



DIRECT ACCESS ENDOSCOPY EXCLUSION FORM

Colonoscopy • EGD (Upper Endoscopy) • Sigmoidoscopy

NAME

REG NO

DOB

PROCEDURE

- Colonoscopy (Mark prep choice below)
- EGD (Upper Endoscopy)
- Sigmoidoscopy

PREFERRED SITE

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

PREFERRED ENDOSCOPIST (optional) _____

Referring Physician (or see label)

UM Dr #

Referring Clinic / Location (or see label)

Date

INDICATIONS

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
 - 1st degree relative age <60 – start earlier if: (a) age 40 (b) youngest relative, age – 10, Q5yrs
 - 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
 - 1 or 2 small (<1 cm) adenomas – Q5yrs
 - Personal h/o colorectal cancer – Q3 yrs, then Q5 yrs if normal
- Bleeding: Unexplained iron deficiency, fecal occult blood, or rectal bleeding
- Diarrhea: Chronic (>3 wks)
- IBD: Ulcerative pancolitis or UC left-sided >15 yrs or Crohn's >8 yrs – Q1–2 yrs
- Unexplained weight loss

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
(if insurance does not cover colonoscopy &/or patient prefers sigmoidoscopy)

EXCLUSIONS

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

- Age >80 years
- BMI >50
- COPD with FEV1 <1.0
- Anemia with HCT <18%
- Pregnancy
- Unable to provide consent
- MI/Angina/severe CHF w/in 6 mo
- Treatment with any anticoagulant**
- Coagulopathy, hereditary hemorrhagic disorder, etc. [INR >1.5 &/or Plts <75K]

REVIEWED.
NO EXCLUSIONS PRESENT.

Ordering Provider Initials

EXCEPTIONS

- 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).

COLONOSCOPY PREPS

- PEG solution*** 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*** 2 days before drink 6 liters PEG solution [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.

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: Patients with significant CHF, liver disease, any renal disease should have a 4 L electrolyte solution prep, which is iso-osmolar, not the PEG 3350, which is hyper-osmolar. The risk of dehydration & 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).

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

NOTE: PATIENT MUST BE ACCOMPANIED 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.