COLONOSCOPY CHECKLIST & INSTRUCTIONS

SUPREP® INSTRUCTIONS FOR MORNING COLONOSCOPY

Richmond Gastroenterology Associates

7 Days Before Your Colonoscopy

- ☐ **HYDRATION:** Start hydrating before you start the prep, and follow your healthcare provider's instructions.
- ☐ **MEDICATIONS:** Remember to talk with your physician about any medications you are taking. You may continue taking aspirin or NSAIDS such as Advil, Motrin, Celebrex or Ibuprofen, unless otherwise instructed by your physician. Ask your physician for specific instructions if you take a blood thinner like Plavix, Pradaxa, Brilinta, Eliquis, Xarelto, Warfarin, Effient, Prasugrel or Lovenox. In all cases, approval from your cardiologist is necessary when managing these medications. Stop taking multivitamins or iron supplements seven days before unless instructed otherwise.
- ☐ **HEALTH MATTERS:** If you have diabetes, kidney disease, are pregnant or think you may be pregnant, please discuss the risks and benefits of this procedure with your physician. There may also be modifications to your diet or medication regimen.
- ☐ **PROCEDURE DAY:** Schedule the day off from work and arrange for an adult friend or family member to take you to and from your procedure. Your driver will need to stay at facility for entire procedure time.
- ☐ **PRESCRIPTION AND/OR SUPPLIES:** Fill your colonoscopy prep prescription that was prescribed electronically and follow the instructions provided to you in the office or by mail.
- ☐ **COMBINATION PROCEDURE:** There are no additional instructions to follow if you are having an upper endoscopy during same appointment.

5 Days Before Your Colonoscopy

- ☐ Begin a low fiber diet. A list of foods that you should avoid and examples for low fiber foods are available in further detail on our website at www.richmondgastro.com under the Resources tab.

2 Days Before Your Colonoscopy

- ☐ Drink at least eight (8) glasses of water during the day and stop eating solid foods no later than midnight.

1 Day Before Your Colonoscopy

- ☐ Prepare the SUPREP® according to the instructions.
- ☐ Clear Liquid Diet must be followed for breakfast, lunch, and dinner the day before your procedure. All clear liquids must be consumed for hydration purposes. Drink at least eight (8) glasses of water or clear liquids during the day to avoid dehydration. See below for a list of approved clear liquids. **If you are diabetic, consult with the prescribing physician for any dosage modifications.**
- ☐ At 4:00 p.m., pour one (1) 6 oz. bottle of SUPREP® liquid into the mixing cup. Add cool drinking water to the 16 oz. line on the cup and mix. Drink all of the liquid in the mixing cup.
- ☐ At 5:00 p.m. drink two (2) additional 16 oz. cups of water over the next hour.
- ☐ At 6:00 p.m., drink one (1) 16 oz. glass of clear liquid.
- ☐ At 8:00 p.m., pour the remaining 6 oz. bottle of SUPREP® liquid into the mixing cup. Add cool drinking water to the 16 oz. line on the cup and mix. Drink all of the liquid in the mixing cup.
- ☐ At 9:00 p.m. drink two (2) additional 16 oz. cups of water over the next hour.
- ☐ At 10:00 p.m., drink one (1) 16 oz. glass of clear liquid over next hour.

Approved Clear Liquids

• Gatorade, Pedialyte, or Powerade	• Clear broth or bouillon- any type
• Black coffee or tea (no milk or dairy creamers)	• Carbonated and non-carbonated beverages
• Kool-Aid or other fruit-flavored drinks	• Strained fruit juices (no pulp)
• Jell-O, popsicles, hard candy	****No red, orange or purple products**

Day of Your Colonoscopy:

- ☐ **MEDICATIONS:** Take your usual morning medications with four (4) oz. of water ***up to four (4) hours prior to your procedure***. Bring a complete list of your medications, including any over-the counter medications, with you on the morning of the procedure.
- ☐ **TIME TO STOP LIQUIDS:** You should have nothing by mouth for a minimum of **four (4) hours** prior to your procedure. This includes mints, gum, and candy.
- ☐ If you followed all of the above instructions, your stool should no longer be formed, but a clear or yellow liquid.
- ☐ And remember, an adult friend or family member must be available to take you to and from your procedure. Your procedure will be canceled if you are unable to have a driver.

If you must CANCEL or RESCHEDULE your Colonoscopy for any reason, please contact us at least forty-eight hours in advance. Cancelations with less than forty-eight hours will result in a fee of $100.

UNDERSTANDING COLONOSCOPY FROM THE ASGE

What is a colonoscopy?

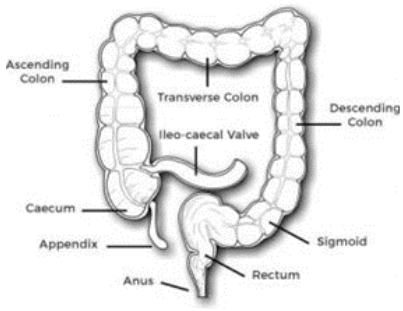
Colonoscopy lets your doctor examine the lining of your large intestine (colon) for abnormalities by inserting a thin flexible tube, as thick as your finger, into your anus and slowly advancing it into the rectum and colon. This instrument, called a colonoscope, has its own lens and light source and it allows your doctor to view images on a video monitor.

Why is colonoscopy recommended?

Colonoscopy may be recommended as a screening test for colorectal cancer. Colorectal cancer is the third leading cause of cancer deaths in the United States. Annually, approximately 150,000 new cases of colorectal cancer are diagnosed in the United States and 50,000 people die from the disease. It has been estimated that increased awareness and screening would save at least 30,000 lives each year. Colonoscopy may also be recommended by your doctor to evaluate for symptoms such as bleeding and chronic diarrhea.

What happens during colonoscopy?

Colonoscopy is well-tolerated and rarely causes much pain. You might feel pressure, bloating or cramping during the procedure. Typically, your doctor will give you a sedative or painkiller to help you relax and better tolerate any discomfort. You will lie on your side or back while your doctor slowly advances a colonoscope along your large intestine to examine the lining. Your doctor will examine the lining again as he or she slowly withdraws the colonoscope. The procedure itself usually takes less than 45 minutes, although you should plan on two to three hours for waiting, preparation and recovery. In some cases, the doctor cannot pass the colonoscope through the entire colon to where it meets the small intestine. Your doctor will advise you whether any additional testing is necessary.



What are polyps and why are they removed?

Polyps are abnormal growths in the colon lining that are usually benign (noncancerous). They vary in size from a tiny dot to several inches. Your doctor can't always tell a benign polyp from a malignant (cancerous) polyp by its outer appearance, so he or she will usually remove polyps for analysis. Because cancer begins in polyps, removing them is an important means of preventing colorectal cancer.

How are polyps removed?

Your doctor may destroy tiny polyps by fulguration (burning) or by removing them with wire loops called snares or with biopsy instruments. Your doctor will use a technique called "snare polypectomy" to remove larger polyps. Your doctor will pass a wire loop through the colonoscope and remove the polyp from the intestinal wall using an electrical current. You should feel no pain during them polypectomy.

COLONOSCOPY: WHAT YOU NEED TO KNOW ABOUT INSURANCE AND BILLING

The Affordable Care Act, passed in March 2010, allows for certain preventative services, such as colonoscopies, to be covered at no cost to the patient. **However, there are strict guidelines that address circumstances under which a colonoscopy is considered preventative**. This means that sometimes a procedure will be viewed by an insurance carrier as diagnostic when a patient is under the impression that it was preventative (screening).

You might be entitled to a different level of benefits under your insurance policy for diagnostic services than for preventative services. Some insurance carriers require patients with gastrointestinal histories to meet a deductible and/or make a copayment.

We encourage you to contact your insurance carrier prior to your procedure. To help you understand which type of colonoscopy best describes your procedure, please review the information below.

Colonoscopy Categories:

Diagnostic/Therapeutic Colonoscopy: Patient has past and/or present gastrointestinal symptoms, polyps, GI disease, iron deficiency anemia and/or any other abnormal tests.

Surveillance/High Risk Screening Colonoscopy: Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of GI disease, colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (every 2-5 years, for instance).

Preventive Colonoscopy with Screening Diagnosis: Patient is asymptomatic (no gastrointestinal symptoms either past or present), <u>over the age of 50</u>, has no personal or family history of GI disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years).

Your primary care physician may refer you to our practice for a "screening" colonoscopy, but you <u>might not qualify</u> for the "screening" category. This is determined by the physician prior to your procedure. The determination is based upon past medical history, current symptoms, and / or information obtained from a referring physician. ***Before the procedure, you should know your colonoscopy category.*** After establishing the type of procedure that you are having, you can contact your insurance carrier to determine if your procedure will be covered and what your out-of-pocket expense will be. It is important to be specific in an inquiry to your insurance carrier. The diagnosis code and procedure code can be obtained from the physician's clinical care team if necessary.

If you have any questions or concerns regarding your insurance benefits and coverage, please contact your insurance carrier.

Our billing office can be reached at (804) 330-4901. We are happy to assist in reviewing coverage and benefit information provided by your insurance carrier.