

## Endoscopy Procedure Guide

We know that undergoing any type of procedure can be overwhelming. We believe that the more you know, the more confident and relaxed you will be during your procedure.

We developed this guide to help you understand what to expect prior to, during and after your procedure.

Our Endoscopy Center staff is here to help meet your needs with compassion, expertise and care in a safe and secure manner.

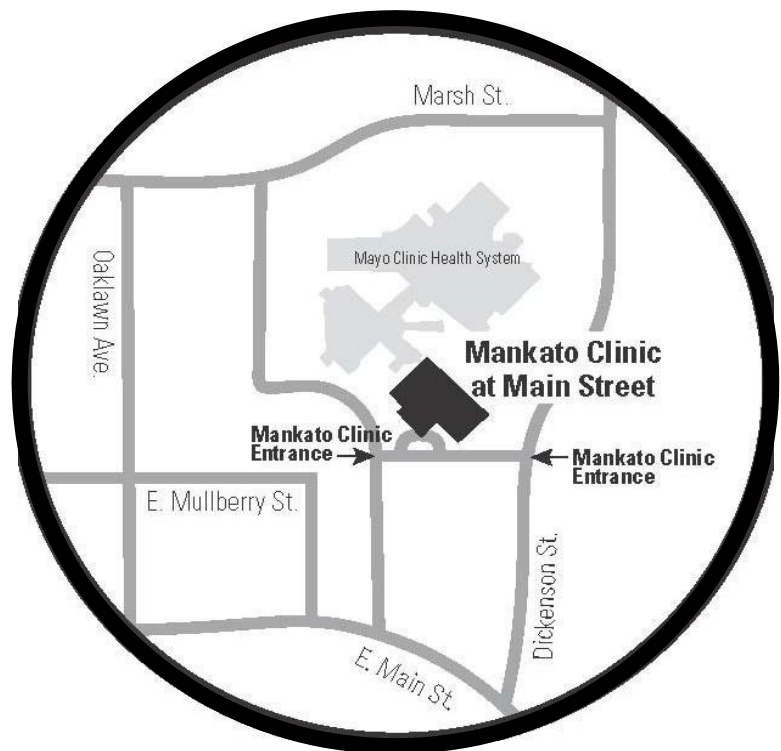
***Thank you for choosing the Mankato Clinic Endoscopy Center.***

### **Mankato Clinic Endoscopy Center**

1230 East Main Street  
Mankato, MN 56001  
507-389-8582

[mankatoclinic.com](http://mankatoclinic.com)

*Enter through the main lobby.  
You do not need to check in at  
Central Registration, but pro-  
ceed to the elevators and turn  
left. Register at the Endoscopy  
Center at the end of the hall.  
Parking is on the south side  
of the Mankato Clinic building.*



The Mankato Clinic Endoscopy Center offers expertise in the performance of GI procedures such as colonoscopy and polyp removal, gastroscopy, esophageal dilation and flexible sigmoidoscopy in a state-of-the-art Endoscopy Ambulatory Surgery Center, the Mankato Clinic Endoscopy Center.

- **Colonoscopy**—examination of the colon
- **Flexible sigmoidoscopy**—examination of the rectum and adjacent colon
- **Gastroscopy or Esophagogastroduodenoscopy (EGD)**—examination of the esophagus, stomach and upper small intestine and may include dilation of the esophagus

The Mankato Clinic Endoscopy Center provides a work environment based on patient-centered care, accountability, teamwork, integrity, excellence and continuous improvement. We encourage suggestions from patients, physicians, employees and all that come in contact with our facility.

**Pre Admission Information:**

Due to 2009 Medicare Regulations regarding Ambulatory Surgery Centers (ASC), a primary care physician or other qualified practitioner will be required to complete a history and physical on all patients indicating that they are cleared for their surgery/procedure in the Mankato Clinic Endoscopy Center. This must be done not more than 30 days before the date of the scheduled surgery/procedure. The purpose of the history and physical is to determine if there is anything in a patient's overall condition that would affect the planned procedure.

Mankato Clinic Endoscopy Center is a certified Ambulatory Surgery Center that bills for facility space, equipment, drugs and monitoring that may be bundled all together. You will also receive a separate charge for the Provider (Physician or Nurse Practitioner/Physician Assistant) and for a few procedures there will be pathology services. All fees will be sent to you on a statement from the Mankato Clinic. If you have questions regarding coverage and charges, please call 507-389-8507.

- Call the Center if you develop a cold, fever or respiratory problems, take any new medications or need to cancel your procedure.
- If you are on a blood thinner or take insulin, contact your primary health care provider before your procedure for pre-procedure instructions that may be needed.
- We encourage you to contact your insurance to review your benefits.
- **Follow the specific procedure prep and instructions that were given to you.**

You are scheduled for a sedated procedure. You will not be given a general anesthetic. For your safety and protection, do not drive or operate machinery for 12 hours after the procedure.

A responsible adult driver must accompany you to the clinic and remain in the waiting room during the procedure and the recovery time. Someone must remain with you for 12 hours after you are discharged.

**For your safety, we cannot permit you to take a taxi, bus or walk home.**

#### **Day of Procedure Instructions:**

- Follow the specific procedure prep and instructions given to you.
- Wear short-sleeved shirts and loose-fitting, comfortable clothing.
- If you are diabetic, you need to check your blood sugar more often.
- **Please DO NOT bring valuables.**

#### **Bring the following items with you:**

- If you wear glasses, hearing aids or dentures please bring a storage case for safe keeping.
- Driver's license or photo identification
- Insurance card and any co-payment information and social security number
- List of medications, both over-the-counter and prescribed, including dosages and directions for use

- List of known allergies to food, medications, latex
- List of medical conditions and surgical history
- An inhaler, if you use one
- **A copy of your advance directives in case of emergency transfer**

We are concerned about your safety and security so you will be asked to repeat your name, date of birth and scheduled procedure frequently for identification and safety measures.

Your level of pain or discomfort is important to us. Pain levels will be checked often by using the “0–10” pain scale. We want you to be as comfortable as possible; however, you may experience some pain or discomfort even after receiving pain medication.

#### **After Your Procedure:**

- Once the procedure has been completed, you will rest in the recovery area until you are ready to go home. You will be given verbal and written instructions about home care, current and any new medications and when to see your physician again.
- If an emergency occurs, call your physician. If for any reason you are unable to contact your physician, call or go to the nearest urgent care/emergency room for follow-up.
- **Do not travel outside of the country for one week after your procedure.**

#### **Post Procedure Follow-up:**

- Our nursing staff will attempt to contact you by phone the next business day after your procedure to check on you and answer any questions you may have. You will receive a follow-up letter, a phone call from your physician, or a follow-up appointment will be made to discuss the results.
- If you experience signs of infection such as fever, abdominal pain, vomiting, or other unusual symptoms; redness, tenderness or drainage at

your IV site, even up to 30 days after your procedure, please call the **Mankato Clinic Endoscopy Center** at 507-389-8582 or after 5 p.m. and weekends at 507-625-1811 or 1-800-657-6944.

- We appreciate the opportunity to talk with you and follow-up on your post-procedure care.

**As a patient, patient's representative or surrogate of the Mankato Clinic Endoscopy Center, you have the right to:**

- Be informed, verbally and in writing and through postings at the Center, that there are patient rights for your protection during your stay at the Mankato Clinic Endoscopy Center.
- Receive care that respects individual, cultural, spiritual, and social values, regardless of race, color, creed, marital status, nationality, age, gender, disability or source of payment and be free from all forms of abuse, neglect or harassment.
- Be informed of the facility's policy regarding advance directives/living wills and be informed that it is the Mankato Clinic Endoscopy Center's policy to perform emergency life-sustaining actions and transfer to a higher level of care regardless of patient's advance directives.
- Receive services that are within the capacity of the Mankato Clinic Endoscopy Center and care based on your individual needs.
- Receive services that are accessible to those individuals with communication barriers such as inability to read or follow directions and non-English speaking patients.
- Receive respectful, considerate, compassionate care that promotes dignity, privacy, safety and comfort.
- Obtain from your physician complete and current information concerning your diagnosis, treatment and prognosis in terms you can reasonably be expected to understand. When it is not medically advisable to give such information to you, the information should be made available to an appropriate person on your behalf.

You have the right to know by name the physician responsible for coordinating your care.

- Know that if a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.
- Know that if a State court 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.
- Receive from your 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, but not necessarily be limited to, specific procedure and or/ treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to know the name of the person responsible for the procedure and/or treatment.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of this action.
- Expect every consideration of privacy concerning your own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in your care must have your permission to be present.
- Expect that all communications and records pertaining to your care should be treated as confidential in compliance with all state and federal privacy regulations.
- Expect that within its capacity the Mankato Clinic Endoscopy Center must provide evaluation, service and/or referral as indicated by the urgency of that case. When medically permissible, you may be transferred to another facility only after you have received complete information and explanation concerning the needs for, and alternatives, to such a transfer. The institution to which you are to be transferred must have accepted the transfer beforehand.

- Obtain information as to any relationship of this facility to other health care and educational institutions insofar as your care is concerned. You have the right to obtain information as to the existence of any professional relationship among individuals, by name, who are treating you.
- Be advised if the Mankato Clinic Endoscopy Center proposes to engage in experimental research affecting your care or treatment. You have the right to refuse to participate in such research projects.
- Obtain an initial assessment and regular reassessment of pain. Your level of pain or discomfort is important to us. The level will be checked often by using the “0–10” pain scale. We want you to be as comfortable as possible; however, you may experience some pain or discomfort even after receiving pain medication.
- Expect reasonable continuity of care. You have the right to expect that this facility will provide a mechanism whereby you are informed by your physician or a delegate of the physician of your continuing health care requirements following discharge. You have the right to know what to do in the event an emergency occurs after your discharge.
- Examine and receive an explanation of your bill regardless of the source of payment.
- Know what facility rules and regulations apply to your conduct as a patient.
- Obtain a reasonable response to reasonable requests you may make for services.
- Leave the Mankato Clinic Endoscopy Center at any time, even against the advice of your physician.
- Understand and exercise your rights, voice grievances and recommend changes in policies and services without concern of restraint, interference, coercion, discrimination or reprisal.
- Know that your Mankato Clinic and the Mankato Clinic Endoscopy Center health care providers are referring you to a facility or service in which your health care provider has a financial or economic interest. Mankato Clinic, Ltd. has 100 percent ownership of the Mankato Clinic Endoscopy Center.
- Obtain a response to written grievances within 30 days.

**The patient may file concerns with the following:**

**Manager, Mankato Clinic Endoscopy Center**

1230 East Main Street Mankato, MN 56001 507-389-8582 or 800-657-6944

**Minnesota Board of Medical Practice**

2829 University Avenue SE, Suite 500 Minneapolis, MN 55414-3246  
612-617-2130 or 800-657-3709 [medical.board@state.mn.us](mailto:medical.board@state.mn.us)

**Office of Health Facility Complaints**

PO Box 64970 St. Paul, MN 55164-0970 651-201-4201 or 800-369-7994  
[health.ohfc-complaints@state.mn.us](mailto:health.ohfc-complaints@state.mn.us)

**Office of the Medicare Beneficiary Ombudsman**

800-MEDICARE (800-663-4227)

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>



**As a patient of the Mankato Clinic Endoscopy Center, you have the responsibility to:**

- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications including over-the-counter products and dietary supplements and any allergies or sensitivities and other matters relating to your health. Report perceived risks in your care and unexpected changes in your condition, and communicate whether you clearly comprehend a contemplated course of action and what is expected.
- Fully participate in decisions involving your own health care and accept the consequences of these decisions if complications occur as a result of refusal to participate in the recommended treatment plan.
- Follow up on your doctor's plan of treatment or instructions, take medication when prescribed, and ask questions concerning your own health care that you feel are necessary.
- Accept personal financial responsibility for any charges not covered by your insurance.
- Follow the Mankato Clinic Endoscopy Center's rules and regulations affecting patient care and conduct.
- Be considerate of the rights of other patients, Mankato Clinic Endoscopy Center personnel and their property.
- Cooperate with Mankato Clinic Endoscopy Center staff and ask questions when you do not understand what you have been told about your care or what you are expected to do.
- Keep your scheduled appointment times, and if you are unable, advise the Mankato Clinic Endoscopy Center staff as soon as possible.
- Be responsible for your personal possessions and valuables.
- Keep the Mankato Clinic Endoscopy Center smoke-free.
- Inform your provider or the Mankato Clinic Endoscopy Center about any living wills, Medical Power of Attorney, Advance Directives or other documents that could affect your care.

- For your safety, you must have a driver to take you home and someone to care for you during the first 12 hours after your procedure.

It is the policy of the Mankato Clinic Endoscopy Center to protect the rights of patients and inform them of their rights, as well as their responsibilities. This policy was adopted from the 1998 Patient Bill of Rights Act and 2004 MN Statutes and the Minnesota Outpatient Surgical Center Patients Bill of Rights and Federal Guidelines.

It is expected that the observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, the physician and the organization. It is with the recognition of these factors that these rights and responsibilities are affirmed.

## **MINNESOTA ADVANCE DIRECTIVE LAW**

### **Advance Directive Notification**

#### **Minnesota Law**

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can't tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

#### **What is a Health Care Directive?**

A health care directive is a written document that informs others of your wishes about your health care. It allows you to name a person ("agent") to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

#### **Why Have a Health Care Directive?**

A health care directive is important if your attending physician determines you can't communicate your health care choices (because of physical or

mental capacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

## **Must I Have a Health Care Directive?**

### **What Happens if I Don't Have One?**

You don't have to have a health care directive. But, writing one helps to make sure your wishes are followed. You will still receive medical treatment if you don't have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

### **How Do I Make a Health Care Directive?**

There are forms for health care directives. You don't have to use a form, but your health care directive must meet the following requirements to be legal:

- Be in writing and dated.
- State your name.
- Be signed by you or someone you authorized to sign for you, when you can understand and communicate your health care wishes.
- Have your signature verified by a notary public or two witnesses.
- Include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider.

Information about how to obtain forms for preparation of your Health Care Directive can be found on the last page of this document.

## **I Prepared My Directive in Another State. Is It Still Good?**

Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or the Minnesota requirements. But requests for assisted suicide will not be followed.

## **What Can I Put in a Health Care Directive?**

You have many choices of what to put in your health care directive. For example, you may include:

- The person you trust as your agent to make health care decisions for you. You can name alternative agents in case the first agent is unavailable, or joint agents.
- Your goals, values and preferences about health care.
- The types of medical treatment you would want (or not want).
- How you want your agent or agents to decide.
- Where you want to receive care.
- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications.
- Instructions if you are pregnant.
- Donation of organs, tissues and eyes.
- Funeral arrangements.
- Who you would like as your guardian or conservator if there is a court action.

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

## **Are There Any Limits to What I Can Put in My Health Care Directive?**

There are some limits about what you can put in your health care directive. For instance:

- Your agent must be at least 18 years of age.
- Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.
- You cannot request health care treatment that is outside of reasonable medical practice.
- You cannot request assisted suicide.

## **How Long Does a Health Care Directive Last? Can I Change It?**

Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- A written statement saying you want to cancel it.
- Destroying it.
- Telling at least two other people you want to cancel it.
- Writing a new health care directive.

## **What If My Health Care Provider Refuses to Follow My Health Care Directive?**

Your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agency to arrange to transfer you to another provider who will follow the agent's directions.

## **What If I've Already Prepared a Health Care Document? Is It Still Good?**

Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney and mental health declarations.

The law changed so people can use one form for all of their health care instructions.

Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

## **What Should I Do With My Health Care Directive After I Have Signed It?**

You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

## **What If I Believe a Health Care Provider Has Not Followed Health Care Directive Requirements?**

Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4201 (Metro Area), Toll-free at 1-800-369-7994 or by email at [health.ohfc-complaints@state.mn.us](mailto:health.ohfc-complaints@state.mn.us).

## **What If I Believe a Health Care Plan Has Not Followed Health Care Directive Requirements?**

Complaints of this type can be filed with the Minnesota Health Information Clearinghouse at 651-201-5178, Toll-free at 1-800-657-3793 or by email at [health.clearinghouse@state.mn.us](mailto:health.clearinghouse@state.mn.us).

## **How to Obtain Additional Information:**

If you want more information about health care directives, please contact your health care provider, your attorney, or Minnesota Board of Aging's Senior LinkAge Line<sup>®</sup> 1-800-333-2433.

A suggested health care directive form is available on the Internet at <http://www.mnaging.org/>.

For questions about this page, please contact our Compliance Monitoring Division: [www.health.state.mn.us](http://www.health.state.mn.us)

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