DIRECT ACCESS ENDOSCOPY REFERRAL FORM

PROCEDURE

☐ Colonoscopy (Mark prep choice below)  ☐ No Preference
☐ EGD (Upper Endoscopy)  ☐ No Preference
☐ Sigmoidoscopy  ☐ No Preference

PREFERRED SITE

☐ No Preference
☐ MPU – UM Hospital
☐ MPC – East Ann Arbor
☐ Livonia Surgery Center
☐ NHC – Northville Health Center

PREFERRED ENDOSCOPIST (optional)

COLONOSCOPY

☐ Colon cancer screening:
  - Average risk man or woman – start age 50, Q10yrs
  - 1st degree relative colon CA or polyps age <60 – start age 40, Q10yrs
  - Two or more 1st degree relatives with colon cancer – start age 40, Q5yrs
  - HNPCC or FAP – genetic counseling & special screening
☐ Colon polyp/cancer surveillance:
  - Advanced adenomas or ≥3 adenomas – Q3yrs, then Q5yrs if normal
  - 1 or 2 small (<1 cm) adenomas – Q5yrs
  - Personal h/o colorectal cancer – Q3 yrs, then Q5 yrs if normal
☐ Bleeding: Unexplained iron deficiency, rectal bleeding, or positive fecal immunochemical test (FIT)
☐ Diarrhea: Chronic (>3 wks)
☐ IBD: Chronic (>3 wks)
☐ Ulcerative pancolitis or UC left-sided >15 yrs or Crohn’s >8 yrs – Q1–2 yrs
☐ Unexplained weight loss

EXCLUSION(s) PRESENT? Refer patient to GI Clinic (734-647-5944) or contact endoscopist by email or phone.

☐ Age >80 years  ☐ Anemia with HCT <18%
☐ BMI >50  ☐ Pregnancy
☐ COPD with FEV1 <1.0  ☐ Unable to provide consent

EXCEPTIONS TO THE EXCLUSIONS

☐ **The referring provider will manage discontinuation or bridging of the anticoagulant.
☐ Chronic high-dose narcotic or suboxone use (order with anesthesia support at Livonia or MPC if no other serious comorbidities).

EGD (Upper Endoscopy)

☐ Persistent GERD symptoms
☐ Persistent dyspepsia
☐ Dysphagia
☐ Nausea / vomiting
☐ Unexplained iron deficiency
☐ R/O or F/U Barrett’s
☐ Unexplained weight loss

SIGMOIDOSCOPY

Rectal bleeding
Rectal pain or tenesmus
Fecal incontinence
Unexplained diarrhea
Colon cancer screen

PEG-EL*
4 liters PEG 3350 w/ electrolytes: no sulfate (NuLYTELY, TriLyte) or standard (Colyte, GoLYTELY, generic)

Suprep*
Sulfate-based prep (3 liters water)

MoviPrep*
2 liters PEG w/ electrolytes & citrate solution + 1 liter water

OsmoPrep*
32 pills phospho-soda + 2 quarts water. See box at right.

2-day prep*
6 liters PEG solution: start prep earlier [for pt with past poor prep &/or chronic constipation]

8-liter prep*
8 liters PEG solution: 2 days before drink 2 liters; day before drink 2 liters in am, 2 liters in pm; day of drink 2 liters 6 hours prior

* Requires prescription from the referring physician.

TO SCHEDULE: FAX the completed form to (734) 615-2514. We will contact the patient.

QUESTIONS: 877-758-2626

NOTE:

PATIENT MUST BE ACCOMPAINDED BY A RESPONSIBLE ESCORT WHO IS ≥18 YRS OLD & ABLE TO DRIVE.

PATIENT MUST NOT DRIVE FOR AT LEAST 12 HOURS AFTER A PROCEDURE USING SEDATION.

Prep information is also available online:
http://www.med.umich.edu/1libr/aha/umcolon.htm (colonoscopy)
http://www.med.umich.edu/1libr/aha/umegd.htm (EGD)
http://www.med.umich.edu/1libr/aha/umsigmoid.htm (flexible sigmoidoscopy)

NOTE: The risk of dehydration and renal damage from phospho-soda or sulfate preps is increased if a patient takes medication that impairs renal blood flow (e.g., ACE inhibitor, angiotensin receptor blocker, diuretic, NSAID).