

**Provider:****Exam Location:**

South Shore Endoscopy Center, 659 Washington St, Braintree, MA 02184.

\*Endoscopy center does not open until 7am

**Procedure Date and Time:**

*Note: your arrival time is 30min prior to procedure start time at the endoscopy center and one hour prior to procedure start time at the hospital.*

**Preparing for your Endoscopy Procedure**

These instructions will help you prepare for your Upper Endoscopy. **Please read all -the instructions at least 2 weeks before your procedure.** For any questions, call our GI clinic **(781) 848-6040**

**Before the Procedure:**

- **Insurance:** Confirm your insurance information is updated by calling the GI clinic
- If you have COVID or cough symptoms, please reschedule. If you have been exposed, please test yourself one day before.
- Please leave your jewelry at home unless you have a ring you cannot remove. Also please try to avoid fingernail extensions.
- **CANCELLATION:** If you need to reschedule, please call at least 3 days before your procedure by calling the GI clinic **Monday through Friday from 8:30am-5pm**. Any same day emergency cancellations, please call 781-849-9577 for the outpatient endoscopy center and 781-624-3445 if you are scheduled at the South Shore Hospital. For any emergencies, please call 911.

**Medications:**

- If you take **blood thinners or antiplatelet agents such as:** (Coumadin, Plavix, Brilinta, Eliquis, Pradaxa, Xarelto, Savaysa, Heparin, and Lovenox) please contact our GI clinic to obtain instructions regarding the hold time prior to your procedure. Please do not stop your medications on your own. Also, aspirin 81mg does not need to be held the day of the procedure.
- We recommend that you take all home medications, including anti-anxiety, blood pressure, dopamine, and methadone medications that you normally take as usual with water at least 2 hours before arrival time.
- If you have **diabetes**, check your blood sugar the evening before and morning of your procedure. Only take half your dose of insulin the day before your procedure and hold your insulin the morning of the procedure. Hold any oral medications such as glipizide, glimepiride, glyburide, or other meds known to drop your blood sugar in the morning of the procedure.
- If you have had a difficult history with anesthesia or use marijuana, call the GI clinic as you may require a different type of sedation booking.

- If you take long-acting GLP-1RAs (Dulaglutide (Trulicity) Exenatide (Byetta) Exenatide Extended Release (Bydureon BCise) Liraglutide (Victoza) Lixisenatide (Adlyxin) Semaglutide subcutaneous, tablet (Ozempic, Rybelsus) Tirzepatide (Mounjaro) hold at least 1 week prior to procedure.
- If prescribed long-acting GLP-1RAs for diabetes, please hold morning of procedure
- If you take phentermine, please hold for four days prior to procedure.

#### Morning of the Procedure:

- **DO NOT EAT FOOD AFTER MIDNIGHT. DRINK CLEAR LIQUIDS ONLY, then NOTHING AT ALL BY MOUTH 4 HOURS BEFORE THE PROCEDURE. This includes no chewing gum or hard candy 4 hours before the procedure.**
- You may drink clear liquids up to 4 hours before the procedure. Water, tea, coffee (no milk or cream), soda, clear juice, popsicles, and JELL-O are examples of clear liquids. **DO NOT INGEST RED LIQUIDS.**
- You should take your regular medications with sips of water the day of the procedure unless otherwise instructed by your doctor. Except this, have **NOTHING AT ALL BY MOUTH 4 HOURS BEFORE THE PROCEDURE** or your procedure will need to be **CANCELLED.**

#### During the Procedure:

- BWH policy requires all women under the age of 55 to be screened for pregnancy. When you arrive, you will be required to submit a urine sample. Thank you for your understanding.
- Your procedure takes about 1-3 hours. Please turn off your cell phone so it will not ring in the middle of the procedure.
- Your driver will receive a phone call notification 30min prior to pick up time.
- **Transportation:** A responsible adult above age 18 **must** drive you home after your procedure. Your ride must be available with you or by phone at time of checking in to confirm. **You CANNOT leave by yourself** in a ride share (Uber, Lyft, etc.) or use public transportation. If you do not have a ride set up, you will not receive sedation.
- Please do not drive or operate any machinery on the day of your procedure. Avoid making any important decisions and avoid drinking alcohol after your procedure!
- If you have any post procedure issues or questions, please call the GI clinic **(781) 848-6040.**

**SOUTH SHORE ENDOSCOPY CENTER  
659 Washington Street  
Braintree, MA 02184**

Dear Patient:

New Federal regulations have instituted an informational program for all patients planning to have surgery or a procedure in an Ambulatory Surgery Center.

Enclosed please find the following information that you need to read and be aware of before your procedure:

- Advance Directives Information
- Patient Grievance Process
- Ownership of South Shore Endoscopy Center
- Patient Rights and Responsibilities

Also, please be aware that we will require you to sign a form the day of your procedure verifying that you received this information in writing.

Your physician's office may have also given you this information and had you sign a form in his/her office; if so, you can disregard the written information enclosed.

Please do not hesitate to contact the center with any questions or concerns that you have regarding the attached information before your scheduled procedure.

Sincerely,  
South Shore Endoscopy Center, Inc.

**SOUTH SHORE ENDOSCOPY CENTER  
659 Washington Street  
Braintree, MA 02184**

**ADVANCE DIRECTIVES**

**The South Shore Endoscopy Center does elective, day procedures.**

Patient will be informed of their rights to formulate an Advanced Directive and that they are not required to have an Advance Directive to receive treatment at this facility. In the event of a life threatening situation, advanced cardiac life support, CPR and basic life support will be instituted in every instance and the patient will be transported to a hospital.

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**Patient Grievance Process**

If any individual has a concern and/or safety issue with the South Shore Endoscopy Center:

- The patient has the right to register a complaint against South Shore Endoscopy Center, Inc. in writing or by calling 781-849-9577.
- The patient should provide the specific nature of the complaint and the name and address of the person making the complaint.
- If the complaint is not resolved to the patient's satisfaction, he/she has the right to file a grievance with the Massachusetts Division of Health Care Quality concerning the physician, staff, and or treatment received while a patient at South Shore Endoscopy Center, Inc.
- The patient can call or contact the Massachusetts Division of Health Care Quality at 99 Chauncey Street, Boston, MA 02111, telephone number 1-800-462-5540
- The patient can call the Office of the Medicare Beneficiary Ombudsman at 1-800-252-5533 or review the website at <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>.



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South Shore Endoscopy Center is a facility owned by:

Harbor Medical Associates, Inc  
Brigham & Women's Physician Organization  
781-849-8577

**South Shore Endoscopy Center  
659 Washington Street  
Braintree, MA 02184**

**PATIENT RIGHTS AND RESPONSIBILITIES**

South Shore Endoscopy Center has adopted the following rights and responsibilities of patients as we partner in health care.

**PATIENTS HAVE A RIGHT**

- To be treated with courtesy, respect, and consideration with appreciation of his or her individual dignity and with protection and provision of personal privacy as appropriate.
- To an environment that is respectful, safe, and secure for self/person and property without being subjected to discrimination or reprisal.
- To know the patient has the right to be free from all forms abuse or harassment.
- To confidentiality of information gathered during treatment
- To prompt and reasonable response to questions and requests
- To know who is providing and is responsible for his or her care
- To know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- To know what rules and regulations apply to his or her conduct
- To be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- To refuse treatment, except as otherwise provided by law
- To know if the patient is adjudged incompetent under applicable state laws by any 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
- To know if a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient rights to the extent allowed by state law
- To be given, upon request, full information, and necessary counseling on the availability of financial resources for his or her care
- To know upon request and in advance of treatment, whether the health care provider or health care Facility accepts Advance Directives
- To receive upon request, prior to treatment, a reasonable estimate of charges for medical care
- To receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have charges explained
- To receive impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment
- To change their health care provider if other qualified providers are available
- To receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment
- To know if medical treatment is for purposes of experimental/research and to give his or her consent or refusal to participate in such experimental research
- To make informed decisions regarding his or her care

- To be fully informed about a treatment or procedure and the expected outcome before it is performed
- To approve or refuse the release of confidential disclosures and records, except when release is required by law
- To express grievances regarding any violation of his or her rights, through the grievance procedure of the health care provider which served him or her telephone at 781-849-9577 or write a letter to attention Director of South Shore Endoscopy Center, 659 Washington Street, Braintree, MA 02184. To contact the Massachusetts Division of Health Care Quality, call 1-800-462-5540. **The office of the Medicare Ombudsman website is <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>**
- To participate in all aspects of health care decisions, unless contraindicated for medical reasons
- To appropriate assessment and management of pain
- To voice grievance regarding treatment of care that is or fails to be furnished

#### **PATIENTS HAVE RESPONSIBILITY**

- For providing to the health care provider, to the best of her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications including over-the-counter products and other dietary supplements, allergies and sensitivities and other matters relating to his or her health
- For having the responsibility to behave respectfully toward all health care professionals and staff, as well as other patients and visitors
- For having a responsible adult to provide transportation home and to remain with him/her as directed by the provider or as indicated on discharge instructions
- For reporting unexpected changes in his or her condition to the health care providers
- For reporting to the health care providers whether he or she comprehends a contemplated course of action and what is expected of him or her
- For following the treatment plan prescribed/recommended by the health care provider and participate in her or her care
- For keeping appointments and when he or she is unable to do so for any reason, for notifying the facility
- For his or her actions if he or she refuses treatment or does not follow the health care provider's instructions
- For assuring that the financial obligation of his or her health care are fulfilled as promptly as possible
- For accepting personal financial responsibility for any charges not covered by his or her insurance
- For following facility rules and regulations affecting patient care and conduct
- For consideration and respect of facility, health care professional and staff, other patients, and property
- For informing his or her provider of any living will, medical power of attorney or other directive that could care

**ALL PATIENTS SHALL BE OFFERED A COPY OF THE PATIENT RIGHTS OR HAVE IT READ TO THEM**



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**Patient Attestation of receipt of Information for CMS Regulations**

**I have received information in the language I understand and given the opportunity to ask questions about:**

1. \_\_\_\_\_ **Advance Directives**
2. \_\_\_\_\_ **Patient Grievance Process**
3. \_\_\_\_\_ **Ownership of the South Shore Endoscopy Center**
4. \_\_\_\_\_ **My Rights and Responsibilities**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient/Guardian Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_