Wake Endoscopy Center

Patient Instructions after a Colonoscopy with Biopsy/Polypectomy

Patient: Thomas Glembocki
MRN: 609110
Procedure Date: Monday, May 13, 2019
Attending MD: Subhash Gumber, MD

1. **You may start drinking fluids take sips of water, soda, or juice first**. If tolerated, you may start with a light meal upon discharge and then resume your regular diet or follow any special diet recommended by your physician. You should drink plenty of fluids today for hydration.

2. **Do not drive, operate machinery, make critical decisions, or do activities that require coordination or balance for the rest of today.**
3. Because air was put into your colon during the procedure, expelling large amounts of air from your rectum is normal.
4. You may not have a bowel movement for 1-3 days because of the colonoscopy prep. This is normal.
5. If pathology specimens were taken you should expect to be notified with the results within 10-14 days unless the lab requires further testing.
6. Go directly to the emergency room if you notice any of the following:

Chills and/or fever over 101
Persistent vomiting
Severe abdominal pain, other than gas cramps
Severe chest pain
Black, tarry stools
Any bleeding - exceeding two tablespoon

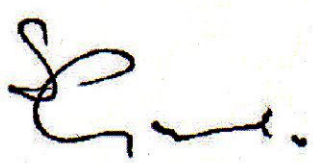
Your doctor recommends these additional instructions:

Eat a high fiber diet indefinitely.
Continue your present medications.
Your physician has recommended a repeat colonoscopy in five years for surveillance.
You have a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with you. You may return to normal activities tomorrow. Written discharge instructions were provided to you.

If you have any questions regarding the above instructions, please call **Subhash Gumber, MDWork: (919) 858-0892**.

_____
Nurse Signature

_____
Patient/Designated Responsible Party Signature



Subhash Gumber, MD
5/13/2019 8:38:35 AM

Wake Endoscopy Center

Patient Name:	Thomas Glembocki	**MRN:**	609110
Procedure Date:	5/13/2019 7:23 AM	**Gender:**	Male
Date of Birth:	11/6/1946	**Attending MD:**	Subhash Gumber, MD
Age:	72	**Instrument Name:**	2417210

Procedure: Colonoscopy
Providers: Subhash Gumber, MD (Doctor), Fontella Spicer (Technician), Ly-Tara Baxter CRNA, CRNA (Anesthesia Staff)
Referring MD: Derek Quentin Schroder, MD
Indications: High risk colon cancer surveillance: Personal history of colonic polyps
Medicines: Monitored Anesthesia Care
Complications: No immediate complications.

Procedure: Pre-Anesthesia Assessment:
- Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient's tolerance of previous anesthesia was also reviewed. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered, and informed consent was obtained. Prior Anticoagulants: The patient has taken no previous anticoagulant or antiplatelet agents. ASA Grade Assessment: II - A patient with mild systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure.

After I obtained informed consent, the scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Colonoscope was introduced through the anus and advanced to the cecum, identified by appendiceal orifice and ileocecal valve. The colonoscopy was technically difficult and complex due to a tortuous colon. Successful completion of the procedure was aided by applying abdominal pressure. The patient tolerated the procedure well. The quality of the bowel preparation was good. The ileocecal valve, appendiceal orifice, and rectum were photographed.

Findings:

- The perianal and digital rectal examinations were normal.
- A diminutive polyp was found in the rectum. The polyp was removed with a jumbo cold forceps. Resection and retrieval were complete.
- Scattered medium-mouthed diverticula were found in the sigmoid colon.
- Internal hemorrhoids were found during retroflexion. The hemorrhoids were Grade I (internal hemorrhoids that do not prolapse).

Impression:
- One diminutive polyp in the rectum, removed with a jumbo cold forceps. Resected and retrieved.
- Diverticulosis in the sigmoid colon.
- Internal hemorrhoids.

Recommendation:
- High fiber diet indefinitely.
- Continue present medications.
- Repeat colonoscopy in 5 years for surveillance.
- Colorectal cancer prevention sheet provided
- Patient has a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with the patient. Return to normal activities tomorrow. Written discharge instructions were provided to the patient.

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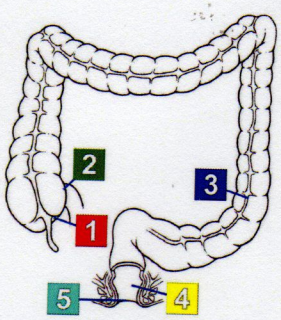
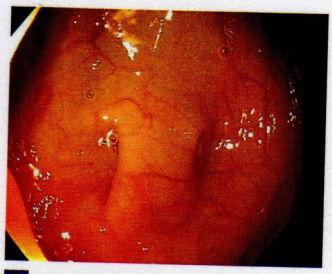
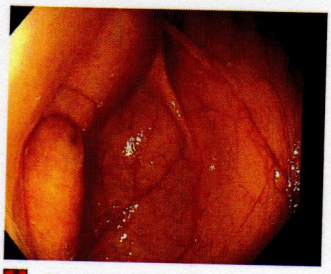
Add'l Images:

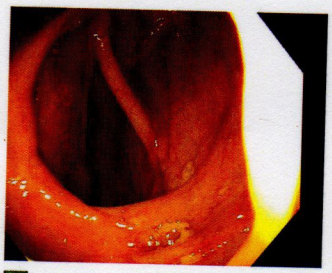


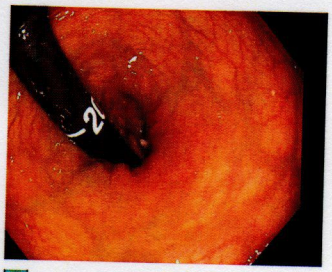
The Colon


3 Sigmoid Colon : Diverticulum


4 Rectum : Single Polyp


1 Cecum


2 Ileo-cecal Valve


5

Procedure Code(s): --- Professional ---
45380, Colonoscopy, flexible; with biopsy, single or multiple
G9612, Photodocumentation of two or more cecal landmarks to establish a complete examination

Diagnosis Code(s): --- Professional ---
Z86.010, Personal history of colonic polyps
K62.1, Rectal polyp
K64.0, First degree hemorrhoids
K57.30, Diverticulosis of large intestine without perforation or abscess without bleeding

The codes documented in this report are preliminary and upon coder review may be revised to meet current compliance requirements.

Subhash Gumber, MD
5/13/2019 8:38:35 AM

Note Initiated On: 5/13/2019 7:23:15 AM

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Wake Endoscopy Center, LLC (WEC) and Clayton Endoscopy Center do strive to provide excellent care for every patient. To reach our goal and give you a voice in your care, WEC and Clayton Endoscopy Center have partnered with Press Ganey to get your feedback on your experience at our centers. We are truly interested in your feedback so we can use it to make improvements where they are needed. Even though this survey is required by CMS (Medicare) we do want to make your experience with us as easy and comfortable as possible.

You may be contacted by telephone to complete a survey on our behalf – all responses are confidential and anonymous – we will never see your individual responses without your expressed consent – your anonymous response will be sent to us in a report we receive from Press Ganey. This telephone call will originate from Press Ganey. The Caller ID Display Name will be 'Press Ganey' and the Caller ID Number will be 574-309-9553.

If you are contacted to complete the survey, you will be asked about the following topics:

- Getting ready for your procedure.
- The facility and staff.
- Communications/information received about your procedure.
- Your recovery.
- Your overall experience.

Thank you in advance for completing the survey and providing us with information to make positive improvements to our organization.

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Colorectal Cancer Prevention

- Eat a sensible diet rich in vegetables and fruit. Limit red meat (less than 2 servings per week)
- Avoid obesity (Body mass index or BMI should be less than 26kg/m2)
- Exercise regularly at least 30 minutes per day. Moderate or vigorous exercise is best.
- Limit alcohol consumption
- If you are a smoker- stop smoking!!!!
- Consider calcium and folic acid supplementation

  Folic acid consumption should total 1 mg/day and calcium intake should be at least 1200 mg/day.
  Examples of calcium intake include:
  Caltrate and Vitamin D, 2 tabs daily (total of 1200 mg/day)
  OsCal Ultra, 2 tabs daily (1200 mg total)
  Citra Cal Caps plus D, 4 caps daily (total of 1260 mg/day)
  TUMS Ultra, 3 tabs (1200 mg/day
- Participate in recommended colorectal cancer screening. Normal risk individuals should be screened starting at age 50. Anyone with a family history of colorectal cancer or polyps should start earlier. Discuss the specifics with your doctor.

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Ronald P. Schwarz, M.D.
Kerry Whitt, M.D.
William Chance, *GI Administrator*

All physicians are board certified in Gastroenterology and Hepatology.

Colon Polyps

Miraca Life Sciences

What are colon polyps? A polyp in the colon can be defined as any extra tissue that protrudes into the inside (or lumen) of the large intestine (colon), but typically is due to excess of the lining (epithelium). They vary in size from microscopic to several inches in diameter.

What are the symptoms?

Typically there are no symptoms unless the polyps are large. However, patients may experience blood in the stool, constipation or diarrhea.

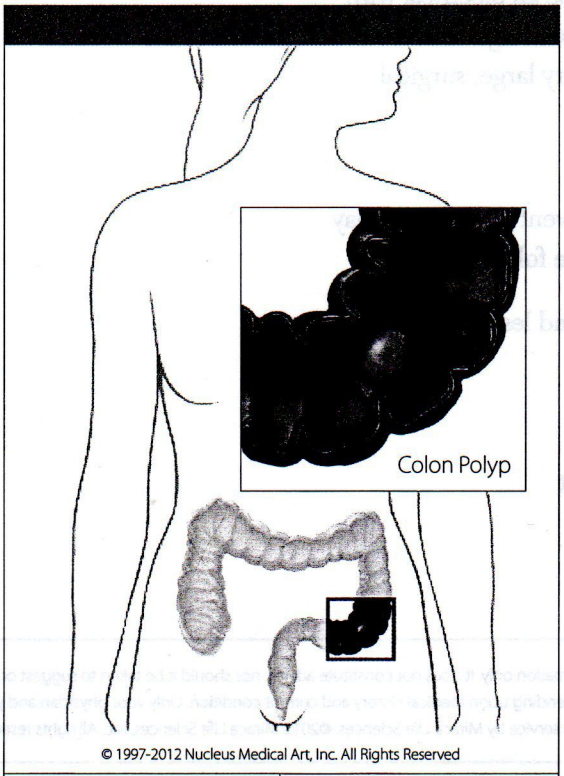
What are the risks of having polyps?

The greatest risk is that some types (primarily adenomas) may become cancerous. As adenomas grow in size, the chance of the growth eventually making a malignant transformation gets higher. It is estimated that it takes an average of approximately seven years for a small adenoma to become malignant. Another polyp type is hyperplastic polyp that has essentially no malignant potential, although recent evidence shows that a similar appearing polyp (once thought to be simply a large hyperplastic polyp), called a sessile serrated adenoma, carries a risk for the development of colonic cancer. Many other rare polyp types exist as well that are not associated with cancer risks.

How common are polyps?

For patients who are 50 years old, which is the recommended age for screening with a colonoscopy, the incidence is approximately 25 percent.

The rate increases to 50 percent by age 70; so as we get older, the polyps are more frequently found.



The image shows normal colonic glands at the bottom and the adenomatous glands at the top.

What causes polyps?

There is a hereditary predisposition to getting polyps. If family members have polyps, physicians strongly recommend that first-degree relatives (parents, siblings, children) have a colonoscopy at age 50 or earlier. Physicians believe that diet plays a role in the development of polyps. People on low fiber, high fat, high meat diets are more likely to have colon polyps. Also people in Western countries develop polyps more frequently than those from countries in the East.

How are polyps diagnosed?

There are several tests that are commonly used to diagnose colon polyps. During a **digital rectal exam**, a physician feels for abnormalities in the lining of the rectum. A **fecal occult blood test** can detect tiny amounts of blood in the stool. During a double contract **barium enema**, or lower GI series, the physician puts a liquid containing barium into your rectum before taking X-rays of your large intestine. Barium is impervious to X-rays, and therefore when coating the lining of the colon, polyps can be detected by a radiologist. A **sigmoidoscope** and **colonoscope** use a thin flexible tube that has a light and a tiny video camera. The physician uses these to look at the last third or entirety of the large intestine, respectively.

CONTINUED ON REVERSE

Colon Polyps

Miraca Life Sciences

CONTINUED FROM FRONT

Because it is not possible to reliably distinguish the different types of polyps by looking at them with a colonoscope alone, biopsy samples (or complete removal) of polyps are usually taken by the gastrointestinal physician. The biopsy is then examined under a microscope by a surgical pathologist, preferably one with subspecialty training in gastrointestinal pathology, who can precisely determine what type of polyp is present and if any malignancy or other disease is present.

How are polyps treated?

Most polyps can be completely removed during a sigmoidoscopy or colonoscopy. Polyps can be removed painlessly during either procedure by inserting a surgical tool through the endoscope. This procedure is called a polypectomy. Physicians frequently use an electrical wire loop that cuts through the tissue coagulating the vessels at the same time. When polyps are very large, surgical removal may be necessary.

How can I prevent polyps?

While there is no absolute way to prevent polyps, you may be able to lower your risk if you do the following:

- Eat more fruits and vegetables and less fatty food
- Don't smoke
- Avoid alcohol
- Exercise every day
- Lose weight if you are overweight

What is the recommendation for a follow-up colonoscopy?

Whether or not you will need follow-up depends on the kind of polyp the surgical pathologist determines that you have. Your physician will discuss your individual situation and make a recommendation that is appropriate for you.

Miraca Life Sciences specializes in the development and commercialization of the highest quality anatomic pathology services, primarily in the fields of dermatopathology, hematopathology, gastrointestinal pathology and urologic pathology. The company's core team of more than 70 world-leading, academic-caliber specialists utilize state of the art pathology laboratories currently headquartered in Irving, TX and throughout the United States to serve more than 3,000 patients every day. Through rigorous quality assurance, daily and monthly conferences, and close relationships with clinical partners, Miraca Life Sciences continuously improves diagnostic precision.

WAKE ENDOSCOPY CENTER, LLC

List of High Fiber Foods

VEGETABLES	AMOUNT	FIBER(grams)
Avocado (fruit)	1 medium	11.84
Beets, cooked	1 cup	2.85
Beet greens	1 cup	4.2
Bok choy, cooked	1 cup	2.76
Broccoli	1 cup	4.5
Brussels Sprouts	1 cup	2.84
Cabbage Cooked	1 cup	4.2
Carrot	1 medium	2
Carrot, cooked	1 cup	5.22
Cauliflower, cooked	1 cup	3.43
Cole Slaw	1 cup	4
Collard Greens, cooked	1 cup	2.58
Corn, sweet	1 cup	4.66
Green Beans	1 cup	3.95
Celery	1 stalk	1.02
Kale, cooked	1 cup	7.2
Onions, raw	1 cup	2.88
Peas, cooked	1 cup	8.84
Peppers, sweet	1 cup	2.62
Popcorn, air popped	1 cup	3.6
Potato, baked with skin	1 medium	4.8
Spinach, cooked	1 cup	4.32
Summer squash, cooked	1 cup	2.52
Sweet Potato, cooked	1 cup	5.94
Swiss chard, cooked	1 cup	3.68
Tomato	1 medium	1
Winter squash, cooked	1 cup	5.74
Zucchini	1 cup	2.63

CEREAL, GRAINS, PASTA	AMOUNT	FIBER(GRAMS)
Bran Cereal	1 cup	19.94
Bread, whole wheat	1 slice	2
Oats, rolled dry	1 cup	12
Pasta, whole wheat	1 cup	6.34
Rice, dry brown	1 cup	7.98

BEANS, NUTS, SEEDS	AMOUNT	FIBER(grams)
Almonds	1 oz	4.22
Black beans, cooked	1 cup	14.92
Cashews	1 oz	1
Flax Seeds	3 tbs	6.97
Garbanzo beans, cooked	1 cup	5.8
Kidney beans, cooked	1 cup	13.33
Lentils, red cooked	1 cup	15.64
Lima Beans, cooked	1 cup	13.16
Peanuts	1 oz	2.3
Pistachio Nuts	1 oz	3.1
Pumpkin Seeds	¼ cup	4.12
Soybeans, cooked	1 cup	7.62
Sunflower seeds	¼ cup	3
Walnuts	1 oz	3.08

FRUIT	AMOUNT	FIBER (grams)
Apples with skin	1 medium	5
Apricot	3 medium	0.98
Apricots, dried	5 pieces	2.89
Banana	1 medium	3.92
Blueberries	1 cup	4.18
Cantaloupe cubes	1 cup	1.28
Figs, dried	2 medium	3.74
Grapefruit	½ medium	6.12
Orange, navel	1 medium	3.4
Peach	1 medium	2
Peaches, dried	3 pieces	3.18
Pear	1 medium	5.08
Plum	1 medium	1
Raisins	1.5 oz box	1.6
Raspberries	1 cup	8.34
Strawberries	1 cup	3.98