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2400 Tamarack Avenue, Suite 200
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Phone 860.242.8591

Fax 860.242.2511

www.crsgh.com

PREPARING FOR COLON SURGERY CHECKLIST – WITH BOWEL PREP

Within 30 Days of Surgery

- Purchase Hibiclens scrub (CHG) or alternative to use the night before and morning of surgery. (See enclosed instructions.)
- Pick up the prescriptions for Clenpiq, Neomycin and Flagyl (also called Metronidazole) at your pharmacy.
- Ensure that you have an appointment with your primary care physician WITHIN 30 DAYS OF SURGERY. You may also need an appointment with a specialist such as a cardiologist, pulmonologist, nephrologist or other specialist depending on your medical history.
- Send back any additional paperwork sent to you by our office.
- Stop any Aspirin products within 7 days of surgery if ok with your physician. If you take any blood thinners (Coumadin, Warfarin, Plavix, Pradaxa for example), please contact your physician that prescribed those medications to determine when to stop them prior to surgery.

The Morning of Surgery

- Take a shower with the CHG/Hibiclens scrub according to the enclosed instructions.
- Bring a complete and updated list of your prescription and non-prescription medications with you to the hospital including the name, dosage and frequency that you take them.
- You can take your medications with a sip of water.
- Carbohydrate drink
 Before you leave home, drink 12-oz. of apple, cranberry or grape juice within a 10 minute period. This drink MUST BE completed at least 2 hours prior to your scheduled time of surgery.

Please make sure that you have arranged a ride to and from your surgery. You will not be allowed to drive yourself home.

Please notify us immediately of any change in your insurance.

If you need a pre-operative appointment with an ostomy nurse, they will call you directly.

The Day Before Surgery

- Prior to 8 am**
 Have a light breakfast
- 1 pm**
 Take 1 dose (2 pills) of Neomycin and 1 dose of Flagyl
- 2 pm**
 Take 1 dose (2 pills) of Neomycin and 1 dose of Flagyl
- 4-9 pm**
 Drink the first bottle of the Clenpiq.
 Then drink five (5) 8oz. glasses of clear liquids over the next five hours
- 8 pm**
 Take 1 dose (2 pills) of Neomycin and 1 dose of Flagyl
- 10 pm**
 Drink the second bottle of Clenpiq
 Then drink three (3) 8oz. glasses of clear liquids
 Take Tylenol 1000 mg by mouth after the second dose of the bowel preparation
- Please follow the enhanced recovery instructions (ERAS)
- Please follow the surgical enhanced recovery instructions (SER)

PROCEDURE SCHEDULERS	
DR. BROWN DR. LEWIS DR. MULLINS	Jackie Eichler 860.929.7940
DR. BANERJEE DR. AYERS DR. RAISSIS DR. SCOTT	Lauren MacLeod 860.929.7962



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PREPARING FOR COLON SURGERY CHECKLIST – NO BOWEL PREP

Within 30 Days of Surgery

- Purchase Hibiclens scrub (CHG) or alternative to use the night before and morning of surgery. (See enclosed instructions.)
- Pick up the prescriptions for Neomycin and Flagyl (also called Metronidazole) at your pharmacy.
- Ensure that you have an appointment with your primary care physician **WITHIN 30 DAYS OF SURGERY**. You may also need an appointment with a specialist such as a cardiologist, pulmonologist, nephrologist or other specialist depending on your medical history.
- Send back any additional paperwork sent to you by our office.
- Stop any Aspirin products within 7 days of surgery if ok with your physician. If you take any blood thinners (Coumadin, Warfarin, Plavix, Pradaxa for example), please contact your physician that prescribed those medications to determine when to stop them prior to surgery.

The Morning of Surgery

- Take a shower with the CHG/Hibiclens scrub according to the enclosed instructions.
- Bring a complete and updated list of your prescription and non-prescription medications with you to the hospital including the name, dosage and frequency that you take them.
- You can take your medications with a sip of water.
- Carbohydrate drink
Before you leave home, drink 12-oz. of apple, cranberry or grape juice within a 10 minute period. This drink **MUST BE** completed at least 2 hours prior to your scheduled time of surgery.

The Day Before Surgery

- Prior to 8 am**
Have a light breakfast
- 1 pm**
Take 1 dose (2 pills) of Neomycin and 1 dose of Flagyl
- 2 pm**
Take 1 dose (2 pills) of Neomycin and 1 dose of Flagyl
- 8 pm**
Take 1 dose (2 pills) of Neomycin and 1 dose of Flagyl
- Please follow the enhanced recovery instructions (ERAS)
- Please follow the surgical enhanced recovery instructions (SER)



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SUPREP INSTRUCTIONS FOR COLONOSCOPY

Read These Instructions at Least 2 Weeks Before Your Colonoscopy

IMPORTANT INFORMATION

Someone MUST drive you home from your procedure. You are NOT ALLOWED to drive, take a taxi or bus alone, or leave the endoscopy center alone. If you do not have someone to accompany you home, YOUR PROCEDURE WILL BE CANCELLED.

You should not use Suprep for your bowel preparation if you have a history of serious kidney problems.

MEDICATIONS

- You MAY take all of your normal medications (including a Baby Aspirin or Aspirin 81 mg, high blood pressure medications, and cholesterol medications) on the morning of the procedure with a sip of water.
- You MUST call the doctor that prescribes ANY blood thinner or anti-platelet medication at least one week before your procedure. This includes: Coumadin (warfarin), Pradaxa (dabigatran), Eliquis (apixaban), Xarelto (rivaroxaban), Effient (prasugrel), Ticlid (ticlopidine), Brilinta (ticagrelor) or Plavix (clopidogrel). You should let them know you will need to stop your medication, and ask when to stop the medication before the procedure.
- For patients with diabetes: Please see separate instructions

5
DAYS

PRIOR TO YOUR COLONOSCOPY

- STOP taking any fiber supplements (e.g. Metamucil, Citrucel, and Benefiber)
- Pick up the prescription for your prep at the pharmacy. If you feel your copay is greater than you can afford, please call our office for another option.

3
DAYS

PRIOR TO YOUR COLONOSCOPY

- DO NOT eat any high fiber foods – like popcorn, beans, seeds (flax, sunflower, quinoa, chia), multigrain bread, nuts, salad/raw vegetables, fresh or dried fruit.

1 DAY BEFORE YOUR COLONOSCOPY

DO NOT eat any solid food after 8 am

Between 5-9 pm

- Mix the first dose of Suprep with 10 oz. of water or a clear liquid of your choice (for a total of 16 oz.) and drink.
- Drink 2 more 16-oz. containers of additional water or any clear liquid over the next 60 minutes.

Six (6) Hours Prior to Your Colonoscopy

- Mix the second dose of Suprep with 10 oz. of water (for a total of 16 oz.) and drink.
- Drink two (2) more 16-oz. containers of additional water or any clear liquid over the next 60 minutes.

Four (4) Hours Prior to Your Colonoscopy

- NOTHING to eat or drink (including the preparation).

Some patients find Suprep more tolerable when chilled. This can be accomplished by either chilling the Suprep before mixing or by adding chilled liquids to the Suprep.

Crystal Light Lemonade or Iced Tea can be substituted for water when mixing with the Suprep.

Liquids ALLOWED

the day before your procedure

- Water, soft drinks, juices, bouillon
- Black coffee or tea with no milk or cream
- Jell-O, popsicles, hard candies
- It is important that you drink lots of liquids during the day

Liquids and Foods NOT ALLOWED

the day before your procedure

- Cream, milk, dairy products
- Solid foods except for a light breakfast before 8 am
- Alcoholic beverages
- Non-prescription drugs/recreational drugs
- Liquids which are not clear (for example orange juice)



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CLENPIQ INSTRUCTIONS FOR COLONOSCOPY

Read These Instructions at Least 2 Weeks Before Your Colonoscopy

IMPORTANT INFORMATION

Someone **MUST** drive you home from your procedure. You are **NOT ALLOWED** to drive, take a taxi or bus alone, or leave the endoscopy center alone. If you do not have someone to accompany you home, **YOUR PROCEDURE WILL BE CANCELLED.**

You should not use Clenpiq for your bowel preparation if you have a history of serious kidney problems.

MEDICATIONS

- You **MAY** take all of your normal medications (including a Baby Aspirin or Aspirin 81 mg, high blood pressure medications, and cholesterol medications) on the morning of the procedure with a sip of water.
- You **MUST call the doctor that prescribes ANY blood thinner or anti-platelet medication at least one week before your procedure. This includes: Coumadin (warfarin), Pradaxa (dabigatran), Eliquis (apixaban), Xarelto (rivaroxaban), Effient (prasugrel), Ticlid (ticlopidine), Brilinta (ticagrelor) or Plavix (clopidogrel). You should let them know you will need to stop your medication, and ask when to stop the medication before the procedure.**
- For patients with diabetes: Please see separate instructions

5
DAYS

PRIOR TO YOUR COLONOSCOPY

- **STOP** taking any fiber supplements (e.g. Metamucil, Citrucel, and Benefiber)
- Pick up the prescription for your prep at the pharmacy. If you feel your copay is greater than you can afford, please call our office for another option.

3
DAYS

PRIOR TO YOUR COLONOSCOPY

- **DO NOT** eat any high fiber foods – like popcorn, beans, seeds (flax, sunflower, quinoa, chia), multigrain bread, nuts, salad/raw vegetables, fresh or dried fruit.

1 DAY BEFORE YOUR COLONOSCOPY

DO NOT eat any solid food after 8 am.

Clenpiq is premixed and does not need to be diluted.

Between 5-9 pm

- Drink the first bottle of the Clenpiq.
- Then drink five (5) 8oz. glasses of clear liquids over the next five hours.

Five (5) Hours Prior to Your Colonoscopy

- Drink the second bottle of Clenpiq.
- Then drink three (3) 8oz. glasses of clear liquids.

Four (4) Hours Prior to Your Colonoscopy

- **NOTHING** to eat or drink (including the preparation).

Liquids **ALLOWED**

the day before your procedure

- Water, soft drinks, juices, bouillon
- Black coffee or tea with no milk or cream
- Jell-O, popsicles, hard candies
- It is important that you drink lots of liquids during the day

Liquids and Foods **NOT ALLOWED**

the day before your procedure

- Cream, milk, dairy products
- Solid foods except for a light breakfast before 8 am
- Alcoholic beverages
- Non-prescription drugs/recreational drugs
- Liquids which are not clear (for example orange juice)



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GOLYTELY INSTRUCTIONS FOR COLONOSCOPY

Read These Instructions at Least 2 Weeks Before Your Colonoscopy

IMPORTANT INFORMATION

Someone **MUST** drive you home from your procedure. You are **NOT ALLOWED** to drive, take a taxi or bus alone, or leave the endoscopy center alone. If you do not have someone to accompany you home, **YOUR PROCEDURE WILL BE CANCELLED.**

MEDICATIONS

- You **MAY** take all of your normal medications (including a Baby Aspirin or Aspirin 81 mg, high blood pressure medications, and cholesterol medications) on the morning of the procedure with a sip of water.
- You **MUST** call the doctor that prescribes ANY blood thinner or anti-platelet medication at least one week before your procedure. This includes: Coumadin (warfarin), Pradaxa (dabigatran), Eliquis (apixaban), Xarelto (rivaroxaban), Effient (prasugrel), Ticlid (ticlopidine), Brilinta (ticagrelor) or Plavix (clopidogrel). You should let them know you will need to stop your medication, and ask when to stop the medication before the procedure.
- For patients with diabetes: Please see separate instructions

5
DAYS

PRIOR TO YOUR COLONOSCOPY

- **STOP** taking any fiber supplements (e.g. Metamucil, Citrucel, and Benefiber)
- Pick up the prescription for your prep at the pharmacy. If you feel your copay is greater than you can afford, please call our office for another option.

3
DAYS

PRIOR TO YOUR COLONOSCOPY

- **DO NOT** eat any high fiber foods – like popcorn, beans, seeds (flax, sunflower, quinoa, chia), multigrain bread, nuts, salad/raw vegetables, fresh or dried fruit.

1 DAY BEFORE YOUR COLONOSCOPY

DO NOT eat any solid food after 8 am.

Morning

- Mix the Golytely according to the package instructions and refrigerate.

Between 4-6 pm

- Drink one (1) 8oz glass every ten (10) minutes. It is better to drink the whole glass rapidly rather than sipping in small amounts.
- Continue drinking until the bottle is empty. It is OK to take a break between glasses if you feel full or bloated.

Four (4) Hours Prior to Your Colonoscopy

- **NOTHING** to eat or drink (including the preparation).

Liquids **ALLOWED**

the day before your procedure

- Water, soft drinks, juices, bouillon
- Black coffee or tea with no milk or cream
- Jell-O, popsicles, hard candies
- It is important that you drink lots of liquids during the day

Liquids and Foods **NOT ALLOWED**

the day before your procedure

- Cream, milk, dairy products
- Solid foods except for a light breakfast before 8 am
- Alcoholic beverages
- Non-prescription drugs/recreational drugs
- Liquids which are not clear (for example orange juice)



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INFORMATION PRIOR TO COLONOSCOPY

PROCEDURE DATE _____

ARRIVAL TIME _____

PROCEDURE TIME _____

PROCEDURE SCHEDULERS	
DR. BROWN DR. LEWIS DR. RAISSIS	Jennifer Sowinski 860.929.7963
DR. BANERJEE DR. AYERS DR. MULLINS DR. SCOTT	Allison Tremblay 860.929.7955

IMPORTANT — READ CAREFULLY

1. Please follow the PREP INSTRUCTIONS on the BACK SIDE of this document for your procedure. Please review at least a few days before your colonoscopy.
2. Please note that you may be charged a \$50 cancellation fee if you give us less than 48 hours notice. We will not cancel procedures due to inclement weather. However, the outpatient endoscopy centers may cancel if the Governor/State of CT closes. If you choose to cancel your procedure because of bad weather, there will not be a cancellation fee.
3. If you cancel/reschedule your procedure 3 or more times, there will be a \$50 fee.

YOU MUST CALL YOUR INSURANCE COMPANY:
 Our office will obtain pre-certification, but that is not a guarantee of payment. Prior to any procedure, it is the patient's responsibility to contact their insurance to check covered benefits/deductibles.

It is also the patient's responsibility to contact our office immediately with any insurance changes.

YOUR COLONOSCOPY IS SCHEDULED AT:

- EVERGREEN ENDOSCOPY CENTER**
2400 Tamarack Avenue, Suite 100, South Windsor, CT
 Phone Number: 860.644.7336

 Located on First Floor. You will receive a Pre-registration call 2-3 days prior to your procedure.
- ST. FRANCIS GI ENDOSCOPY CENTER**
360 Bloomfield Ave. Suite 204, Windsor, CT
 Phone Number: 860.683.9991

 Exit 37 (Bloomfield Ave/ Windsor Center) off Interstate 91 North. Take right onto Bloomfield Ave and make an immediate left turn onto a long driveway, before the Mobil Gas Station/McDonalds. Exit #37 Interstate 91 South: Take left onto Bloomfield Ave and make a left turn before the Mobil Gas Station.
- ST. FRANCIS HOSPITAL**
114 Woodland St., Hartford, CT
 SFH Pre-Call/Pre-registration Questions
Phone Number: 860.714.2192

 Enter the parking garage from Woodland St. or Collins St. entrance. Proceed to 2nd floor, "Admitting," then to the Endo unit (Day Hospital) across the hall. Or, you may be dropped off at front doors of hospital. Take stairs on left, turn left on 2nd floor, to "Admitting."
- ECHN**
71 Haynes St., Manchester, CT
Phone Number: 860.646.1222

 To access the GI unit, please enter through the Ambulatory Medical Entrance on Guard St., Pull into valet and follow the signs to the GI unit.
- BRISTOL HOSPITAL**
41 Brewster Rd, Bristol CT
Phone Number: 860.585.3054

 Please report to the Endoscopy unit located on level B within the new Perioperative Building. You must call Bristol Hospital and pre-register.



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GUIDELINES FOR BOWEL PREPARATION FOR THOSE WITH DIABETES

IF YOU HAVE HAD ANY OF THE FOLLOWING IN THE PAST MONTH

1. Diabetic ketoacidosis/severe hyperglycemia
2. Repeated hypoglycemic episodes (<70 mg/dL- X2 a week)
3. Hospitalization for diabetes related issues

Please contact the provider taking care of your diabetes for instructions.

ON DAY OF PROCEDURE:

- Do not take any oral diabetes or any other injectable (Victoza, Trulicity etc.) diabetes medications
- Do not take any short acting insulin
- If you take other long acting insulins (Lantus, Levemir, Toujeo, NPH etc.) in the morning then take ½ of usual dose

If you are wearing the pump:

- Decrease basal rates by 20% from 12 am of the morning of the procedure, until after the procedure

AFTER PROCEDURE:

- You can resume all medications after you resume eating

ALL OTHERS

ONE DAY BEFORE PROCEDURE/ DAY OF BOWEL PREPARATION:

- Take usual dose of oral and all other injectable (Victoza, Trulicity, etc.) diabetes medications in the morning and do not take the evening dose

If you take insulin:

- During the day, take your usual dose before meals, (except at dinner time)
- If you take mixed insulins, take the morning dose but not the evening dose
- If you take long acting insulin (Lantus, Levemir, NPH, Toujeo etc.) in the morning take the usual dose
- If you take long acting insulin at bedtime then take only ½ dose

If you are wearing the pump:

- Continue usual basal rates until 12 am of the morning of the procedure, then decrease basal rate by 20%



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CONSENT FOR PROCEDURE

COLONOSCOPY CONSENT

You and your doctor, or physician assistant, at CRSGH have discussed a colonoscopy. All procedures have risks. The specific risks related to colonoscopy include but are not limited to:

- Bleeding
 - Which could rarely require a blood transfusion or another procedure
- Perforation (creating a hole or tear in the colon)
 - Which is rare but may require surgery, admission to the hospital or other treatment
- Missing disease such as a polyp or cancer
 - Colonoscopy does not guarantee that you will not develop colon cancer, but removing polyps (growths) is proven to reduce the risk that you will develop colon cancer in the future
- Inability to complete the exam
- Allergic or adverse reaction to medications used for preparation for the procedure
- Allergic or adverse reaction to the medications used for sedation
- VERY RARE complications such as: heart attack, stroke, change in heart rhythm, aspiration (swallowing vomit into the lungs), seizure or problems with breathing
- If you take a medication to thin your blood, then stopping that medication could lead to problems such as a stroke or blood clot

Signing this form states that you are comfortable with the discussion with your surgeon about:

- The nature, purpose and risks of the procedure
- Alternatives to colonoscopy which include but are not limited to: no screening (do nothing), stool based tests or radiology studies like a "Virtual Colonography"

If you have additional questions, please contact your surgeon by calling our office at: 860.242.8591

 Patient Signature

 Date

 Print Name

 Date of Birth

 Physician Signature

 Date



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POST OPERATIVE ABDOMINAL SURGERY INSTRUCTIONS

What to Expect

(in the uncomplicated surgical recovery)

The average stay in the hospital is four to seven days after surgery. At the time of discharge, one can expect to be in pain and require medication to control it. One will be eating, but small amounts. Weight loss of ten pounds is the average. One should be walking, but slowly. For the first week at home, one should not be alone for extended periods. Need for extra nursing services or rehabilitation stays are usually determined at the time of discharge through social services at the hospital.

Pain Medication

Pain medication should be taken as directed on the prescription bottle and only taken as needed unless otherwise directed. Pain medication in pill form may take up to 40 minutes to start working after swallowed. Do not wait until the pain is at a maximum before taking pain medications.

Many pain medications may contain Tylenol (acetaminophen). Additional Tylenol should not be taken. Motrin/Ibuprofen may be taken at doses up to 600mg every eight hours as needed with food. This medication can be used with the prescription pain medication or instead of it.

Most narcotic pain medications cannot be called in to the pharmacy. Monitor the number of pills that you have and call us 2-3 days before you run out.

Appropriate prescriptions are provided at the time of discharge from the hospital.

Diet

The usual diet at discharge is a low fiber, low residue regular diet for the first two weeks after surgery until bowel swelling resolves. One should avoid fresh fruit and vegetables, bran, whole wheat, nuts and popped corn. After the first office visit the diet is usually advanced. Frequent small meals are better tolerated than large ones. It is important to drink enough fluids to keep one's self well hydrated.

Wound Care

Surgical wounds usually require little care. You may shower when you return home leaving the wound covered or uncovered. Let the water run gently on the incision and gently wipe with soap. Dab dry afterward. If the wound has some drainage, a dry dressing can be applied to protect your clothes.

No ointments or lotions should be put on the healing incision unless otherwise instructed. Baths or swimming are usually not allowed for about 3-4 weeks after surgery.

Activity and Driving

No driving or working until you are off of narcotic pain medications and moving comfortably without pain medication. This is usually 3-4 weeks after surgery.

The average time out of work for abdominal surgery is six weeks. You may return to work when you feel you are able.

Patients are usually tired, weak and easily fatigued for at least six weeks. Naps are required. Avoid sleeping frequently during the day to prevent difficulty sleeping at night. Night time sleep is often interrupted and difficult for the first few weeks.

Bowel Regimen

It is often difficult to move your bowels after abdominal surgery. Pain and narcotic pain medications often cause constipation. Abdominal surgery with or without resection can alter bowel function and predictability.

Colace (sodium docusate) can be taken to keep the stools soft. It may be taken two to three times per day. It must be taken with 6-8 glasses of liquid throughout the day.

Fiber supplements should be avoided for the first two weeks until any bowel swelling has resolved.

Gentle stimulant laxatives (milk of magnesia, dulcolax, senna) may be required but should be used only if directed by the physician.

Other Restrictions

Walking is encouraged. Going outdoors is fine, as long as one does not slip or fall.

Stairs are fine as long as one goes slowly and does not do them more than a few times per day.

One should avoid lifting more than 15 pounds (a gallon of milk) for six weeks. This is done to allow full healing at the muscle level and to decrease the chance of developing a hernia. Likewise, one should avoid straining, stretching, pulling, or other strenuous exercise for six weeks.

Avoid sexual activity for six weeks for the same reasons.

Coughing and deep breathing are still encouraged to help prevent pneumonia.

Traveling is often discouraged for up to six weeks after surgery.

Follow-Up

Please call our office to schedule a follow-up appointment:

Bloomfield: 860.242.8591

South Windsor: 860.648.4413

Plainville: 860.793.8562

Notify Your Doctor

Notify our office if you develop a fever (>101 degrees F), swelling or increasing pain. These can be signs of a rare infection or drainage from the incision.

Notify our office if you are not able to move your bowels within 2-3 days of getting home. Notify us if you stop passing gas, if your abdomen becomes more distended, if you develop nausea or vomiting, or if you are unable to eat or drink enough to hydrate yourself.

It is normal to pass small clots or streaks of blood. Spotting on the paper is also expected. If you have bloody bowel movements, do not hesitate to call. Telephone: 860-242-8591



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Post Operative AMBULATORY Surgery Instructions

Pain Medication

The pain medication should be taken as directed on the prescription bottle. Pain medication should only be taken as needed unless otherwise directed. Pain medication in pill form may take up to 40 minutes to start working after they are swallowed. One should not wait until the pain is at a maximum before taking pain medications.

Many pain medications may contain Tylenol (acetaminophen). Additional Tylenol should not be taken. Motrin/Ibuprofen may be taken in doses of 600 mg every eight hours as needed with food. This medication can be used with the prescription pain medication or instead of it.

Warm soaks in the bath tub or sitz bath may be helpful at relaxing the anal muscle spasm and decreasing your pain. These may be done for twenty minutes at a time every 4 hours.

Pain is expected to be particularly severe around the time of bowel movements. Use the medication as needed.

Most narcotic pain medications cannot be called in to the pharmacy. Watch the number of pills that you have and call us well before (2-3 days) you are due to run out.

Wound Care

The dressings that are in place may be removed at the first bowel movement or when they become soiled. Usually no fancy dressings are required. This is not a sterile area. Feminine mini or maxi pads may be easiest to use. Simple gauze pads can also be used. Limiting the use of tape may aid in your comfort. Dressings mostly act to prevent staining of your undergarments.

Cleansing after bowel movements must be performed gently. Baby wipes can be helpful in getting clean with little trauma. Flushable adult wipes are available. Avoid any "medicated wipes" as these may contain witch hazel or alcohol. These will cause discomfort. Wiping can be avoided all together if one goes

directly to the warm soaks after a bowel movement. Nothing needs to be added to the water. Bubbles, oils, or Epsom salts may be added if this improves your comfort or sense of cleaning. The water should not be too hot to avoid the risk of a burn injury.

Some wounds are closed and some are left open. A large percentage of wounds that have been stitched closed may separate or open. The skin in this area does not always hold the stitches. The wound will heal whether it has opened or not. The stitches are usually dissolving and do not need to be removed.

You do not have to add any topical ointments to the anal wounds. Usually these can be used if you feel they help you with comfort or dryness.

Antibiotics are rarely used for anal surgery.

Bowel Regimen

It is often difficult to move your bowels after anal surgery. Pain and narcotic medications cause constipation. It is important to keep the bowels moving. The stool only becomes harder if you do not move your bowels for days. You should eat a regular healthy diet.

Colace (sodium ducosate) can be taken to keep the stools soft. It may be taken two to three times per day. It must be taken with 6-8 glasses of liquid throughout the day.

Fiber supplements (psyllium, Metamucil, Citrucel, Fibercon) can be used daily to keep the bowels soft and moving. Fluids are also required for these to help.

Gentle stimulant laxatives (milk of magnesia, dulcolax, senna) should be taken if you have not moved your bowels for one to two days.

At times all three of these (softener, fiber, and laxative) may be required to help the bowels. It is important not to take too much to avoid diarrhea.

Activity

No driving or working until you are off all narcotic pain medications.

Notify Your Doctor

Notify our office if you develop a fever (>101 degrees F), swelling, or increasing pain. These can be signs of rare infection. Drainage is common from these wounds as is small amounts of blood.

Notify our office if you are not able to move your bowels despite the previous laxative recommendations.

Notify the office if you are unable to urinate. Pain and surgery can make it hard to void. Sometimes sitting in the warm soaks may help to get started.

Notify our office if you start having heavy bleeding. A small amount of blood on the dressings is normal. You may witness drops of blood clots with bowel movements if they are firm. When you have ongoing saturation of the dressings or frequent passing of blood do not hesitate to call.

Telephone: 860.242.8591

You may return to work when you feel you are able. Avoid activity that can cause direct trauma to the surgical area. Your activity is limited mostly by your discomfort.

Follow-Up

Please call our office to schedule a follow-up appointment:

Bloomfield: 860.242.8591

South Windsor: 860.648.4413

Plainville: 860.793.8562



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Preoperative Hibiclens Bathing Instructions

Colon and rectal surgery has a known risk of wound infection due to the nature of the surgery being performed. In an effort to reduce these risks, our hospitals and our practice have joined together to initiate protocols to reduce your risk of surgical site infections, or wound infection.

We ask that you also help us to reduce your risk of surgical site infections by preparing your skin the night before and the morning of surgery. In addition, the nurses in the preoperative area may also wash your abdomen with a special cleansing cloth prior to going into the operating room.

You will need to purchase a special soap called “Chlorhexidine Gluconate” (or CHG). A common name for this is Hibiclens or it may be purchased in its generic form at a local pharmacy. You **SHOULD NOT** use this soap if you have ever had an allergic reaction to CHG. If you are unable to find this soap or cannot afford it, Dial soap is an alternative, but may not be as effective.

CHG/Hibiclens Patient Instructions for Skin Cleansing

1. Read the “Drug Facts” information and directions on the bottle. We recommend you do this at the pharmacy.
 - a. CHG/Hibiclens **SHOULD NOT** be used on the head or face. Keep it out of your eyes, ears and mouth.
 - b. CHG/Hibiclens **SHOULD NOT** be used on the genital area.
 - c. CHG/Hibiclens **SHOULD NOT** be used if you are allergic to CHG or any other ingredients in the preparation noted on the bottle.

2. NIGHT BEFORE SURGERY

- a. When you bathe or shower, wash your hair as usual with regular shampoo. Then rinse your hair and body thoroughly to remove any shampoo residue.
- b. Wash your face with regular soap and water only.
- c. Wash your genital area with regular soap and water only.
- d. Thoroughly rinse your body with warm water from the neck down.
- e. Turn off the water to prevent rinsing the CHG/Hibiclens off too soon.
- f. Apply the minimum amount of CHG/Hibiclens to cover the skin. Use it as you would any other liquid soap. Apply the CHG/Hibiclens gently to the skin and wash gently for 5 minutes with a wash cloth. Pay special attention to the abdomen.
- g. Turn the water back on and rinse thoroughly.
- h. **DO NOT** use regular soap after the CHG/Hibiclens.

- i. Pat dry with a towel.
- j. **DO NOT** apply any lotions, powders, or perfumes to the areas cleansed with CHG/Hibiclens.
- k. Put on clean clothes.

3. MORNING OF SURGERY

- a. If time permits, repeat the process used above for the night before surgery.
- b. If time is limited, just wash the abdomen according to the above instructions.



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Signature on File

Any monies payable to Dr. Amanda Ayers, Dr. Saumitra Banerjee, Dr. Steven Brown, Dr. Robert Lewis, Dr. Daniel Mullins, Dr. Andrew Raissis, Andrea Lagasse, PA-C and/or Ly Tran PA-C will be paid directly to Colon & Rectal Surgeons of Greater Hartford, LLC.

I authorize the release of any medical information to my insurance carrier as requested by them. I permit a copy of this authorization to be used in place of the original.

Patient Signature

Date

I authorize any medical benefits payable to me be paid directly to Colon & Rectal Surgeons of Greater Hartford, LLC

Patient Signature

Date

Medicare Patients

I authorize any holder of medical or other information about me to be released to the Social Security Administration and Health Care Financing Administrator or its intermediaries or carriers, any information needed for this or related Medical claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. I understand it is mandatory to notify the healthcare provider of any other party who may be responsible for paying for my treatment. (Section 1128B of the Social Security Act and 31 U.S.C. 3801-3812 provides penalties for withholding this information.) Regulations pertaining to Medicare Assignment of Benefits also apply. I recognize and accept personal responsibility for immediate payment of charges not covered by my contract and agree to pay attorney's fees, court costs and a 15% collection fee if turned over to a collection agency, should I fail to make payment. I understand that if I do not provide accurate up to date insurance information that I may be liable for any charges incurred.

Patient Signature

Date

Contracted Commercial Carriers

I recognize and accept personal responsibility for immediate payment of charges not covered by my contract and agree to pay attorney's fees, court costs and a 15% collection fee if turned over to a collection agency should I fail to make payment. It is the responsibility of the patient to verify with their carrier of any benefit exclusions and limitations etc. I understand that if I do not provide accurate up to date insurance information that I may be liable for any charges incurred.

Patient Signature

Date

Non-Contracted Carriers

I recognize and accept personal responsibility for immediate payment of charges not covered by my contract and agree to pay attorney's fees, court costs and a 15% collection fee if turned over to a collection agency should I fail to make payment. It is the responsibility of the patient to verify with their carrier of any benefit exclusions and limitations etc.

I understand that any amount deemed by my insurance carrier to be beyond the "usual, reasonable and/or customary" charges for said services will be paid by me. I understand that if I do not provide accurate up to date insurance information that I may be held liable for any charges incurred.

Patient Signature

Date



OF GREATER HARTFORD

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A Guide to the Billing Process





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Request for Patient Access to Health Information

As required by the Health Insurance Portability and Accountability Act of 1996 and Connecticut law, you have a right to request the opportunity to inspect and copy health information that pertains to you. We will evaluate your request and will either grant it or explain the reason why the request will not be granted.

I hereby request access to health information for:

Print Patient's name and address

Date of Birth: ____/____/____ Social Security Number: ____-____-____

SCOPE OF ACCESS REQUESTED

I would like access to: All the records or The portion of the records concerning:

Specify type of disease, accident, dates of treatment, or other portion of records you are interested in.

TYPE OF ACCESS REQUESTED

- Inspection:** Please let me know when I may come to inspect the records. I understand that an employee of this medical practice may be present during the inspection and that I may not make any marks or alter the records in any way.
- Copies:** I would like copies of the information requested. I understand that I may be charged a fee for the copies as explained below. Please mail the records to:
- Written summary:** I would like a written summary of the information requested. I understand that I may be charged a fee as explained below.

CHARGES

Copies: I understand that you may charge me a reasonable fee of up to \$0.65 per page, including any research fees, handling fees and the cost of first class postage, if applicable, for copies of the information requested. I also understand that I may be charged a fee as necessary to cover the cost of materials for providing a copy of an x-ray.

- I hereby agree to pay the copying charges specified above. Please bill me.
- Please call me to let me know how much these copies will cost and to arrange payment.
- I am requesting these records be provided without charge because they are requested for purposes relating to a claim or appeal under a provision of the Social Security Act. Documentation of the claim or appeal is attached.

Written Summary: I understand that I will be charged a fee of _____ for the cost of preparing the summary requested.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate your relationship to the patient

To request medical records please complete and forward the information to the following:

6 Northwestern Drive,
 Suite # 305, Bloomfield,
 CT 06002 or
 Fax directly to
 860-242-2511.



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Rubber Band Ligation

Rubber band ligation is a safe, effective treatment for internal hemorrhoids. A small rubber band is placed over the hemorrhoids, cutting off its blood supply. The rubber band and the internal hemorrhoid fall off in a few days, and the wound heals in 1-2 weeks.

Patients often need more than 1 visit to treat all hemorrhoids. This is usually done at 2-4 week intervals.

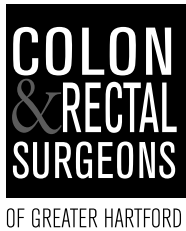
Instructions after Rubber Band Ligation

- You may feel a dull ache or pressure for 24-48 hours. The band may also make you feel as though you need to move your bowels.
- Warm baths can relieve discomfort, especially after bowel movements.
- We do not routinely prescribe pain medication after this procedure.
- We generally ask that you avoid any agents that can thin your blood for 5-7 days after your procedure (such as Aspirin, Motrin, Ibuprofen or Alleve). Talk to your doctor if you take other blood thinner medications.
- Mild bleeding is expected around the time that the band is applied and when the band falls off several days later. Please call for severe bleeding, usually noted by passage of 3-4 bloody bowel movements over several hours or soaking through a pad.
- No special diet or change in diet is required.
- You may resume normal activities.

Call our office **IMMEDIATELY** if you have any of the following:

- Severe discomfort
- Fever (more than 100 degrees)
- Trouble urinating
- Persistent or severe bleeding

860.242.859



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Welcome

Dear Patient,

Thank you for choosing Colon and Rectal Surgeons of Greater Hartford. Our goal is to provide you with the best possible medical care. Enclosed you will find our patient information and signature on file forms. Please complete the forms prior to your appointment.

Please arrive 15 minutes early to register and have the following information with you at the time of your appointment:

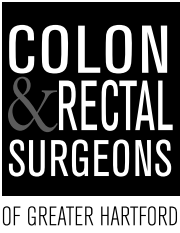
- Photo I.D.
- Insurance Card(s)
- Medication list with dosage
- Medical records pertaining to your appointment
(if not already faxed by your referring physician).

Payment and/or copayment, is due at the time of your appointment. We accept cash, check, MasterCard, VISA, American Express and Discover.

If you have further questions, please contact our office at 860.242.8591

Thank you,

The Staff at Colon and Rectal Surgeons of Greater Hartford



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PERSONAL INFORMATION

Last Name **First Name** **MI** **Suffix**

Address **City** **State** **Zip**

Email

Home Phone **Cell Phone** **Work Phone**

Social Security Number **Date of Birth**

Marital Status **Preferred Phone for Appointment Confirmation?**
 Married Single Divorced Other
 Home Cell Work

Sex **Race**
 Male Female
 American Indian Black Hispanic
 Asian White Declined

Employer Name **Ethnicity**
 Hispanic Non-Hispanic Declined

Occupation **Preferred Language**
 English Spanish Other

Primary Care Physician

Referring Physician

INSURANCE INFORMATION

Primary Insurance Co. **Secondary Insurance Co.**

Name of Insured **Name of Insured**

Relationship **Relationship**

Date of Birth / / **Date of Birth** / /

Employers Name **Employers Name**

Insurance ID Number **Insurance ID Number**

Group/Policy Number **Group/Policy Number**

PHARMACY INFORMATION

Retail Pharmacy Name **Pharmacy City**

Pharmacy Address **Mail-In Pharmacy Name**

May we have your consent to obtain the list of all your current medications from pharmacy networks? Yes No

May we send an email invitation to you for registration to our patient portal which allows you to access your medical records? Yes No



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CONSENT FOR PROCEDURE

ANORECTAL SURGERY

You have been scheduled to have anorectal surgery by one of our physicians at CRSGH. As a component of your pre-operative preparation, CRSGH would like to make you aware of certain risks involved. As with any invasive procedure there are risks of potential complications which include but are not limited to:

- Bleeding
 Infrequently requires blood transfusion or another operation
- Infection
- Recurrence of the same disease
- Injury to the sphincter muscles
- Incontinence temporary or permanent
- Wound separation and/or delayed healing
- Complications of anesthesia or other medications
- Urinary retention

By signing this form below, you acknowledge that the nature, purpose and risks of the procedure, as well as alternatives, have been explained to your satisfaction. If you have questions, please contact your surgeon.

Patient Signature

Date

Print Name

Date

Physician Signature

Date



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CONSENT FOR PROCEDURE

ABDOMINAL SURGERY

You have been scheduled to have abdominal surgery by one of our physicians at CRSGH. As a component of your pre-operative preparation, CRSGH would like to make you aware of certain of the risks involved. As with any invasive procedure there are risks of potential complications which include but are not limited to:

- Bleeding
 May require transfusion in 2% of cases.
- Infection
 Superficial wound or deeper infection to the urinary tract, lungs or other body parts.
- Anastomotic (connection site) complications
 There can be a leak, bleeding or stricture where the bowel is attached. Colostomies or ileostomies may be required to treat such a problem.
- Injury to other structures
 Nerves, blood vessels, ureters, bladder, spleen, other bowel loops or organs can be injured during routine or complicated abdominal surgery requiring repair or removal. In addition, lesions or injuries may not be noticed during the procedure and may require additional intervention.
- Urinary dysfunction
- Sexual dysfunction
- Wound complications
 Including hernia
- Unique to laparoscopic surgery
 20% cannot be completed safely with the small incisions and requires conversion to conventional large incision surgery.
- Blood Clots
- Medical Complications
 The stress of abdominal surgery can lead to problems with other organ systems (heart, lungs, kidneys, etc.). Major medical complications infrequently lead to death.

By signing this form below, you acknowledge that the nature, purpose and risks of the procedure, as well as alternatives, have been explained to your satisfaction. If you have questions, please contact your surgeon

Patient Signature

Date

Print Name

Date of Birth

Physician Signature

Date



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Date:
Patient Name
D.O.B.

MEDICATIONS

I am not taking any medications, vitamins or supplements.
Please list all medications you are currently taking.

REFERRING PHYSICIAN

Name:
Primary care physician?
 Yes
 No

Name of Medication	Dosage	Frequency	Reason
--------------------	--------	-----------	--------

OTHER PROVIDERS AND
OTHER CONDITIONS

Primary Care Physician:
Do you have a cardiologist?
 Yes
 No
If yes, who is your cardiologist?

If yes to cardiologist, when was
your last visit?

FAMILY HISTORY	?O's	Disease	Tobacco?
My family history is unknown.		Diabetes Bleeding Disorder	D Current Former
Mother	080+	Ovarian Cancer Hypertension Cirrhosis	Never
Father Sister	Not Known	Stomach Cancer D Uterine Cancer Heart Attack Hepatitis C Esophageal Cancer	Daily use of smokeless tobacco?, _ How many years total have you used smokeless tobacco? _ Have you ever been exposed to 2nd hand smoke? D Yes No
Brother	Have any of your blood relatives had Colon Polyps? Age the relative developed Colon Polyps, if known:	D Tuberculosis Cancer - Other Other .:	IV drug use or other recreational drug use? D Yes No
Maternal Grandmother	Mother 20's D Father Sister Brother Daughter O30's O40's O50's O60's O70's	PERSONAL AND SOCIAL HISTORY Do you live alone? Yes No Do you exercise? Yes No	Drug of choice? Marijuana D Cocaine D Crack Heroin Illicit Rx D Other Have you engaged in high risk behavior for HIV or other STD's? D Yes D No
Paternal Grandmother	Son 080+ Other NONE Not Known	How many times per week do you exercise? _	If you drink Caffeine, how many drinks per day? 0 /day <1 /day 1 /day 2 /day 3 /day 4 /day 4+ /day
Maternal Grandfather Paternal Grandfather No History	Select from the list below if a relative - Parent, Grandparent, Sibling, Children, Aunt or Uncle has had one of the following: NONE Mental Illness Celiac Disease Blood Clots	Type of exercise? Doyou consume alcohol? D Yes D No What type of alcohol do you drink? ---- Average number of drinks per week (now or in the past)? Have you felt a need to cut down on alcohol? Yes No	Do any males in your family have a history of heart attacks or sudden death under the age of 55? Yes D No Do any females in your family have a history of heart attacks or sudden death under the age of 65? Yes
Cancer (Other Types) Colon Cancer Age the relative developed Colorectal Cancer, if known:	Stroke Prostate Cancer Alcohol Abuse Liver Cancer Hepatitis B Irritable Bowel Syndrome	What is your smoking status? Never Smoked DFormer Smoker D Current every day smoker	No Have you ever had a Blood Transfusion? D Yes No Have you had any recent Foreign Travel? Yes D No
20's	Breast Cancer Liver Failure Gallstones D Autoimmune Hepatitis Ulcerative Colitis	How many years total have you smoked? _ How many packs? per	Do you have any Body Piercings? Yes D No Do you have any Tattoos? Yes D No
O30's O40's	Pancreatitis Sickle Cell Hemochromatosis Crohn's Disease Ulcer	Do you use smokeless	How often do you wear a seat belt when in a car? 0'% 25% How

Do you require an interpreter?

Yes

No

If yes, what language?

Do you have any mobility limitations?

NONE

Walker

Cane

Crutches

Wheelchair

Do you have any visual limitations?

NONE

Glasses

Contacts

Glaucoma

Blind

Do you have any auditory limitations?

NONE

Decreased Hearing

Hearing Aids

Left and/or Right

Deaf

Do you wear dentures?

NONE

Upper

Lower

Partial

Braces

Are you pregnant?

Yes No

Date of last menstrual period:

CURRENTLY ACTIVE

SYMPTOMS

Current Height: Current

Weight:

Select any of these symptoms or conditions you CURRENTLY have.

General

fever

fatigue

weight loss

lack of appetite

night sweats

hoarseness

headache

rash

itching

NONE

Head Ears Nose & Throat

hoarseness

headache

NONE

Cardiovascular

chest pains

swelling hands/feet

fainting/blacking out

leg cramps

NONE

Genitourinary

blood in urine

painful urination

urinary frequency

pelvic pain

change in urinary stream

NONE

Neurological

fainting

seizures

dizziness

loss of consciousness

weakness in extremities

difficult speech

NONE

Endocrine

cold intolerance

heat intolerance

excessive thirst

excessive urination

NONE

Musculoskeletal

physical disability

joint stiffness

backache

NONE

Skin

rash

itching

NONE

Respiratory

difficulty breathing

wheezing

chronic cough

NONE

Psychiatric

depression

anxiety

suicidal thoughts

NONE

Blood

easy bruising

NONE

Gastrointestinal

nausea

vomiting

change in bowel habits

constipation

diarrhea

bloating

heartburn

abdominal pain

abdominal swelling (ascites)

food intolerance

get full quickly at meals

pain with bowel movement

vomiting blood

painful swallowing

difficulty swallowing

incontinence of stool

belching

black stool

laxative use

gas/ flatulence

bloody stool

aundice

NONE

Breast:

breast mass

breast pain

NONE

ALLERGIES

Drug:

NONE

General Anesthetic

Local Anesthetic Penicillin

Phenytoin

Sulfa drugs

Tetracycline

Carbamazepine

Codeine

Insulin preparations

Iodine

ONSAIDs

Food Allergies:

NONE

Peanuts

Eggs

Seafood

Wheat

Shellfish

Corn

Dairy

Soy

Stinging insects

Mold

Wool

Plant pollens (Hay Fever)

Environmental Allergies:

NONE

Animals

Dust mites

Latex

Other Allergies: If any, please list reaction.

1. Reaction,

-

2. Reaction

3. Reaction -

4. Reaction -

5. Reaction -

6. Reaction

7. Reaction,

Have you or any family

member had any problems with Anesthesia? Yes No

If yes, please explain:

Have you ever been told that you were difficult to intubate?

Yes No

SURGERIES Please select all surgeries you have had. If you have no had any surgeries, please select NONE.

NONE

Carpal Tunnel

Shoulder Surgery

Back Surgery

Knee Arthroscopy

Hip Replacement

Knee Replacement

Amputation

NONE Carpal Tunnel

Shoulder Surgery Back

Surgery

Knee Arthroscopy

Hip Replacement

Knee Replacement

Amputation

AV Graft/AV Fistula Creation

Angioplasty (heart)

Cardiac Gath

Cardiac Pacemaker Placement

Cardiac Defibrillator

Placement Coronary

Artery Bypass Graft

Aortic Aneurysm

Weight Loss Heart Valve

Replacement Hiatus Hernia

Surgery Kidney Transplant

Cardiac Stent Placement

Prostate Surgery

Carotid Endarterectomy

Colon Resection Lysis of

Adhesions (scar tissue)

Appendectomy

Brain Surgery Stomach

Surgery Surgery for

Obstructive Sleep Apnea

Gall Bladder

Liver Transplant

Tonsillectomy

Tunneled Dialysis Catheter

Stomach Ulcer

Cataract

Thyroidectomy Cesarean

Section Hysterectomy (Uterus

Removed)

Lumpectomy: LR o Both

Mastectomy: o L R

Both Breast Surgery

Other

PATIENT MEDICAL HISTORY

Please select from the

list below if you have had any

of the conditions listed below

orselect NONE.	Wheezing	Yellow skin and/or jaundice
Cardiovascular	Sleep Apnea	
NONE	Recent Bronchitis (within 1 month)	Hepatitis A
Abnormal EKG (ie. Atrial Fibrillation)	COPD/Emphysema	Hepatitis B
Cardiac Catheterization		
Hardening of Arteries	Gastrointestinal	Hepatitis C
Heart Attack/MI		
Heart Stent	COPD/Emphysema	Cirrhosis Endocrine
Congestive Heart Failure	Other:	Ascites
Chest Pain/Angina High Cholesterol	NONE D Reflux/Heartburn	Elevated Enzymes
Hypertension	Esophageal stricture or narrowing	Other:
Implanted Defibrillator	Peptic Ulcer Disease (stomach ulcer or duodenal ulcer) Blood in stool Black stool	NONE
Leg Cramps	Pain w/bowel movement O Nausea	Thyroid Disease
Pacemaker		Diabetes
Peripheral Vascular Disease	Difficulty Swallowing	
Palpitations	Celiac disease or Sprue Gas/ Flatulence Ulcerative Colitis Vomiting	Heat Intolerance
Rheumatic Fever	Painful Swallowing	Cold Intolerance
Swelling of hands/feet	Hiatal hernia Diarrhea Crohn's Disease Vomiting blood	Excessive urination
	Barrett's Esophagus	RenaVGenitourinary
Non Gastrointestinal Conditions	Belching Constipation	
Other	Change in bowel habits	Excessive thirst
NONE	Bloating	Other
Fibromyalgia	Abdominal pain Abdominal Swelling	D NONE Chronic Renal Failure Urinary Tract Infection (Recurrent)
Rheumatoid Arthritis	Ana! Fissure	Renal Insufficiency
Osteoporosis	History of Helicobacter Pylori (H. Pylori)	Blood in urine
Multiple Sclerosis (MS)	Irritable Bowel Syndrome	Dialysis
HIV/AIDS	Colon Polyp(s) Intestinal Infection (ie- C. Difficile)	Change in urinary stream
Lupus	Diverticulosis/Diverticulitis Get full quickly at meals	Kidney Stone(s)
Gout	Hemorrhoids Food intolerance	Painful urination
Arthritis	Pancreatitis Incontinence of stool	Urinary frequency Heme/Blood
Antibiotic Treatment within last 3 months		NONE
Other	Laxative use Hepatic	Sickle Cell Neurological
	Colonoscopy in past	-
Cancer	Upper Endoscopy in past	Pelvic pain
NONE	Other:.	
Mouth/throat	NONE	Anemia DVT/Blood clot(s)
Uterus	Difficulty Breathing/Shortness of Breath	
Esophagus	Chronic Cough	Treatment with anti-coagulant or blood thinner Blood transfusion(s) Easy bruising
Ovaries		
Stomach		
Lungs		
Blood (e.g. Leukemia)		
Pancreas		
Skin		
Colon or Rectum Breast		
Liver		
Prostate		
Thyroid		
Other:		
Respiratory		
NONE		
Recent Pneumonia (within 1 month)		
Asthma		
Oxygen at Home		
Tuberculosis		
CPAP		
Difficulty Breathing/Shortness of Breath		
Chronic Cough		