




Bitterroot Health
Surgery Center


**Preparing for your
procedure with
Bitterroot Health**

Thank you for scheduling your procedure with Bitterroot Health.

You are scheduled for a:


- ☐ Colonoscopy
- ☐ Esophagogastroduodenoscopy (EGD)
- ☐ Colonoscopy and Esophagogastroduodenoscopy (EGD)
- ☐ Date of procedure: _____
 - ☐ Morning (follow instructions for morning procedures)
 - ☐ Afternoon (follow instructions for afternoon procedures)

 You will not be given an exact time until a day or two before your procedure. We do this to prevent confusion for you as our schedule is constantly changing to accommodate urgent procedures, elderly or frail patients and diabetics. We thank you in advance for your understanding of this.

 If you were instructed to do so, please complete any of the pre procedure testing no later than 3-4 business days prior to your scheduled procedure. This includes but is not limited to getting cardiac clearance or an EKG.

You will receive a call from a nurse who will review all of the information with you in the week prior to your procedure. They will go over your prep and medications. Please review this booklet before then and make a list of questions you have.

Keep in mind that although we can generalize on the amount of time your procedure takes, every individual responds differently to anesthesia. Additionally, we treat any conditions such as removing polyps at the time of the procedure to prevent patients from having to return for another procedure. This can cause delays to the entire day of endoscopies. We will do our very best to keep you informed. We may even call you the day of your procedure to stay home a bit longer for your own comfort.

 ***You will be given sedation, therefore you MUST have an adult drive you home. Your provider has requested that your driver remain in your room, in the waiting room or on hospital grounds. We ask this so that (with your consent) your provider can share the results of your procedure. If your driver cannot remain at the hospital, please let us know ahead of time so we may accommodate your needs. Please note, we do not allow discharges to taxis or buses unless you have an adult escort with you.***



Bitterroot Health

1200 Westwood Drive, Hamilton, MT 59840 (406) 363-2211 • www.bitterroothealth.org

Colonoscopy Information

To help you prepare for this procedure, please read this information carefully and bring this booklet with you to your appointment.

Introduction

The procedure you will be having is called a colonoscopy. This is an examination of your large bowel (colon).

Why do I need to have a colonoscopy?

For most individuals, a colonoscopy is part of their wellness check up. These are referred to as Screening Colonoscopies. Depending on your age, gender, familial history and previous studies, your provider may order this exam more or less often.

You may also have been advised to undergo this investigation of your large bowel to try and find the cause for your symptoms, help with treatment, and if necessary, to decide on further investigation.

What is a colonoscopy?

This test is a very accurate way of looking at the lining of your large bowel (colon), to establish whether there is any disease present. This test also allows us to take tissue samples (biopsy) for analysis by the pathology department if necessary. The instrument used in this investigation is called a colonoscope, (scope) and is flexible. Within each scope is an illumination channel, which enables light to be directed onto the lining of your bowel and another which relays pictures back onto a television screen. This enables the endoscopist to have a clear view and to check whether or not disease or inflammation is present. During the investigation the endoscopist may need to take some samples from the lining of your colon for analysis. These are sent to a laboratory for further investigation. It will take several days before your provider receives the results. A video recording and/or photographs may be taken for your records.



What about my medications?

In general, you may continue your current prescriptions however there are some exceptions. If you have specific questions, you should reach out to your primary care provider (or the specific provider who prescribed those medications. (You can also discuss these when you get a call from the nurse who will review your chart with you.)

Exceptions:

Iron Tablets: Stop taking iron supplements (Be sure to check your multivitamins) **five days** before your procedure.

Anticoagulants (Blood Thinners): If you are taking anticoagulants such as warfarin (Coumadin), clopidogrel (Plavix), prasugrel (Effient), dabigatran (Pradaxa), rivaroxaban (Xarelto) or apixaban (Eliquis) you must check with the provider who ordered these in order to safely stop them for your procedure. You may continue aspirin.

Diabetic Medications: Continue all diabetic medications as follows. If you take oral diabetic medications, hold them the morning of the procedure. If you take short acting insulin, do not take any insulin on the day of the procedure. If you take long-acting insulin, take ONLY A HALF dose the night before your procedure and HOLD it the morning of your procedure.

Cardiac Medications (for the heart and/or blood pressure): On the day of your procedure you should only take beta-blockers (metoprolol/Carvedilol/Sotalol) or your calcium channer blockers (amlodipine/diltiazem/nifedipine/verapamil). You should also take any medications that control the rhythm of your heart such as amiodarone (Cordarone/Pacerone) or flecainide (Tambacor). These should be taken with as little water as possible.

Anti-Inflammatories: Hold, ibuprofen (Advil/Motrin) and naproxen (Aleve) **five days** prior to your procedure.

Supplements and Vitamins: Please stop all of your vitamins and supplements **five days** prior to your procedure. Many supplements may thin the blood so it is best to just hold all of them.

Fiber Supplements: Hold fiber supplements **five days** prior to your procedure.



Preparing your intestines for a colonoscopy

The “cleaner” your intestinal tract is during your procedure, the more likely your provider will be able to get the clearest view of your entire large intestine. If you are not completely cleaned out, you may have to be rescheduled therefore it is important to get it right the first time!

Avoid hard-to-digest foods in the five days prior to your procedure. These include the following:

Nuts & Seeds
Popcorn
Corn
Beans
Peas

Raw Salad
Celery
Tomatoes
Wheat Germ
Granola

Bread or
Cereal with
visible grains



A low fiber diet is the best to follow. Fiber is the indigestible part of cereals, fruit and vegetables therefore the skin and seeds should be avoided.

Taking Your Prep

THE DAY BEFORE your procedure for ALL COLONOSCOPIES regardless of prep type

- NO SOLID FOOD
- Drink only clear liquids all day.
 - Continue to drink clear liquids even if you are finished with your prep. It is important to stay hydrated.
 - Clear liquids are anything you can see through such as broth and fruit juice (Orange juice is NOT a clear liquid).
 - Soda, tea and black coffee ARE considered clear liquids as long as no cream is added
 - Gelatin, sports drinks and popsicles are okay
 - **Avoid fruit juices with pulp and dairy products**
 - **AVOID RED OR PURPLE items**
- Mix and refrigerate the prep solution according to the instructions on the container a few hours prior to drinking.
- You may add the lemon flavoring sent with the prep OR Crystal Light Sugar Free Lemonade to the container or your glass (do not add any other flavors or liquids).
- Be sure to stay hydrated – you may drink as much clear liquids throughout the day as necessary. Drink a minimum of 8-12 oz. every hour.
- Once you have commenced your bowel preparation it is advisable to stay at home with access to a toilet. The solutions will make you go to the toilet a lot so you may wish to use a topical barrier cream such as zinc or castor oil to protect your bottom while taking the bowel preparation.
- The next few pages will explain your particular prep in detail based on the proposed time of your procedure.

For additional education, we have an 8 minute long video on our website that we encourage you to watch. Go to bitterroothealth.org > Services > Gastroenterology



Your TWO DAY Bowel Preparation with NuLyteLy

(for patients using chronic pain medications or with a history of chronic constipation)

☐ Your procedure is in the **morning**

TWO DAYS BEFORE PROCEDURE

- No solid food
- Drink clear liquids the entire day
 - Anything you can see through and has no pulp is fine
 - Soda, clear fruit juice, black coffee and tea are considered clear
 - Gelatin, sports drinks, broth and popsicles are okay
 - Nothing red or purple in color
- No dairy
- Mix 8.3 oz bottle of Miralax into 2 quarts of sports drink (use sugar-free if you are diabetic). Drink the entire 2 quarts throughout the day

☐ Your procedure is in the **afternoon**

DAY BEFORE PROCEDURE

- 4 pm Drink the entire bottle of Magnesium citrate
- 6 pm Begin drinking a HALF GALLON of NulyteLy
 - Drink 8 oz every 10-20 minutes
 - Finish half of the gallon within 1-2 hours (no sooner/no later)
 - Place Zofran tablet on your tongue at first sign of nausea
 - Slow down to 8 oz every 30 minutes if you are nauseated
 - Sucking on hard candy may help
- It is normal to experience chills, nausea and abdominal cramping
- Liquid stools will start within a few hours
- You may start both of these liquids a little earlier (eg 2pm for Mag Citrate and 4pm for NulyteLy)

DAY BEFORE PROCEDURE

- No solid food
- Continue clear liquids just like yesterday
- 4 pm Drink the entire bottle of Magnesium citrate
- 6 pm Begin drinking NulyteLy
 - Drink 8 oz every 10-20 minutes
 - Finish the gallon within 3-4 hours (no sooner/no later)
 - Place Zofran tablet on your tongue at first sign of nausea
 - Slow down to 8 oz every 30 minutes if you are nauseated
 - Sucking on hard candy may help
- It is normal to experience chills, nausea and abdominal cramping
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- It is normal to experience chills, nausea and abdominal cramping
- Liquid stools will start within a few hours
- You may start both of these liquids a little earlier (eg 2pm for Mag Citrate and 4pm for NulyteLy)

DAY OF PROCEDURE

- No more clear liquids after 3:00 am
- You may take your beta blocker (metoprolol/Carvedilol/Sotalol) or your calcium channel blocker (amlodipine/diltiazem/nifedipine/verapamil) but **HOLD ALL OTHER MORNING MEDICATIONS**
- You can resume your normal morning medications once you get home

DAY OF PROCEDURE

- 6:00am Drink the remainder of your gallon of prep, finishing it by 7:30am
- You may continue to sip on **WATER ONLY** up until 4 hours prior to your arrival at the Surgery Center
- You may take your beta blocker (metoprolol/Carvedilol/Sotalol) or your calcium channel blocker (amlodipine/diltiazem/nifedipine/verapamil) but **HOLD ALL OTHER MORNING MEDICATIONS**
- You can resume your normal morning medications once you get home

☐ **Your TWO DAY Bowel Preparation with Clinpiq**

(for patients using chronic pain medications or with a history of chronic constipation)

☐ Your procedure is in the **morning**

☐ Your procedure is in the **afternoon**

TWO DAYS BEFORE PROCEDURE

- No solid food
- Drink clear liquids the entire day
 - Anything you can see through and has no pulp is fine
 - Soda, clear fruit juice, black coffee and tea are considered clear
 - Gelatin, sports drinks, broth and popsicles are okay
 - Nothing red or purple in color
- No dairy
- Mix 8.3 oz bottle of Miralax into 2 quarts of sports drink (use sugar-free if you are diabetic). Drink the entire 2 quarts throughout the day

DAY BEFORE PROCEDURE

- No solid food
- Drink clear liquids the entire day
 - Anything you can see through and has no pulp is fine
 - Soda, clear fruit juice, black coffee and tea are considered clear
 - Gelatin, sports drinks, broth and popsicles are okay
 - Nothing red or purple in color
- No dairy
- Mix 8.3 oz bottle of Miralax into 2 quarts of sports drink (use sugar-free if you are diabetic). Drink the entire 2 quarts throughout the day

DAY BEFORE PROCEDURE

- Continue clear liquids throughout the day
- 2:00 pm Drink the entire bottle of the first bottle of Clinpiq
- Drink an 8 ounce glass of water EVERY HOUR for the next five hours (40 oz by 7:00pm)
 - Set a timer for an hour as a reminder
- 7:00 pm Drink the entire contents of the second bottle of Clinpiq
- Drink an 8 ounce glass of water EVERY HOUR for the next three hours (24 oz by 10:00 pm)
 - Set a timer for an hour as a reminder
- Place Zofran tablet on your tongue at first sign of nausea
- Stop drinking the solution if you develop persistent vomiting or continuous, severe abdominal pain

DAY BEFORE PROCEDURE

- Continue clear liquids throughout the day
- 5:00 pm Drink the entire bottle of the first bottle of Clinpiq
- Drink an 8 ounce glass of water EVERY HOUR for the next five hours (40 oz by 9:00pm)
 - Set a timer for an hour as a reminder
- Continue to drink clear liquids as you get up throughout the night
- Place Zofran tablet on your tongue at first sign of nausea
- Stop drinking the solution if you develop persistent vomiting or continuous, severe abdominal pain

DAY OF PROCEDURE

- No more clear liquids after 3:00 am
- You may take your beta blocker (metoprolol/Carvedilol/Sotalol) or your calcium channel blocker (amlodipine/ diltiazem/nifedipine/verapamil) but **HOLD ALL OTHER MORNING MEDICATIONS.**
- You can resume your normal morning medications once you get home.

DAY OF PROCEDURE

- 5:00am Drink the entire contents of the second bottle of Clinpiq
- Drink an 24 ounces of water over the next two hours (24 oz by 7:00am)
 - Set a timer for an hour as a reminder
- You may continue to sip on **WATER ONLY** up until 4 hours prior to your arrival
- You may take your beta blocker (metoprolol/Carvedilol/Sotalol) or your calcium channel blocker (amlodipine/ diltiazem/nifedipine/verapamil) but **HOLD ALL OTHER MORNING MEDICATIONS.**
- You can resume your normal morning medications once you get home.

☐ **Your ONE DAY Bowel Prep is with Nulytely**

☐ Your procedure is in the **morning**

DAY BEFORE PROCEDURE

- 4:00 pm Drink the entire bottle of Magnesium citrate
- 6:00 pm Begin drinking Nulytely
 - Drink 8 oz every 10-20 minutes
 - Finish the gallon within 3-4 hours (no sooner/no later)
 - Place Zofran tablet on your tongue at first sign of nausea
 - Slow down to 8 oz every 30 minutes if you are nauseated
 - Sucking on hard candy may help
- It is normal to experience chills, nausea and abdominal cramping
- Liquid stools will start within a few hours
- You may start both of these liquids a little earlier (eg 2pm for Mag Citrate and 4pm for Nulytely)

DAY OF PROCEDURE

- No more clear liquids after 3:00 am
- You may take your beta blocker (metoprolol/ Carvedilol/Sotalol) or your calcium channel blocker (amlodipine/ diltiazem/nifedipine/ verapamil) but **HOLD ALL OTHER MORNING MEDICATIONS**
- You can resume your normal morning medications once you get home

☐ Your procedure is in the **afternoon**

DAY BEFORE PROCEDURE

- 4:00 pm Drink the entire bottle of Magnesium citrate
- 6:00 pm Begin drinking a HALF GALLON of Nulytely
 - Drink 8 oz every 10-20 minutes
 - Finish half of the gallon within 1-2 hours (no sooner/no later)
 - Place Zofran tablet on your tongue at first sign of nausea
 - Slow down to 8 oz every 30 minutes if you are nauseated
 - Sucking on hard candy may help
- It is normal to experience chills, nausea and abdominal cramping
- Liquid stools will start within a few hours
- You may start both of these liquids a little earlier (eg 2pm for Mag Citrate and 4pm for Nulytely)

DAY OF PROCEDURE

- 6:00am Drink the remainder of your gallon of prep, finishing it by 7:30am
- You may continue to drink **WATER ONLY** up until 4 hours prior to your arrival at the Surgery Center
- You may take your beta blocker (metoprolol/ Carvedilol/Sotalol) or your calcium channel blocker (amlodipine/ diltiazem/nifedipine/ verapamil) but **HOLD ALL OTHER MORNING MEDICATIONS**
- You can resume your normal morning medications once you get home

☐ Your ONE DAY Bowel Prep is with Clinpiq

☐ Your procedure is in the **morning**

DAY BEFORE PROCEDURE

- 2:00 pm Drink the entire bottle of the first bottle of Clinpiq
- Drink an 8 ounce glass of water EVERY HOUR for the next five hours (40 oz by 7:00pm)
 - Set a timer for an hour as a reminder
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 - Set a timer for an hour as a reminder
- Place Zofran tablet on your tongue at first sign of nausea
- Stop drinking the solution if you develop persistent vomiting or continuous, severe abdominal pain

DAY OF PROCEDURE

- No more clear liquids after 3:00 am
- You may take your beta blocker (metoprolol/ Carvedilol/Sotalol) or your calcium channel blocker (amlodipine/ diltiazem/nifedipine/ verapamil) but **HOLD ALL OTHER MORNING MEDICATIONS**
- You can resume your normal morning medications once you get home

☐ Your procedure is in the **afternoon**

DAY BEFORE PROCEDURE

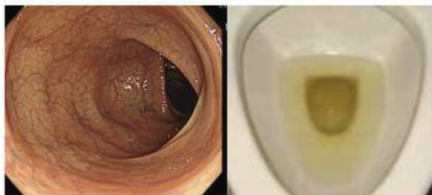
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 - Set a timer for an hour as a reminder
- Continue to drink clear liquids as you get up throughout the night
- Place Zofran tablet on your tongue at first sign of nausea
- Stop drinking the solution if you develop persistent vomiting or continuous, severe abdominal pain

DAY OF PROCEDURE

- 5:00am Drink the entire contents of the second bottle of Clinpiq
- Drink 24 ounces of water over the next two hours (24 oz by 7:00am)
 - Set a timer for an hour as a reminder
- You may continue to drink **WATER ONLY** up until 4 hours prior to your arrival
- You may take your beta blocker (metoprolol/ Carvedilol/Sotalol) or your calcium channel blocker (amlodipine/ diltiazem/nifedipine/ verapamil) but **HOLD ALL OTHER MORNING MEDICATIONS**
- You can resume your normal morning medications once you get home

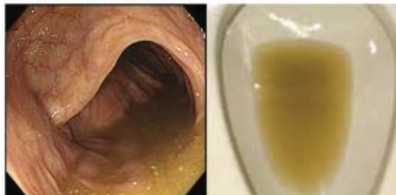
YOUR COLON AND YOUR COMMUNE

A



A. GOOD PREP!

B



B. SO-SO PREP

C



C. BAD/INADEQUATE PREP

On morning of procedure, if after finishing your prep, you have the **"bad/inadequate"** results, call the Endoscopy nurses at Bitterroot Health for further instructions at **(406) 375-2931**.

Esophagogastroduodenoscopy (EGD) Information

To help you prepare for this procedure, please read this information carefully and bring this booklet with you to your appointment.



Introduction

An Esophagogastroduodenoscopy, or EGD, is an examination of the esophagus, stomach, and a small section of your small intestine called the duodenum. You may have been instructed to have an EGD because of trouble swallowing, frequent indigestion or heartburn, or other digestive issues. An EGD can help diagnose underlying conditions causing your symptoms.

The procedure uses an endoscope. This is a flexible tube with a light and camera at the end.

How is an EGD performed?

The procedure is done as follows:

- During the procedure, your breathing, heart rate, blood pressure, and oxygen level are checked. Wires are attached to certain areas of your body and then to machines that monitor these vital signs.
- You receive medicine into a vein to help you relax. You should feel no pain and not remember the procedure.
- A mouth guard is used to protect your teeth and the scope. Dentures must be removed before the procedure begins.
- You then lie on your left side.
- The scope is inserted through the esophagus (food pipe) to the stomach and duodenum. The duodenum is the first part of the small intestine.
- Air is put through the scope to make it easier for the doctor to see.
- The lining of the esophagus, stomach, and upper duodenum is examined. Biopsies can be taken through the scope. Biopsies are tissue samples that are looked at under the microscope.
- Different treatments may be done, such as stretching or widening a narrowed area of the esophagus.

The test lasts about 5 to 20 minutes, followed by a short recovery period.

To prepare for an EGD, your stomach must be empty. Do not eat or drink anything after midnight before your procedure unless you have been given more specific instructions.

What about my medications?

In general, you may continue your current prescriptions however there are some exceptions. If you have specific questions, you should reach out to your primary care provider (or the specific provider who prescribed those medications. (You can also discuss these when you get a call from the nurse who will review your chart with you.)

Exceptions:

Iron Tablets: Stop taking iron supplements (Be sure to check your multivitamins) **five days** before your procedure.

Anticoagulants (Blood Thinners): If you are taking anticoagulants such as warfarin (Coumadin), clopidogrel (Plavix), prasugrel (Effient), dabigatran (Pradaxa), rivaroxaban (Xarelto) or apixaban (Eliquis) you must check with the provider who ordered these in order to safely stop them for your procedure. You may continue aspirin.

Diabetic Medications: Continue all diabetic medications except as follows. If you take oral diabetic medications, hold them the morning of the procedure. If you take short acting insulin, do not take any insulin on the day of the procedure. If you take long-acting insulin, take **ONLY A HALF** dose the night before your procedure and **HOLD** it the morning of your procedure.

Cardiac Medications (for the heart and/or blood pressure): On the day of your procedure you should only take beta-blockers (metoprolol/Carvedilol/Sotalol) or your calcium channel blockers (amlodipine/diltiazem/nifedipine/verapamil). You should also take any medications that control the rhythm of your heart such as amiodarone (Cordarone/Pacerone) or flecainide (Tambacor). These should be taken with as little water as possible.

Anti-Inflammatories: Hold, ibuprofen (Advil/Motrin) and naproxen (Aleve) **five days** prior to your procedure.

Supplements and Vitamins: Please stop all of your vitamins and supplements **five days** prior to your procedure. Many supplements may thin the blood so it is best to just hold all of them.



Additional questions

How long will I be in the Endoscopy Unit?

This largely depends on the patients before you, which exam you are having, how quickly you recover from the sedation and how busy the department is. For a colonoscopy or both a colonoscopy and EGD, you can expect to be at the surgery center for approximately 2-3 hours. If you are only having an EGD, we estimate approximately 90 minutes. We also look after emergencies and these can take priority over our outpatients.

Please leave children at home. If you have to bring children requiring supervision with you for your appointment, please ensure that they have someone to supervise them while you are having your procedure.

What happens when I arrive?

When you arrive, you will be checked in at registration. Please bring your driver's license and insurance card(s). Registration personnel will ask for the name and phone number of the person taking you home. This will be given to the nurse for them to call when it comes time to pick you up. Once you are checked in, you will be taken back to your room by a nurse who will ask you to change into a hospital gown. They will then perform a brief medical assessment.

Your blood pressure, heart rate and oxygen levels will be recorded. If you are diabetic, your blood glucose level may also be recorded.

If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have. The nurse will insert a small intravenous catheter in the back of your hand or forearm through which the sedation will

be administered later. Someone from the anesthesia department will be in to interview you and get your consent for sedation.

The Procedure

When it is your turn you will be taken into the procedure room on your stretcher where the Endoscopist, anesthetist, technicians and nurses will introduce themselves. You will have the opportunity to ask any final questions. They will then position you for your procedure. They will then place the oxygen monitoring probe on your finger and an oxygen cannula in your nose.

When everyone is ready, anesthesia will administer the sedation.

Sedation makes it unlikely that you will remember anything about the examination.

The doctor will perform any additional exams such as biopsies or polypectomies at the time of your procedure.

What is a polyp?

A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the intestinal wall by a stalk, and look like a mushroom, whereas others are flat without a stalk. Polyps, when found are generally removed (polypectomy) or sampled by the endoscopist, as they may grow and later cause problems. Flat polyps are generally a little more difficult to remove.

Risks of the procedure

Endoscopy is classified as an invasive investigation and because of that it has the possibility of associated complications. These occur extremely infrequently; but we would wish to draw your attention to them so that you can make your decision about having the procedure

The main risks are:

- Perforation (risk approximately 1 for every 1,000 examinations) or tear of the lining of the bowel. An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal.
- Bleeding may occur at the site of biopsy or polyp removal (risk approximately 1 for every 100-200 examinations where this is performed). Typically minor in degree, such bleeding may either simply stop on its own or if it does not, be controlled by cauterization or injection treatment.
- Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by anesthesia ensures that any potential problems can be identified and treated rapidly.
- Older patients and those who have significant health problems (for example, people with breathing difficulties) may need to be assessed by a doctor before having the procedure.

After the procedure

You should not drive, drink alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure.

You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose may be monitored.

Should you have underlying breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing. Once you have recovered from the initial effects of the sedation (which normally take 15-30 minutes), you will be offered liquids. Before you leave the department, the nurse or endoscopist will discuss the findings and any medication

or further investigations required. She or he will also inform you if you require further appointments.

The sedation may temporarily affect your memory, which is why we have your driver sign your release form. A short written report will also be given to you.

If you live alone, try and arrange for someone to stay with you or, if possible, arrange to stay with your family or a friend for at least a few hours.

General points to remember

It is our aim for you to have your procedure on time or as soon as possible after your arrival. However, the unit is very busy and your procedure may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.

The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises therefore please leave all valuables at home.

If you are unable to keep your appointment due to sickness, please notify the Endoscopy Unit as soon as possible at 406-375-4688.

If you have any questions about your prep or your procedure, call the Endoscopy education nurse at (406) 375-4766.

If you have any problems after your procedure with persistent abdominal pain or bleeding please contact your primary care provider immediately informing them that you have had an endoscopy.

If you are unable to contact or speak to your doctor, you should go immediately to the Emergency Department.

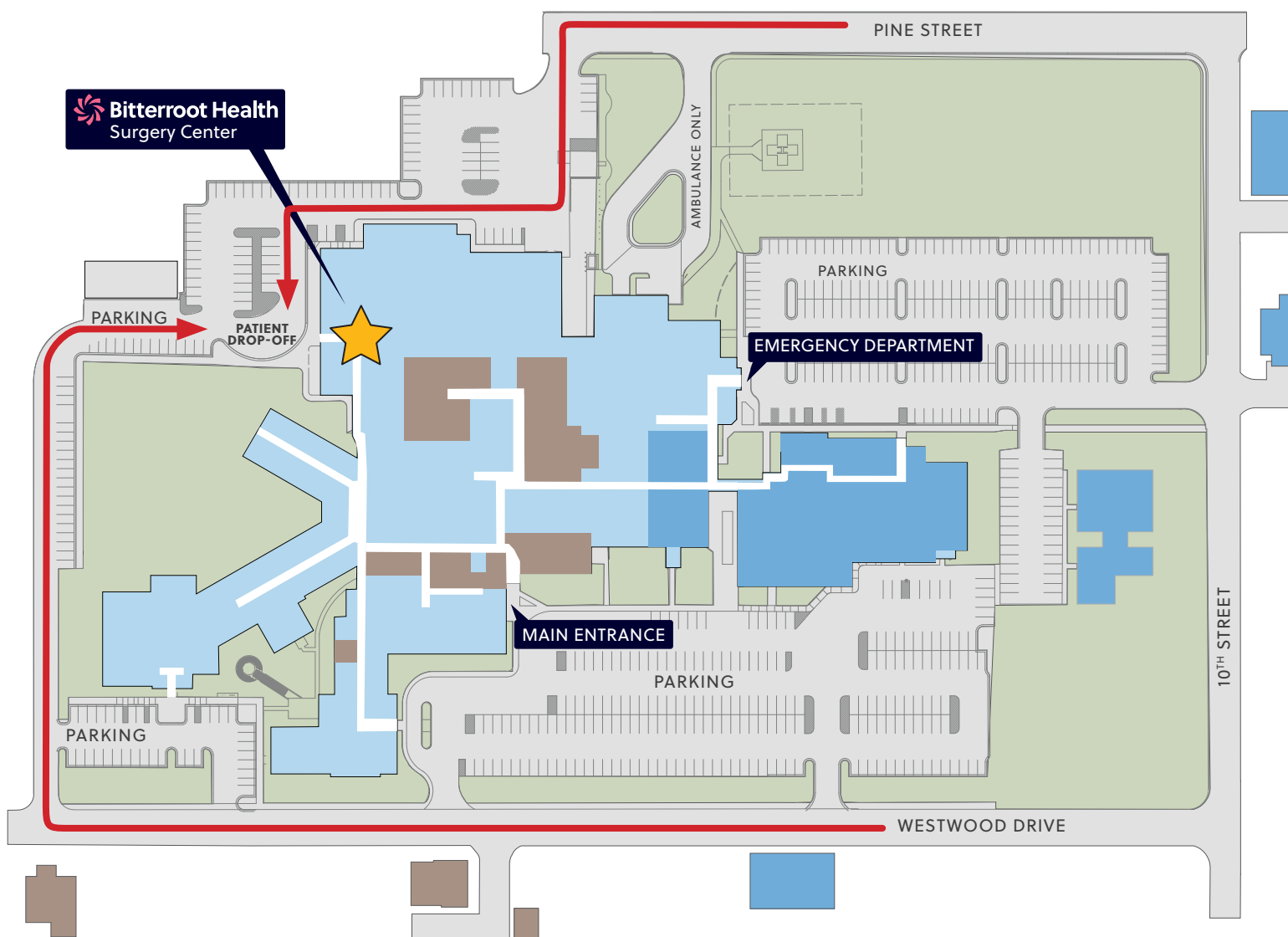
If you have questions about your insurance policy or insurance coverage for endoscopy procedures please call your insurance carrier and refer all insurance questions to them.

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Map

Patient drop of for the Surgery Center is on the west side of the Bitterroot Health campus.



Bitterroot Health
Surgery Center



www.bitterroothealth.org
1200 Westwood Drive
Hamilton, MT 59840
(406) 363-2211

