



COLONOSCOPY INFORMATION

OVERVIEW:

Colonoscopy is the best method to detect and remove colon polyps and serves as the gold standard for colon cancer prevention. Colonoscopy is also done to evaluate gastrointestinal or abdominal symptoms. Colonoscopy is an outpatient procedure that uses a thin flexible tube with a camera and light to examine the inside of the colon. During the exam, you will be lying on a stretcher on your left side. An intravenous catheter (an “I.V.”) will be placed in a vein in your arm to allow for IV sedation. Your heart rate, blood pressure, and oxygen status will be monitored throughout the procedure. When you are adequately sedated, the scope will be gently inserted into the rectum and carefully advanced through the colon with a thorough inspection. The entire examination usually lasts 15-20 minutes.

RISKS:

Colonoscopy is a safe procedure, but complications can occur. The more significant complications include:

- **Bleeding.** Bleeding can occur during colonoscopy, particularly after removal of a polyp or other therapy. It generally stops on its own, but may become serious, particularly if you are taking blood thinners. On occasion, patients may require blood transfusions, repeat colonoscopy, hospitalization, and/or surgery.
- **Perforation.** The colon can be perforated or punctured during colonoscopy. While infrequent (approximately 1 out of 2000 colonoscopies), this is a serious complication and can cause death. Most perforations are detected during or soon after the procedure and generally require hospitalization and surgical repair. The risk of a perforation is increased during removal of large polyps or if severe diverticulosis is present.
- **Reactions to sedation.** Most people tolerate moderate or deep sedation extremely well. However, some patients can develop low blood pressure, an irregular heartbeat, or difficulty breathing. During the procedure you will be continuously monitored for any of these problems. If you have heart or breathing problems, extra care is taken during the sedation process. Less serious reactions include nausea, muscle spasms, or infection at the intravenous catheter site.
- **Missed polyps.** Colonoscopy is the best method to detect and remove colon polyps and serves as the gold standard for colon cancer prevention. However, colonoscopy is not perfect and sometimes fails to detect polyps, particularly if they are small in size or flat in shape. Studies have shown that up to 25% of small (less than ¼ inch wide) polyps may be missed by colonoscopy. On the other hand, less than 3% of larger (greater than ½ inch wide) polyps are missed.
- **Infrequent or rare complications.** Splenic contusion or rupture, acute appendicitis or diverticulitis, subcutaneous emphysema and tearing of mesenteric vessels with intra-abdominal hemorrhage.



COLONOSCOPY PREPARATION Suprep

DIETARY:

In the **3 DAYS** leading up to the colonoscopy, please do not eat corn, nuts, beans, and seeds. These foods frequently leave a large amount of residue in the colon and can decrease the effectiveness of the colonoscopy.

DO NOT EAT ANY SOLID FOOD FOR 24 HOURS BEFORE THE COLONOSCOPY.

Drink only clear liquids during this time period. Clear liquids include water, clear sodas (Sprite, 7-Up, Mountain Dew, Ginger ale), apple juice, white grape juice, light-colored sports drinks (No reds, purples, or other dark colors), lemonade, Crystal light, and green tea.

Soup broth and green or yellow jello are permitted, also.

You must drink at least 10 large glasses of clear liquids during the preparation for the procedure.

Do not drink alcohol, milk, coffee, or any dark colored liquids for 24 hours before the colonoscopy.

Start clear liquid diet at _____ on _____.

LAXATIVE:

Individual responses to laxatives vary. Laxatives may start working within 30 minutes but may take as long as 6 hours. Plan to remain close to a toilet. Due to the anticipated large volume of diarrhea, we recommend the use of baby wipes for cleaning, and the use of Desitin or Vaseline for skin protection.

****If you have problems with chronic constipation**, please purchase Miralax (over-the-counter) and use it daily (as directed on the packaging) for 3-5 days in advance of your colonoscopy. This will help you achieve a good bowel preparation.

Your doctor has chosen **SUPREP** as the laxative to use prior to your colonoscopy. Both 6 oz. bottles are required for a complete prep. SUPREP is a prescription laxative. Fill your SUPREP prescription at a pharmacy.

--Starting at 6 p.m. on the evening before the colonoscopy, begin drinking the solution. Complete steps 1 through 4 using one (1) 6-ounce bottle before going to bed. On the morning of your procedure, repeat steps 1 through 4 using the other 6-ounce bottle.

STEP 1: Pour ONE (1) 6-ounce bottle of SUPREP liquid into the mixing container.

STEP 2: Add cool drinking water to the 16-ounce line on the container and mix.

STEP 3: Drink ALL the liquid in the container. **Drink the Suprep very SLOWLY, taking 30-60 minutes.** Drinking the SUPREP too quickly may cause vomiting.

STEP 4: **You MUST drink two (2) more 16-ounce container of water over the next 1 hour.**

Begin first dose: 6 PM the evening before

Begin second dose*: _____

*Take the 2nd dose of Suprep (in the same manner as above) no later than 5 hours before procedure time.

STOP DRINKING ALL LIQUIDS 4 HOURS BEFORE YOUR PROCEDURE



COLONOSCOPY PREPARATION

BEFORE THE COLONOSCOPY:

- ❖ Continue all prescription medicines, unless directed by your doctor, even on the morning of the procedure.
- ❖ Stop iron tablets for 7 days.
- ❖ *** **If you take any blood thinners, such as Aspirin, Plavix (clopidogrel), Coumadin (warfarin), Pradaxa (dabigatran), Eliquis (apixaban), Xarelto (rivaroxaban) or Effient (prasugrel), please discuss this with your doctor.**
- ❖ If you have **DIABETES**, take only half of your usual dose of diabetes medicine on the DAY BEFORE and the DAY OF your colonoscopy. If you have questions, please discuss this with one of our doctors.
- ❖ If you have **SLEEP APNEA**, or a sleeping disorder, bring your own C-PAP with you.
- ❖ If you have **ASTHMA**, or use an inhaler, BRING YOUR OWN INHALER with you.
- ❖ **Please do not wear any hand lotion or fingernail polish on the day of your procedure.**

AFTER THE PROCEDURE:

After the procedure, you may feel abdominal pressure or bloating. This will resolve quickly after you pass gas. Your doctor will inform you of the results of your procedure and any special instructions or change in medications. You should be able to eat a regular diet after the procedure.

Because of the sedation, you are not permitted to drive, operate machinery, drink alcohol, or sign legal documents for at least 12 hours after the procedure.

PLEASE PREARRANGE FOR A RESPONSIBLE ADULT TO DRIVE YOU HOME. Use of a taxi or public transport service will not be permitted without an accompanying adult. You can plan on being discharged approximately one hour after the start of your procedure; therefore, we kindly ask that your driver remain in our office.

BILLING FOR THE PROCEDURE:

It is the policy that a patient is to pay their copay and/or deductible in full prior to having their procedure done.

Procedures are billed in four parts (thus you may receive up to four bills for a procedure.)

The four aspects that are billed for a procedure are:

- Physician Fee
- Facility Fee
- Anesthesia Fee
- Pathology Fee

You are encouraged to investigate your insurance coverage and benefits prior to having your procedure. You must inform the office of any insurance changes prior to your procedure.

The following is information that may be useful to you during this process:

Your Diagnosis Code: _____

Procedure Codes: Colonoscopy (**45378**), Colonoscopy w/Biopsy (**45380**),

Colonoscopy w/Polyp Removal (**45385**)

*Specific code determined based on procedure outcome

Anesthesia Billing Code: Diagnostic Colon (**00811**)

Screening Colon (**00812**)

Colon/EGD (**00813**)

*For procedures done at a hospital facility, all billing -except the Physician Fee- will be handled through that location's billing department.



SCHEDULING

Your procedure is scheduled

with Dr. _____ at: _____ on _____ (mo/d/yr), at:

Facilities:

- ENDOSCOPY ASSOCIATES, 8140 Ashton Ave., Suite 212, Manassas
- ENDOSCOPY ASSOCIATES, 14010 Smoketown Rd. (in the back), Woodbridge
- ENDOSCOPY ASSOCIATES, 1800 N. Beauregard St., Suite 200, Alexandria
- Sentara Medical Center 2300 Opitz Blvd, Main Hospital Entrance, 1st Floor, Woodbridge
- Prince William Ambulatory Surgical Center, 8644 Sudley Rd., Suite 201, Manassas
- Alexandria Hospital, 4320 Seminary Rd., Outpatient Registration, 1st Floor, Alexandria
- Inova Franconia Springfield Surgery Center, 6355 Walker Lane, Suite 200, Alexandria

****** PLEASE ARRIVE at _____ ON THE DAY OF YOUR PROCEDURE ******

If you have questions, please call:

Alexandria office **(703) 823-3750**

Manassas office **(703) 365-9085**

Woodbridge office **(703) 580-0181**

If it is after normal office hours, and you have an urgent question that cannot wait until the following business day, you may call the office and be connected to the physician on call.

IF YOU NEED TO CANCEL YOUR PROCEDURE, we require a 7-business day notice. Failure to inform us by: _____ will result in a two hundred dollars (\$200) charge.

- _____ I understand the potential benefits and risks of the procedure;
- _____ I am responsible for charges related to my deductible, co-insurance, or co-payment;
- _____ I am also aware of the cancellation fee.

Print Patient Name	Date of Birth	Patient Signature	Date
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