COLONOSCOPY CHECKLIST & INSTRUCTIONS

TRILYTE®/NULYTELY® INSTRUCTIONS FOR AFTERNOON COLONOSCOPY



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 Ibup	,		
	physician. Ask your physician for specific instructions if you take a blood t			
	Xarelto, Warfarin, Effient, Prasugrel or Lovenox. In all cases, approval fro	•		
	managing these medications. Stop taking multivitamins or iron suppleme			
	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 ad	ult 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 D	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			
2 D	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				
		y 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.			
	☐ In the morning, prepare your Trilyte®/Nulytely® according to the instruct	ons on the package and refrigerate. You		
	may add lemon Crystal Light® to help with the taste.	, ,		
	Between 4:00 p.m. and 8:00 p.m., begin drinking the solution. Drink one (1) – 8 oz. glass every 15 minutes; drink			
	rapidly, until you have consumed three (3) liters. If you become nauseous, stop drinking for a few minutes and after			
_	the bowel movements begin, you will be able to finish drinking the solution. You should have one (1) liter remaining for morning of your procedure. It will take about three (3) hours to finish the			
	solution.	will take about three (3) nours to finish the		
	Approved Clear Liquids			
		oth or bouillon- any type		
		ated and non-carbonated beverages		
	· · · · · ·	d fruit juices (no pulp)		
		ed, orange or purple products		

Day of your colonoscopy:

☐ At 5:00 a.m., drink the last liter of the solution that remains.

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 gum and hard candies.	
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 might not qualify 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.