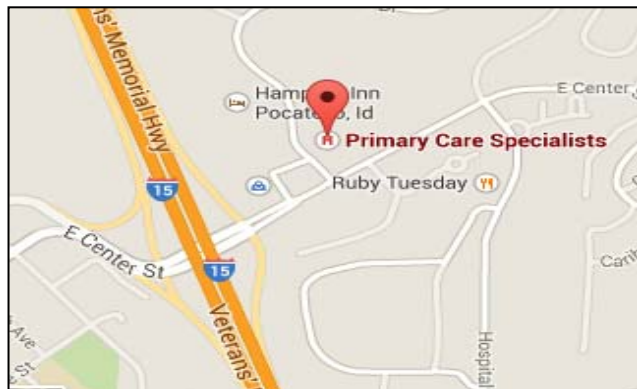
What to expect at your colonoscopy consultation:

- Discussion of your health history
- Feel free to come prepared with any questions or concerns that you may have, so that we can address them prior to your procedure.
- Screening colonoscopies are 100% covered by most insurance plans
- Gentle, low volume bowel prep
- Your modesty will be preserved
- Any discomfort will be relieved with sedation

Procedure Appointment:

Date: _____

Time: _____



110 Vista Drive, Pocatello, ID

Please call us at:

208-234-2300

primarycarespecialistspocatello.com

Mark L. Mansfield, MD

COLONOSCOPY

Your physician has determined that colonoscopy is necessary for further evaluation or treatment of your condition. This brochure has been prepared to help you understand the procedure. It includes answers to questions patients ask most frequently. Please read it carefully. If you have additional questions, please feel free to discuss them with the nurse or your physician before the examination begins.

Please know that the current bowel preparation solution used by Dr. Mansfield is a low volume, and easy to drink solution that is quite gentle. Before your colonoscopy you will be gently sedated. There will be no significant discomfort with your procedure. You will be laid on your side in a darkened room with a blanket covering you to protect your modesty.

Most screening colonoscopies are 100% covered by your insurance company

WHAT IS COLONOSCOPY?

Colonoscopy is a procedure that enables your physician to examine the lining of the colon (large bowel) using a thin flexible tube with its own lens and light source.

WHY IS COLONOSCOPY DONE?

*Screening colonoscopy is for men and women who feel healthy and well. One out of five people will have a colon polyp. 20% of colon polyps grow on to become a colon cancer. Colon cancer is the number two cancer killer. **However, it does not always cause symptoms so please be concerned.***

Colonoscopy is usually performed to diagnose lesions of the bowel at an early stage where they can be easily removed or even prevent cancer. It is also used to evaluate symptoms of persistent abdominal pain, rectal bleeding, black tarry stools, microscopic blood in stools, unexplained weight loss with anemia, follow up of previous cancers or polyps, or a high risk history. High-risk history includes a first degree relative with polyps or colon cancer, a personal history of colon polyps or colon cancer, or a personal history of breast, ovarian, uterine, lung, or stomach cancer. High risk also includes a personal history of malignant melanoma, two or more family members with colon cancer, inflammatory bowel disease (ulcerative colitis or Crohns disease). It is also the best test for finding the cause of bleeding from the lower gastrointestinal tract. Colonoscopy is more accurate than X-rays for detecting inflammation or tumors of the colon. Colonoscopy can detect early cancer and can distinguish between benign and malignant (cancer) conditions by performing biopsies (taking small tissue samples) of suspicious areas. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected. Colonoscopy is also used to treat conditions present in the lower gastrointestinal tract. A variety of instruments can be passed through the endoscope that allow many abnormalities to be treated with little or no discomfort, for example removing polyps (precancerous growths).

WHAT CAN BE EXPECTED DURING THE COLONOSCOPY?

Your doctor will review with you why colonoscopy is being performed, whether any alternative tests are available, and possible complications from the procedure. There is often a feeling of pressure, bloating, or cramping at times during the procedure. Before the test begins, you will be given medication through a vein to help you relax. The lights are dimmed and you are in a comfortable position on your side, covered by a blanket. The colonoscope is passed slowly into the large intestine. As the colonoscope is slowly withdrawn, the lining is again carefully examined. Most patients consider the procedure to be only slightly uncomfortable or not at all uncomfortable and many patients fall asleep during the procedure. The procedure usually takes 15-60 minutes. In some cases passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. The physician will then decide with you if the limited examination is sufficient or if other examinations are necessary.

WHAT IF THE COLONOSCOPY SHOWS SOMETHING ABNORMAL?

If your doctor thinks an area of the bowel needs to be evaluated in greater detail, an instrument is passed through the colonoscope to obtain a biopsy or a small brush is introduced to collect cells (a cytology test). These specimens are submitted to a pathology laboratory for analysis. If polyps are found, they are generally removed. None of these additional procedures produce pain since the colon lining can only sense stretching. Remember, biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

WHAT ARE POLYPS AND WHY ARE THEY REMOVED?

Polyps are abnormal growths on the lining of the colon, which vary in size from a tiny dot to several inches. The majority of polyps are benign (noncancerous) but the doctor cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis by the pathologist. Removal of colon polyps is an important means of preventing colorectal cancer.

HOW ARE POLYPS REMOVED?

Tiny polyps may be totally removed by biopsy. For larger polyps, they are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, which could require emergency surgery.

WHAT HAPPENS AFTER THE COLONOSCOPY?

After the test you will be monitored until most of the effects of the medication have worn off. You may have some mild cramping or bloating after the procedure because of the air introduced into your colon during the exam. This should disappear quickly with passage of flatus (gas). Generally, you will be able to resume your diet after you leave the procedure area unless you are instructed otherwise. In most circumstances your doctor can inform you of your test results on the day of the procedure; however, the results of any biopsy samples taken will take several days.

WHAT ARE POSSIBLE COMPLICATIONS OF COLONOSCOPY?

Colonoscopy is safe. Complications can occur, but are rare when physicians with specialized training and experience in this procedure perform the test. One possible complication is a perforation or tear through the bowel wall, which could require surgery. Bleeding may occur from a biopsy site or where a polyp was removed. It is usually minimal and stops on its own or can be controlled through the colonoscope. Blood transfusions or surgery may rarely be required. Localized irritation of the vein where the medication was injected may cause a tender lump lasting for several weeks, but this will go away on its own. Other potential risks include a reaction to the sedatives used and complications from heart or lung diseases. Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact us if you notice any of the following symptoms: severe abdominal pain, fever and chills, or rectal bleeding of more than ½ cup. Bleeding can occur several days after a polyp removal.

TO THE PATIENT

Because education is an important part of comprehensive medical care, you have been provided with this information to prepare you for this procedure. If you have any questions about your need for colonoscopy, alternative tests, the cost of the procedure, methods of billing, or insurance coverage, do not hesitate to speak to your doctor or doctor's office staff. Most endoscopists are highly trained specialists and welcome your questions regarding their credentials and training. If you have questions that have not been answered, please discuss them with the nurse or your physician before the examination begins.

COLONOSCOPY PREPARATION INSTRUCTIONS

Be sure to discuss with the doctor whether you should adjust any of your usual medications before the procedure, any drug allergies you may have, and whether you have any other major diseases such as a **heart, kidney or lung condition** that might require special attention during the procedure. The preparation for a colonoscopy is very simple. It is extremely important that you follow these instructions to provide good bowel preparation prior to the colonoscopy to enhance the quality and safety of the examination. Failure to comply with these instructions may result in having to repeat the bowel preparation and attempt the exam at a later date. The following are your instructions, which begin the week before your colonoscopy:

1. Notify your nurse and doctor if you need pre-procedure antibiotic for prophylaxis for any reason.
2. Pick up Prep from the pharmacy one week before the procedure.
3. Avoid aspirin for 5 DAYS prior to the exam.
4. Continue all other medication that you are taking. If you are taking blood thinners, insulin or diabetes pills, get special instructions from your doctor. Push fluids. Please notify the staff if you are taking any tranquilizers if we did not discuss these while planning your test.
5. Avoid arthritis medications for 24 hours prior to the examination.
6. Do not eat any solid food the day before your colonoscopy. Only clear liquids may be taken the day before the exam (water, clear fruit juice, bouillon, plain Jell-O, or Gatorade.) **No red or orange Jell-O or Gatorade. No milk or milk products. Coffee or Tea is ok.**
7. The night before the colonoscopy, at 6:00 PM: add ½ bottle of phospho soda from Maag's pharmacy to one half glass of water (4 fluid ounces) and drink. This should be followed by three glasses of water. (If the flavor is intolerable, mix the phospho-soda with 8 oz of the clear, chilled beverage of your choice & then drink.) Rarely, some people may vomit the prep-solution; be reassured and complete all steps of these instructions.
8. Drink five 8-ounce glasses of water before going to bed the evening before the colonoscopy.
9. No coffee the morning of your procedure! Water only.
10. On the morning of the colonoscopy, 3 hours before your colonoscopy, add the second half of the phospho soda to one half glass of water and drink. Follow this with 3 glasses of water.
11. Please brush your teeth 😊
12. Please arrive 15 minutes early.
13. Please make arrangements for someone to drive you home after your procedure.
14. Please check in for your procedure through the Procedure Suite door!

Get a good night's sleep and be reassured about this procedure. It is not usually difficult.. Most people nap for 1 to 3 hours following colonoscopy and are then fine. You should not drive or do anything delicate or dangerous for 16 hours after the procedure because of the medicines used. Do not drink any alcoholic beverages the day of this procedure.

CONSENT FOR COLONOSCOPY WITH POLYPECTOMY AND/OR BIOPSIES

This consent form refers to risks and possible consequences, which may result. We are concerned mainly with perforation of the digestive tract and with hemorrhage. Perforation means to punch a hole in the colon. If this should occur, an immediate operation would probably be necessary. You would be put to sleep with a general anesthetic, your abdomen would be opened and the perforation would be closed. The risk of perforation is quite small, less than one in a thousand procedures. Hemorrhage means the occurrence of important bleeding following the procedure, as from biopsy sites or from injury occurring during passage of the instrument. In cases where bleeding has occurred, it has almost always stopped by itself. Rarely, blood transfusion has been required. In very rare cases, an operation has been necessary to control the bleeding. The risks of important hemorrhage are also quite small, less than one in several thousand procedures. Other rare but potential risks include an anaphylactic or allergic reaction, respiratory suppression, low oxygen, arrhythmia, myocardial infarction or pneumonia due to the sedatives used. A missed diagnosis must also be considered. When we consider the risks and possible complications of any manipulative procedure, we must also consider the extreme possibility of death occurring during or close to the time of the procedure. This is an extremely rare occurrence in connection with the procedure we are discussing. It is mentioned mainly for completeness so you may be fully informed when you sign your consent form. As you might imagine, we do not expect any of these events to happen during your procedure, but you must be aware of the possibilities.

As stated, please read our colonoscopy brochure prior to signing this consent. You are advised not to drive an automobile, operate mechanical equipment or engage in hazardous activity following the procedure because of the sedative effect of the medicines to be given. Have a responsible person read this brochure and consent, pick you up, drive you home and see that you are in responsible company for the rest of the day.

- 1. I hereby authorize performance of the procedure called **COLONOSCOPY WITH POSSIBLE BIOPSIES AND/OR POLYPECTOMY** under the direction of Mark L. Mansfield, M.D. and/or such assistants he may designate.*
- 2. I have been made aware of certain risks and consequences that may be associated with the procedure described above.*
- 3. It has been explained to me that during the course of the procedure, unforeseen conditions may be revealed that necessitate an extension of the original procedure and/or different procedure(s) than those set forth in this consent form. I therefore authorize and request that Mark L. Mansfield, M.D. and his designated assistant(s) perform such procedure(s) as are necessary and desirable in the exercise of professional judgment, to include the administration of blood transfusion, should immediate need occur. The authorization granted under this paragraph shall extend to treating all conditions that require treatment and are not known to Mark L. Mansfield, M.D. at the time the procedure commences.*
- 4. I hereby consent to the administration of such anesthetics and or other medication as may be considered necessary or advisable by the physician responsible for this service.*
- 5. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantee has been made to me concerning the results of the procedures.*
- 6. I also acknowledge I have been informed of alternatives to this procedure and understand those alternatives.*

Patient Name _____ *DOB* _____

Patient Signature _____

Date _____ *Time* _____

Parent or Guardian Name (if patient is a minor) _____

Parent or Guardian Signature _____

Date _____ *Time* _____ *Relationship* _____

Witness Signature _____

PCS Procedure Suite

(Procedures done in our procedure suite are not considered 'in office' procedures. When contacting your insurance for prior authorization, please let them know the procedure will be performed in an ambulatory surgery center and make sure that your insurance is in network with our ambulatory surgery center.)

Consent for admission and treatment at PCS Procedure Suite

Your physician has recommended you have a procedure, by signing this form you CONSENT TO and AUTHORIZE such procedure to be performed at PCS Procedure Suite. In addition, this consent covers any necessary anesthesia, pathology, laboratory procedures and emergency treatment, while inside PCS Procedure Suite.

The undersigned acknowledges and understands that no guarantee or assurance has been given as to the results which may be obtained.

Assignment of Insurance Benefits

In the event the patient is entitled to insurance benefits for the procedure being performed, said benefits are hereby assigned to PCS Procedure Suite. All disputes regarding coverage are between you and your insurance carrier. The undersigned and/or the patient shall assume all responsibility for charges not covered or deemed patient responsibility, by their insurance. If the undersigned does not have current insurance coverage, he/she accepts full responsibility for all charges incurred.

Release of Information

PCS Procedure Suite may disclose all or any part of the patient's records to any party that is or may be liable under a contract for all or part of PCS Procedure Suite charges. These may include: insurance companies, third party administrators, contract providers, or the patient's employer (in cases of worker's comp). Patient records will not be released to unauthorized individuals.

Financial Agreement

The undersigned, whether he/she signs as agent or as the patient, understands and agrees that upon admission to PCS Procedure Suite, the patient enters into a contract for payment of services rendered to him/her. This document constitutes a **BINDING CONTRACT** between the two parties. The undersigned agrees that in consideration of the services to be rendered to the patient, he/she hereby individually obligated himself/herself and if married obligates his/her marital partner, to pay the account of PCS Procedure Suite, Inc. in accordance with its regular terms and rates. PCS Procedure Suite will charge interest at a rate of 18% per year on any delinquent balances.

Statement to Permit Payment of Medicare to PCS Procedure Suite, Inc.

The undersigned requests payment of authorized Medicare Benefits to he/she on his/her behalf for any services furnished to the patient by or in PCS Procedure Suite. The undersigned authorizes PCS Procedure Suite to release to Medicare, CMS Administration or any of its intermediaries, carriers or agents, any information needed to determine these benefits or benefits for related services.

By signing below, I have read the information above and I choose to have my procedure performed at PCS Procedure Suite. I understand that Dr. Mansfield has ownership in PCS Procedure Suite, that PCS Procedure Suite is a separate entity from Primary Care Specialists. I will receive a bill from PCS for the doctor's service. I will receive a separate bill from PCS Procedure Suite, which covers the use of the facility, equipment, and supplies. I also understand that if I choose not to have my procedure done at PCS Procedure Suite, arrangements can be made at another facility, at my request.

THE UNDERSIGNED HAS READ, FULLY UNDERSTANDS, AND AGREES TO ALL OF THE ABOVE PROVISIONS AND INFORMATION IN THIS DOCUMENT.

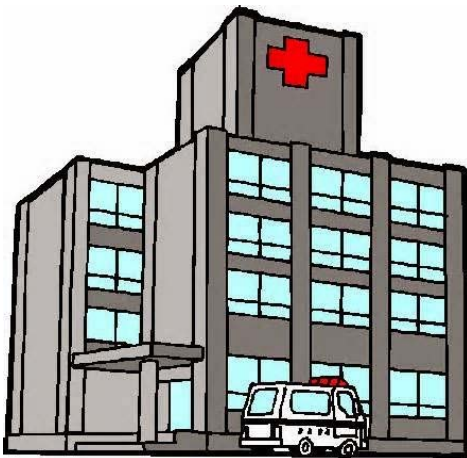
_____ Name (Print)	_____ DOB	
_____ Signature: Patient/Parent or Legal Guardian	_____ Legal Relationship to Patient	
_____ Date	_____ Time	_____ Address
_____ Home # & Work #	_____ Witness	

Billing for your Procedure

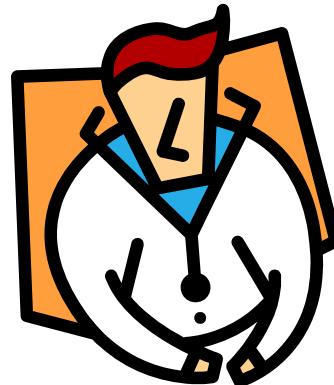
Total Cost of Your Procedure



2 Separate Bills



Medical Facility's Fee
PCS Procedure Suite



Physician Fee

The total cost for many medical services may be comprised of two fees. Each fee will be billed separately.

The medical facility fee (PCS Procedure Suite) covers the cost of the equipment and supplies involved in the performance of your service.

The physician's fee is for services provided by your physician or the actual procedure.

PCS PROCEDURE SUITE, INC.
Patient Rights and Responsibilities

Patient Rights

PCS Endoscopy Suite encourages respect for the personal preferences and values of each individual and supports the *Rights* of each patient of the Endoscopy Suite, or their designated representative as follows:

- The right to considerate and respectful care.
- The right to ask for and receive relevant, current, and understandable information concerning their diagnosis, treatment and prognosis from their physicians and other direct caregivers.
- The right to consent or refuse a treatment, as permitted by law, and in case of such refusal, the right to other appropriate care and services that the Endoscopy Suite provides or transfer to another facility.
- The right to have advance directives.
- The right to every consideration of privacy during consultation, examination and treatment.
- The right to expect all communications and records pertaining to medical care and to have the information explained or interpreted as necessary, except when restricted by law.
- The right to review their own records pertaining to medical care and to have the information explained or interpreted as necessary, except when restricted by law.
- The right to expect that, within its capacity and policies, the Endoscopy Suite will make a reasonable response to a request for appropriate and medically-indicated care and services, including evaluation, service and/or referral as indicated by the urgency of the case. If transfer is recommended and requested, the patient will be informed of risks, benefits, and alternatives, and will not be transferred until the other institution has indicated acceptance.
- The right to ask and be informed of the existence of business relationships among PCS Endoscopy Suite, educational institutions, other health care providers, or insurers that may influence the patient's treatment and care.
- The right to consent or decline to participate in research affecting care or requiring direct patient involvement, and if such participation is declined, to be entitled to the most effective care PCS Endoscopy Suite can otherwise provide.
- The right to be informed of realistic alternatives to care at PCS Endoscopy Suite.
- The right to be informed of PCS Endoscopy Suite policies and practices that relate to patient care and treatment, including charges for services and payment methods, and to be informed of available resources for resolving questions and concerns about care and treatment.

Patient Responsibilities

The collaborative measure of healthcare requires that patients participate in their care by fulfilling certain *Responsibilities*. Patients and/or families or designated representatives are responsible for:

- Requesting additional information or clarification about their health status or treatment when information or instructions are unclear.
- Ensuring that PCS Endoscopy Suite has a copy of their updated demographic information, should you need to be contacted.
- Informing physicians and other caregivers if there are problems in following prescribed treatment.
- Treating other patients, physicians, caregivers and staff with consideration and respect and recognizing that alternative care may be recommended if patient's, patient's representative or patient's family's behavior is considered unreasonably disruptive.
- Providing necessary information for insurance claims and for working with PCS Endoscopy Suite to make payment arrangements, when necessary.
- Show respect and consideration for meeting financial commitments.
- Recognizing the impact of their lifestyle on their personal health.
- Providing information about past illnesses, hospitalizations, medications, pertinent family history, and other matters related to health status.

You should expect to receive the highest quality of care at PCS Endoscopy Suite. Should you have any questions or concerns, please direct them to the facility manager on site. We appreciate constructive criticism and strive to improve our services whenever possible.

Complaint Resolution & Grievance Process

During your procedure, you and your family are encouraged to discuss questions about your care and the ASC environment with personnel and your physician. These individuals will assist in resolving issues or concerns.

If the patient or family member has a concern that is not promptly resolved after speaking with staff present, they may file a grievance. The grievance may be written or verbal and should be directed to:

Administration, PCS Endoscopy Suite
110 Vista Drive
Pocatello, ID 83201
208-234-0024 (#107)

A written response to each grievance will be provided to the patient or their representative within 14 days and will include the steps taken to investigate the grievance, the date the grievance process was completed and the name of an ASC contact person.

A patient or family also has the right to file a grievance with the following agency:

The Bureau of Facility Standards
3232 Elder Street
Boise, ID 83705
208-334-6626

You may also find support through a Medicare Ombudsman at the following website:

<http://www.medicare.gov/navigation/help-and-support/ombudsman.aspx>

In addition to having the right to have your medical treatment options explained to you by your physician, you have the right to accept or refuse medical treatment and the right to have your advance medical directives explained to you for a situation where you become incapacitated or unable to communicate. Under Federal Regulations, PCS Endoscopy Suite will provide this information to each patient, however, it is the policy of PCS Endoscopy Suite as an outpatient facility, not to carry out Advanced Directives. Rather, the patient will be stabilized and transported to the nearest emergency facility where the Advance Directives will be followed.

Advance Directives are documents, which indicate your choices for future health care. The purpose of advance directives is to give you more control over your medical care, ensuring that physicians and family members have no doubt about how much life-prolonging technology you would want.

There are three kinds of advance directives:

- Living Will
- Durable Power of Attorney
- POST (Physician Orders for Scope of Treatment)

LIVING WILL:

If you are 18 years of age and of sound mind, you may complete a *Living Will* which describes your preferences for life-sustaining treatment. Idaho's *Living Will* allows you to specify one of the following options should you become terminally ill and unable to communicate your wishes:

- That all medical treatment and care, including nutrition and hydration, necessary to restore or sustain your life, be provided to you.
- Those artificial life-sustaining procedures be withheld or withdrawn *with* the exception of nutrition and hydration.
- Those artificial life-sustaining procedures be withheld or withdrawn *including* nutrition and hydration.

The *Living Will* takes effect ONLY if your physician believes you are permanently unconscious or that death is near, AND you are unable to tell others your wishes. You may cancel your *Living Will* at any time, as long as you are of sound mind. A *Living Will* requires two witnesses to your signature, but does not have to be notarized.

DURABLE POWER OF ATTORNEY:

If you are at least 18 years of age or older and of sound mind, you may complete a Durable Power of Attorney which designates an individual to be your health care agent (or surrogate) to make health care decisions for you if you lose the ability to make decisions yourself. The individual you select as your health care agent should be someone who understands the kind of medical treatment you do and do not want. You may also designate an alternate to act for you if the first person you designate is unable to

act as your agent. As long as you are of sound mind, you may cancel your Durable Power of Attorney and make a new one.

A Durable Power of Attorney goes in effect ONLY if you are unable to make your own health care decisions. A Durable Power of Attorney does not have to be notarized, but there are restrictions on who can serve as your health care agent, as well as who can witness the document.

POST (Physician Orders for Scope of Treatment):

POST is a document completed by a patient and authenticated by their physician. This form is registered with the State and available online at <http://www.sos.idaho.gov/general/hcdr.htm>. This document transcends institutions and may follow a patient from one setting into the next. This is a supplement to other advance directives. This document replaces the former Idaho DNR Orders.

For more information on Advance Directives or assistance in completing these documents, contact the Registered Nurse on staff at the facility.