

Digestive Health Center

COLONOSCOPY INSTRUCTIONS

TRADITIONAL PREPARATION

Appointment Date: _____ Arrival Time: _____

**Plan to spend 3 – 4 hours in the GI Lab

Physician: _____

Location 259 E Erie St, Lavin Pavilion, 16th floor, Chicago, IL

675 N Saint Clair St, Galter Pavilion, 4th floor, Chicago, IL

Please keep your original appointment. If you need to re-schedule your procedure, you MUST give at least a 7-day notice.

For scheduling related matters, please call: 312.926.0628

For clinical concerns/questions, please call: 312.695.5620

Procedure Preparation

7 DAYS BEFORE THE PROCEDURE

- If you are taking a **blood thinner** (Coumadin, Plavix, Eliquis, etc.) other than aspirin, please contact the prescribing physician about discontinuing or bridging this medication prior to the procedure. You may continue to take aspirin.
- If you are taking **diabetic medication**, please contact the prescribing physician to discuss dosage adjustments to avoid low blood sugar.
- Please **STOP eating ALL nuts, seeds, and corn**. These foods can make the procedure more difficult, so please try to avoid them in efforts to make the procedure as easy as possible. However, **if you accidentally eat some these items**, there is no need to contact us or cancel/postpone the procedure.
- Discontinue **iron supplements, fiber supplements and anti-diarrheal medications** seven (7) days prior to the procedure.
- Please ensure you have obtained your bowel preparation supplies from your pharmacy.

3 DAYS BEFORE THE PROCEDURE

- Follow a low residue diet starting three (3) days before your colonoscopy. Please refer to the low residue diet information included within this packet.
- Please contact your insurance company to verify coverage and if you will have any out of pocket costs, or precertification requirements. Please see the insurance/billing section in this document for more information.
- Make transportation arrangements utilizing the transportation and parking section of this document.
- You may complete pre-procedure forms ahead of time by visiting: <https://www.nm.org/conditions-and-care-areas/digestive-health>.
 - Scroll to the bottom of the page and locate Related Resources. Select GI Lab Patient Questionnaire and Medication List.

THE DAY BEFORE THE PROCEDURE

Diet Instructions

Follow a clear liquid diet ALL DAY the day before your procedure beginning when you wake up. Failure to follow this diet may result in cancellation and repeating the preparation. You may have clear liquids until midnight. After this, you may have water up until 4 hours before your arrival time.

- Clear liquids include any of the following (please avoid all RED and PURPLE colors):
- Water, apple juice, white grape juice, lemonade (no pulp), broth/bouillon, Jell-O, popsicles/Italian ice, 7-up, ginger ale, Gatorade, coffee, tea (no milk or creamer).

Bowel Preparation: Please follow the specific bowel preparation handout as instructed by our office.

GENERAL PREPARATION GUIDELINES

- Because the bowel preparation will cause diarrhea, it is important to stay hydrated. Make a conscious effort to drink clear liquids throughout the day to prevent dehydration.
- Please follow the dosage timing as provided within the prescribed bowel preparation instructions. This method gives the best bowel preparation/cleansing possible. An excellent bowel preparation is crucial for screening and polyp detection.
- Be sure to finish the entire prep or else the colon may not clean adequately.
- The bowel preparation will result in diarrhea so please plan appropriately.
- Your output/bowel movements should be clear (or yellow) after you've completed the bowel preparation. If you are still seeing stool/brown after completing the 2nd dose, please call our office.

- You may have water up until 4 hours prior to your arrival time – after this, nothing by mouth. This includes gum, mints, hard candy, cough drops and cigarettes/tobacco.
 - For example, for a 7:30 AM arrival time, nothing by mouth after 3:30 AM.

Medications

- If you are taking a **blood thinner (Coumadin, Plavix, Eliquis, etc.)** other than aspirin, please contact the prescribing physician about discontinuing or bridging this medication prior to the procedure. You may continue to take aspirin.
 - Do NOT wait until the day before your procedure to have this discussion, as some blood thinners need to be held several days prior to the procedure.
 - Aspirin, NSAIDs and fish oil are okay to continue taking.
- If you are taking **diabetic medication**, please contact the prescribing physician to discuss dosage adjustments to avoid low blood sugar.
- You may take your other normal medications up until 4 hours prior to arrival time.

THE DAY OF YOUR PROCEDURE

- Bring a photo ID and insurance card.
- We recommend leaving any valuables at home or give them to trusted family member or friend.
- If you use any inhalers or a CPAP machine, please bring these items with you to the procedure.

Transportation and Parking

- Due to the lingering effects of the sedation, you **MUST** have a trusted and capable adult accompany you home at the time of discharge. Your procedure will be cancelled if you do not have an escort arranged.
- You cannot take a Taxi, Uber or public transportation by yourself; you must have a trusted and capable adult with you.
- You will NOT be able to return to work after the procedure.
- Parking for the Lavin location is available within the Lavin building located at 259 E. Erie Street, which is accessible from both Erie and Ontario streets. Bring your parking ticket to the GI lab for validation to receive a discount on your parking deck fee.
- Parking for the Galter Pavilion is located at 222 E. Huron Street. Use second floor bridge to access Galter Pavilion.

- For more information on our parking garage locations, parking deck fees, and a map, please visit www.nm.org.

Insurance and Billing

To avoid any unforeseen charges, please verify benefits, coverage and preferred location(s)/providers for this procedure with your insurance company. Please refer to your specific codes below.

Colonoscopy Procedure (CPT) Code:

- MEDICARE ONLY Normal Risk Screening (every 10 years): G0121
- MEDICARE ONLY High Risk Surveillance (personal or family history of colon cancer or colon polyps): G0105
- For all other Colonoscopy Procedures: 45378

Colonoscopy Diagnosis (ICD-10) Codes: _____

Prior Authorization

Our prior-authorization department will check with your insurance plan to inquire if a prior-authorization is needed and this will be completed if your plan requires.

- However, please note that a prior-authorization **does not guarantee** payment, and **does not mean** you will not have any out-of-pocket cost after your insurance has paid. To find out if you need to expect to pay anything out of pocket, please call your insurance company and refer to the codes provided.
- Please call your insurance company 3 days prior to your procedure to verify that authorization has been received (**traditional Medicare and traditional Medicaid do not require prior authorization**).
- If your procedure has not been approved, please call our prior-authorization department at 312.926.4645.

Billing Your Insurance

Important Definitions

- **Screening colonoscopy** is performed once every 10 years for asymptomatic patients aged 50-75 with no history of colon cancer, polyps, and/or gastrointestinal disease.

- **Surveillance colonoscopy** can be performed at varying ages and intervals based on the patient's personal history of colon cancer, polyps, and/or gastrointestinal disease. Patients with a history of colon polyp(s) are not recommended for a screening colonoscopy, but for a surveillance colonoscopy.
- **Diagnostic colonoscopy** performed to determine cause of symptoms the patient is experiencing (e.g. iron deficiency anemia, change in bowel habits, diarrhea, abdominal pain, etc...) If the patient acknowledges symptoms at the time of scheduling, he/she should be told that the procedure is diagnostic and will not fall under his/her screening benefits.

Screening or Surveillance?

Please note that if you have a personal or family history of colon polyps, colon/rectal cancer, Ulcerative Colitis, Crohn's, a genetic polyposis syndrome or Lynch syndrome **and** you are not currently having any symptoms, **you are no longer categorized as a screening colonoscopy, but as a surveillance colonoscopy.**

Screening/Surveillance or Diagnostic?

If your colonoscopy has been scheduled as a **screening or as a surveillance** (you have no symptoms such as change in bowel habits, diarrhea, constipation, abdominal pain, anemia, etc.) and during the procedure your doctor finds a polyp or tissue that needs to be removed, **the colonoscopy may no longer be considered a "screening" procedure.** It is considered a screening until an intervention such as biopsy or polyp removal has been performed and your insurance benefits **may** change.

If you had a positive screening test, such as fecal DNA test (Cologuard), fecal immunochemical test (FIT), fecal occult blood test (FOBT), or blood-based tests (SEPT9), your colonoscopy will no longer be considered a "screening" procedure but will be considered a "diagnostic" procedure.

Out-of-Pocket Costs

- Before you get a screening colonoscopy, ask your insurance company how much (if anything) you should **expect to pay** for your procedure.
- You may be charged a co-insurance/or a co-pay by your insurance company based on your individual insurance plan.
- To avoid surprise costs, ask your insurance company if this expected amount could **change** based on a screening that turns diagnostic because of what your physician found during the procedure.
 - Insurance coverage benefits for a surveillance colonoscopy may be different than a screening colonoscopy. Please ask your insurance what you should expect to pay if the service is performed as a **surveillance** colonoscopy. (See above for information on what is considered a surveillance colonoscopy.)

Disclaimer: This form does not guarantee coverage. It does not authorize payment for services, including out-of-network services or procedure for which a patient is not covered.

Contact Information

A low residue diet is designed to reduce the residue from food that remains in the digestive tract after you eat. You should follow the low residue diet for a short time before your colonoscopy to help get your colon as clean as possible for the procedure. Examples of foods to avoid while on this diet are *ALL* fruits, vegetables, legumes/ seeds, nuts, juices with pulp and dairy products.

Start the low-residue diet three (3) days prior to your procedure.

Please see your colonoscopy instructions for when you should start your clear liquid diet.

Recommended Foods

▪ **Meats/Poultry/Fish/Protein substitutes (tender or ground)**

- Beef
- Chicken/Turkey
- Eggs/ Egg Beaters
- Fish/Seafood/Shellfish/Tuna
- Lamb
- Fresh lean Pork
- Tofu

▪ **Grains**

Only foods made with refined white flour (examples: white bread, bagels, white dinner rolls, pancakes, and white refined flour pasta).

- Pita bread
- Cold cereals (corn flakes, Rice Krispies, Special K.)
- White Rice
- Tortillas (corn or flour)
- English muffins
- White potatoes (without the skins)

***AVOID* oatmeal, cream of wheat, muffins, bran, nuts, raisins, seeds, and whole grains.**

▪ **Fats**

- Bacon
- Butter, margarine
- Vegetable oil, salad dressing, mayonnaise
- Cream or plain gravy
- Whipped cream, cream
- Creamy peanut butter and all nut butters

***AVOID* nuts, coconut, and olives.**

▪ **Other**

- Saltines, melba toast, pretzels, sherbet, gelatin
- Sugar, plain hard candy
- Condiments
- Coffee, tea, carbonated beverages

FREQUENTLY ASKED QUESTIONS

1. **What is the purpose of the preparation?**

- A good or excellent bowel preparation before a colonoscopy is essential because the scope cannot see through fecal debris. If any fecal debris is left in the colon it could obscure identification of a polyp or even a small cancer.
- Several studies have shown that fewer small and large polyps are detected in patients with less-than-optimal bowel preparation. And poor preparation has several potential consequences.
 - First, your colonoscopy may last longer because the doctor will need to take time to clear out debris.
 - Second, your doctor may lack confidence that the colon lining was seen adequately and may ask you to return for a subsequent screening earlier than would be otherwise recommended – say 1 year, rather than 5 or 10 years.
 - Lastly, if the preparation is very poor, the doctor may have to stop the procedure entirely, and you will need to reschedule and repeat the preparation.
 - Therefore, strict adherence to the recommended bowel preparation is vital.

2. **How long will it take for the bowel preparation to begin working?**

- Individual response to laxatives does vary. This prep may cause multiple bowel movements within 30-60 minutes and may take as long as three (3) hours. Please remain within easy access of toilet facilities.

3. **What if I am scheduled for a morning procedure but I have a commitment that lasts until after 5:00 p.m. on the day before the procedure, can I begin taking the preparation late (for example 6:00 p.m.)?**

- If necessary, yes. However, keep in mind that you will likely be up later into the night using the toilet facilities. You should still drink the second dose 6 hours prior to arrival time.

4. **Do I have to take the second half of the bowel prep 6 hours prior to the arrival time?**

- Yes, we recommend this timing because it gives a better preparation of the colon. If you have more than an hour commute, you can move this time up by 1-2 hours.

5. **What if I have nausea or vomiting during the preparation?**

- Feelings of nausea, bloating, or chills are common during the preparation ingestion. This is usually temporary and will improve after the bowel movements begin. If the nausea becomes severe and you are concerned that you are going to vomit (or you do vomit), stop taking the preparation for 30-60 minutes. Restart the preparation when your nausea subsides and go at a slower pace to completion. This may mean that you are awake later into the night doing the preparation, but it is preferable to you vomiting and losing the progress that you have already made.

6. What if I have a tendency towards constipation?

- You may want to purchase an over the counter stool softener called Miralax-OTC the week prior to the procedure. You can take 1 capful with 8 oz. of fluid daily in the week before the procedure to ensure that you are not trying to clear out a constipated colon on the night before the procedure. This will only improve the quality of your bowel preparation and decrease the chance of having to repeat the procedure because of a poor prep.

7. I have taken ALL of the preparation and 2-3 hours later my stools are still formed/solid, what should I do?

- As detailed above, the goal of the preparation is for your stools to be as close to a clear/yellow liquid as possible. If you are still seeing stool after completing the bowel preparation, please call the office to speak to a physician or nurse regarding additional options. If calling after business hours, please ask to have the on-call physician paged.

8. Will the preparation process cause irritation around the anal area?

- Unfortunately, going to the bathroom numerous times to cleanse your colon does often cause irritation of the anal area. Consider purchasing some baby wipes with aloe for wiping purposes and/or topical soothing cream such as Preparation H.

9. Will the procedure be performed under anesthesia?

- Unless your doctor or nurse tells you otherwise, your procedure will be performed under moderate sedation. A peripheral IV will be inserted and two medications will be administered (Versed and Fentanyl); these will make you very sleepy/drowsy during the procedure which is why you need to have a capable adult accompany you home.

10. What if I have a cold?

- If you have a mild cold with no fever, it is okay to take Tylenol and other over the counter cold medications and proceed with the preparation and the procedure. However, if you have a fever or more severe symptoms, it may be safer to call and reschedule the procedure. Please call the office to further discuss.

11. Will having my period interfere with the colonoscopy?

- Not at all. It is absolutely fine to use a tampon and/or pad.

12. Which medications should I take on the day of the procedure?

- See Medication section in the beginning of this document for information regarding diabetic and blood thinner medications. All other medications can be taken up until 4 hours prior to your arrival time, or after the procedure.

13. Pregnant or breast feeding

- Please let us know if you are or could be pregnant because, except in very rare cases, a colonoscopy should not be performed.
- If you are breastfeeding, you may resume breastfeeding once you are awake, stable, and alert after your procedure unless otherwise instructed by your physician.
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14. Pre-procedural Antibiotics

- Antibiotics are rarely needed prior to a colonoscopy. If you are a patient with kidney failure who receives peritoneal dialysis, please notify us ahead of time by calling our office at least 3 days prior to your procedure. IV antibiotics will be given prior to the procedure. If any of your other doctors feels it is necessary for you to receive antibiotics for another reason, he/she can give you a prescription for them.

15. What can I expect in terms of recovery?

- The sedation medication used during your procedure will help you feel relaxed and calm. There is a possibility you may remember parts of your procedure, but many do not. After your procedure, you may feel weak, tired, or unsteady on your feet. You may also have trouble concentrating or short-term memory loss, but these symptoms should go away in 12-24 hours. For these reasons, do not drive, make important decisions, drink alcohol, operate machinery, or return to work for the rest of the day. We strongly recommend that you go home and rest. You may return to normal activity the following day unless instructed otherwise by your physician.

16. Do I have to take this particular bowel preparation? How come my friend or family member had a different preparation? What about the pill prep?

- While we understand the preparation for this procedure is not the easiest, a good or excellent bowel preparation is critical for polyp and cancer detection. Some bowel preps do not give the best preparation. Furthermore, bowel preps are selected based on the individual (i.e. history of poor or fair preps or poor kidney function). If you still have concerns, please call our office to further discuss.