

Colonoscopy Instructions

Here's what we're giving you today:

- 1. Colonoscopy Preparation Brochure/Location Form
- 2. Colonoscopy Prep Instructions
- 3. Clear Liquid Diet
- 4. Colonoscopy Insurance FAQs (Information about coding your bill)
- 5. FAQ Colonoscopy (Frequently Asked Questions about your colonoscopy)

Please visit our website at www.connecticutgi.org to review the following documents:

- 1. Form entitled "Your Rights"
- 2. Form entitled "Informed Consent"
- 3. Form entitled "Financial Policy"
- 4. Form entitled "Advanced Directives"
- 5. CTGI Privacy Notice
- 6. Directions to the facility



Your procedure is scheduled for:

DATE:	
ARRIVAL TIME:	
	*The arrival time is subject to change. If you need to change or cancel your appointment, pleas

give as much notice as possible so someone else can be scheduled.

LOCATION: Coastal Digestive Care Center, LLC

234A Bank Street

4th Floor

New London, CT 06320 Telephone: 860-447-0402

PREPARATION: Follow the preparation instructions given to you by your doctor's office.

*Please inform staff immediately if you are taking <u>blood thinners</u> such as COUMADIN (WARFARIN), PLAVIX, PLETAL, EFFIENT, AGGRENOX, PRADAXA, SAVAYSA, XARELTO, ELIQUIS, BRILINTA

Diabetic Patients:

- If you are diabetic, please inform the staff if you are taking insulin or oral medication to treat your diabetes.
- If you take insulin, please contact the prescribing physician for instructions.
- If you take oral DIABETIC medications, you should not take your pills the night before or in the morning prior to your procedure.

10 Days before your procedure:

• Stop iron supplements

At least 7 days before your procedure:

- Read all prep instructions and purchase any necessary prep products from your pharmacy.
- Verify instructions for stopping your blood thinning medications with the office.
- Stop herbal supplements.
- No seeds, nuts or quinoa.
- Arrange for a ride home after your procedure.

Day of Procedure:

- YOU MUST NOT HAVE ANYTHING BY MOUTH FOR 4 HOURS PRIOR TO YOUR PROCEDURE INCLUDING GUM AND HARD CANDIES. HOWEVER, if you take medication for your BLOOD PRESSURE or Heart (and you normally take them in the morning), please take them with a SIP of water at least 2 hours prior to your arrival time.
- If you are scheduled at one of the Endoscopy Centers, plan on a 1 ½ hour stay. If you are scheduled at the Hospital plan on a 2 ½ hour stay.
- It is critical that you arrive on time. Every effort will be made to keep your appointment at the scheduled time, but in medicine, unexpected delays and emergencies may occur. We give each patient the attention needed for his or her procedure.
- Bring your insurance cards and a photo ID.
- Bring your insurance co-pay/deductible. If your insurance has changed since your appointment
 was scheduled, please contact us immediately. Many insurance carriers (not Medicare) and
 managed care organizations require preauthorization or precertification. To obtain coverage for
 these procedures, we recommend you contact your insurance company. The phone number is
 usually on the back of your insurance card.
- Dress casually and comfortably as you will be required to change into an examination gown. Leave jewelry and other valuable items at home.

Transportation:

- DO NOT DRIVE YOURSELF. Arrange for transportation home before you arrive for your appointment. Since you will receive sedation, you will not be permitted to drive home.
- Public transportation (cab, limo, bus, Uber) is not acceptable.
- Your examination will be cancelled if you have not arranged transportation home.

If you have any questions regar		
Phone:	Ext	



For additional information, please visit our website at www.connecticutgi.org

Blue Procedure Preparation MIRALAX

*Follow these instructions. **Do NOT follow the instructions on the bottle.***

You must be on a clear liquid diet 30 hours before your procedure (please review the clear liquid diet sheet).

You must not have anything by mouth for 4 hours prior to your procedure, INCLUDING gum and hard candies.

Purchase:

- Miralax 238 grams 8.3 oz. This is available over the counter.
- 64 oz. Gatorade Lemon/Lime preferred. **DO NOT BUY RED OR PURPLE.**
- Patients with diabetes may substitute Pedialyte for Gatorade.
- 2 Dulcolax Laxative tablets (NOT suppositories!)

NOTE: Failure to properly cleanse your colon may result in a cancelled procedure.

The American College of Gastroenterologists recommends splitting the preparation for optimal visualization of the colon and detection of small polyps and cancer

DAY BEFORE COLONOSCOPY

- CLEAR LIQUID DIET It is very important to drink plenty of clear liquids throughout the entire day.
- Mix <u>ALL</u> of the Miralax and Gatorade mixture on the morning of the day before your procedure, and refrigerate if desired.
- 4-5 PM take 2 Dulcolax tablets.
- Two hours later (6-7 PM), start drinking Gatorade (or Pedialyte) Miralax mixture 8 oz. every 15 minutes.
- Drink only half of the solution (32 ounces)
- If you have mild discomfort or bloating, stop drinking for a while or wait longer between drinking each glass until the discomfort goes away.

5 HOURS BEFORE PROCEDURE

- **5 hours before your scheduled procedure time**, drink the last 32 ounces (8 oz. every 15-20 minutes) until remaining solution is gone.
- Diarrhea may continue for several hours after you finish drinking the solution.



For additional information, please visit our website at www.connecticutgi.org

NO SOLID FOOD

* *You must be on a clear liquid diet 30 hours before your procedure * *

THERE IS NOTHING BY MOUTH 4 HOURS PRIOR TO YOUR PROCEDURE INCLUDING HARD CANDY AND CHEWING GUM

**Avoid all dairy products and anything RED OR PURPLE.

CLEAR LIQUIDS INCLUDE:

- Soft drinks regular or diet sodas (orange, ginger ale, cola, Sprite, 7-Up, etc). Ginger Ale may help to settle the stomach.
- Smart Water, sport or power drinks with electrolytes may be helpful. You may wish to dilute to decrease sweetness.
- Strained fruit juices without pulp (apple, white grape, iced tea) NO ORANGE JUICE!
- Water, clear flavored waters or seltzer (NO red or purple!)
- Black tea or coffee NO milk or non-dairy creamer. You may have any type of sugar or sweetener.
- Fat free chicken or beef broth (prefer low sodium)
- Hard candies (Lifesavers, etc.)
- Plain Jello NO fruits or toppings
- Popsicles, Italian Ice NO sherbets or fruit bars



Patien	ent Name: Date of Pro	oc: Time:
	ty:	Physician:
	duler:	
	noscopy CPT4537845380 w/biopsy	Upper Endoscopy CPT4323543239 (Not covered under screening benefits)
	Diagnostic/Therapeutic Colonoscopy; Diagnosis: This procedure is usually paid after your deductible has bee Colonoscopies following a positive cologuard test are diagnoscopies.	n met.
	Surveillance Colonoscopy: Diagnosis:Z86.010 Personal Hx Colon PolypsZ8Z83.71 Family Hx Colon PolypsZ8Z87.19 Personal Hx of other digestive diseases	85.038 Personal Hx Colon Cancer
	Many carriers will pay after your deductible has been met. It the specific codes checked above. This is NOT a screening. C	
	Preventive Colonoscopy Screening: Diagnosis: <u>No Signs or Symptoms and No History</u> – This code is no family history codes. The ACS guidelines for screening check your plan coverage.	ot used with any of the above personal or
	Upper Endoscopy Diagnosis/Indication: This Procedure is done because of signs or symptoms or personal Most carriers process and pay after a deductible has been meaning the second seco	sonal history. It is not a screening procedure.
	ase be aware that if you are scheduled for a combined Co essing the anesthesia as diagnostic regardless of the scre	olonoscopy/Endoscopy many insurance carriers are now ening colon code. You may have a balance for anesthesia
	will bill me? You may receive bills from separate entities assoned hesia, pathologist, and/or laboratory. Connecticut GI, PC can or	
	will I know what I will owe? Call your insurance carrier to chostic colonoscopies vary and are specific to your carrier and you	
	have a deductible, limited or no coverage for your procedure, pur procedure.	please call our Billing Office to set up payment arrangements pric
	esentative's Name: Reference #:	Date:
Notes f	s from your call:	

Can the physician change, add, or delete my diagnosis so that I can be considered a colon screening? No. The patient encounter is documented as a medical record from information you have provided as well as an evaluation and assessment from the physician. It is a legal document that cannot be changed to facilitate better insurance coverage.

Call the CTGI Billing Department at 860-257-4131 with any questions or concerns. They are a great source of information and are happy to help if you are having difficulty understanding your financial obligations. However, it is necessary for you to first call your insurance company and ask the above questions.

Updated 1/28/2020

Frequently asked questions about colonoscopy and the dreaded prep!

1. Why can't I eat any food the day before the exam?

The clear liquid diet for the 30 hours before the exam is an essential part of the preparation of the colon to make sure that the colon lining can be well seen. Anything that you eat in that period before the exam tends to increase the risk of a poor prep and an exam that will need to be rescheduled and repeated.

TIPS FOR SUCCESS:

- -Hydrate well- that means drink something on the list of clear liquids you were given or sent when the test was scheduled (something with calories--not just water) every hour while awake (not all night) because that
 - -fakes out your stomach so you are not hungry
 - -avoids any sick/headachy feeling that people get when they haven't eaten
 - -protects your kidneys
 - -helps the prep

2. Why do the instructions have me stop nuts, seeds, and less digestible vegetables such as Quinoa 1 week before the exam?

Nuts and seeds are less digestible than other foods and tend to be harder to flush out with the prep. They are also small and tend to block the suction of the colonoscope and can make the test longer and more difficult for your gastroenterologist and often less effective, meaning that some areas can't be seen well. That may cause your doctor to order a repeat exam or an exam earlier than is generally needed. But if you forget to stop these foods 1 week early- call the office to check with your doctor before cancelling or not showing up for the exam.

3. Why do I need to drink part of the prep 5 hours before the test even if this is the middle of the night? Why can't the prep be taken all-at-once the night before the exam?

It is vital for your gastroenterologist to be able to see the colon lining well. The first part of the prep does a fairly good job clearing solid stool from the colon, but overnight a lot of secretions pass from the small intestine down into the colon and can obscure the view. Even though it seems very hard to have to drink part of the prep 5 hours before the exam, it is very important and is part of having a high quality exam.

4. Why do I need to drink so much liquid laxative?

The liquid preps that we generally use have been studied extensively for their effectiveness at clearing the colon of stool. Surprisingly, the safest preps for people with any heart or kidney disease are those with larger volumes- 2-4 liters taken twice. They include Golytely, Colyte, Nulytely and PEG 3350 solutions. Your gastroenterologist or nurse practitioner will help you decide which prep is best for you.

5. I have heard that there are pill alternatives and smaller volume preps- why can't I use these?

The pill prep is many pills (32 pills) and contains a laxative called sodium phosphate which can cause problems with your kidneys. Other small volume preps are generally not used because they are less effective or may have health consequences especially in older people or those with heart or kidney problems.

6. What if I get sick or vomit while drinking the prep?

Stop drinking for 20 or 30 minutes and then start again more slowly. Try drinking 3 or 4 oz at a time with a short break in between. If you continue to have vomiting, call the office to speak to the physician on-call.

7. What if I take the laxative and I don't start to have diarrhea?

Some people who tend toward constipation have more trouble with the prep. Usually the laxative starts to work within 3 or 4 hours. If you don't have loose and frequent stools, try a Dulcolax suppository (generic name is Bisacody and is available at most drugstores). Insert the suppository in the rectum and you can repeat in 1 hour. If you continue to have problems, call the office to speak to the physician on-call.

8. Why can't I eat or drink on the day of the colonoscopy?

You will be given sedating medication to help you relax and be comfortable during the exam. If food is in your stomach, there is a risk that it will come up your esophagus when you are sleepy. This causes a risk of food or liquid entering your lungs and could cause pneumonia or other lifethreatening breathing problems.

9. How long is the test and why do I have to arrive an hour early?

The test itself usually takes 20-30 minutes but you will usually be at the endoscopy center for about 2 hours. When you arrive you will review your history, medication and allergies with the nurse and meet and give consent to the anesthesiologist. You will get an intravenous (IV) line placed and have monitoring equipment attached. After the test you need to wake up fully from anesthesia and be monitored for 30 minutes before it is safe for you to leave the endoscopy center.

10. Why can't I drive myself home after the colonoscopy? Why do I need an adult to accompany me if I use a bus or taxi service?

The sedative you receive for comfort during the exam may make you sleepy or forgetful or affect your reflexes after the exam. You may be uncomfortable after the test and will be tired. Remember, you will have had a night of little sleep before the test. For your safety you should not drive, drink alcohol or operate heavy machinery and an accompanying adult is necessary to make sure you get home safely. If you do not have transportation with an adult, the test will not be done with sedation and will need to be rescheduled.

11. When will I know my results?

After the colonoscopy, your gastroenterologist will speak to you briefly in the recovery area. He or she will tell you what was found and you will receive a written brief report and pictures, if you wish. If biopsies are taken or polyps are removed, the tissue is examined by a pathologist and the final information may not be available for a week. You will be called or receive a letter from our office staff with final results and can always make an appointment in the office to discuss the findings further with your gastroenterologist, PA or nurse practitioner.