



DIRECT ACCESS ENDOSCOPY

(Patient Name & Registration #)

- Colonoscopy (check prep choice below)
- Upper Endoscopy
- Sigmoidoscopy

Preferred Endoscopy Site

- No Preference
- MPU – UM Hospital
- MPC—East Ann Arbor
- Livonia Surgery Center

Referring Physician
Name & ID# _____

Referring Clinic _____

Patient's Insurance _____

Preferred Endoscopist (if any) _____

Colonoscopy Preps:
(check one)

- Fleets phosphosoda: 2 doses of 1 ½ oz NaP 10-12 hrs apart
- *PEG solution 4 L: NuLytely, TriLyte (sulfate free/better tasting) or standard (Colyte, Golytely, generic): Prep used if none ordered
- *HalfLytely: 2 L of PEG solution plus 2 biscodyl tabs
- *Moviprep: 2 L of PEG and Citrate solution
- *Osmoprep (phosphosoda pills) 32 tabs (split day dosing)
- *2 day prep: Magnesium citrate 2 days prior plus PEG prep day prior (for pts w/previous poor prep or chronic constipation)

***Requires prescription from referring physician**

NOTE: Patients with significant CHF or liver disease or any renal disease should have a PEG based prep. Also, the risk of dehydration and renal damage from phosphosoda preps is increased if the patient takes medicines that impair renal blood flow (ACE inhibitors, angiotensin receptor blockers, diuretics or NSAIDs).

EXCLUSION CRITERIA:

(MUST be seen in the GI Clinic, phone # 734 647-5944, or the Endoscopist contacted by email/phone if any checked)

- Age > 80
- COPD (FEV 1 < 1.0)
- Anemia w/HCT < 20%
- Coagulopathy / hereditary hemorrhagic disorders/ anticoagulation tx (INR > 1.5, plts < 75 K, Coumadin, Heparin)
- WT > 350#
- MI/Angina/severe CHF < 6 mos
- General Anesthesia Needed
- Pregnancy
- Artificial Heart Valve
- Unable to Perform Consent

Exception to Exclusion: The PC office will manage the bridging Lovonox or discontinue the anticoagulants (so that coumadin is not an exclusion for direct access).

Other relevant information:

- Diabetic Patient
- Plavix use—hold for 1 week prior to procedure if clinically safe
- ICD—must be turned off/on in MPU peri-procedure. ICD MANUFACTURER: _____

Call the Endoscopy Call Center (ECC) at 734-936-9250 option #1 to schedule a procedure. Before calling to schedule a procedure, UMHS clinics must print a fax cover sheet and fax this document to 734 936-6647 for imaging.

Prep information is also available on U-M's website:
Colonoscopy: <http://www.med.umich.edu/1libr/aha/umcolon.htm>
EGD: <http://www.med.umich.edu/1libr/aha/umegd.htm>
Flex sig: <http://www.med.umich.edu/1libr/aha/umsigmoid.htm>

NOTE: Patients must have a responsible escort ≥ 18 yrs old and able to drive. Procedures using sedation preclude patient driving for 12 hours after the procedure. **Patients MUST bring a driver.**



INDICATIONS FORM DIRECT ACCESS ENDOSCOPY

(Patient Name & Registration #)

Please check the primary indication for each procedure ordered:

COLONOSCOPY

Colon cancer screening / polyp surveillance

Current guidelines for screening:

- Average risk man or woman (Every 10 yrs. starting at age 50)
- Family H/O colon ca or polyps:
 - 2 or more 1st degree relatives or one 1st degree relative affected at age <60 (Every 5 yrs starting at age 40 or 10 yrs earlier than youngest diagnosis in family, whichever is first)
 - 1st degree relative at age >60 (Ave. risk screening but beginning at age 40)
 - HNPCC or FAP (Genetic counseling & special screening)

Current guidelines for surveillance:

- Advanced or multiple (≥ 3) adenomas: q. 3 yrs
- 1 or 2 small (<1 cm) adenomas: q. 5 yrs
- Personal hx. colon cancer: 3 yrs, then if normal q 5 yrs

Bleeding:

- Unexplained Fe deficiency
- Positive fecal occult blood test
- Rectal bleeding

Unexplained chronic diarrhea (>3 wks duration)

Inflammatory bowel disease

- Ulcerative pancolitis or Crohn's colitis >8 yrs or left-sided UC >15 yrs (repeat q 1-2 yrs)

Unexplained wt loss

EGD (Upper endoscopy)

- Persistent GERD symptoms**
- Persistent dyspepsia**
- Dysphagia**
- Nausea / vomiting**
- Fe deficiency anemia / melena**
- R/O or f/u Barrett's**
- Unexplained wt loss**

SIGMOIDOSCOPY

- Rectal bleeding**
- Rectal pain or tenesmus**
- Fecal incontinence**
- Unexplained diarrhea**
- Colon cancer screening** (insurance does not cover colonoscopy or patient prefers sigmoidoscopy)