



GASTROENTEROLOGY CONSULTANTS, P.C.

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(317) 621-2100

You are scheduled for a colonoscopy on _____, _____ 201__ .

Report to outpatient registration at _____ a.m./p.m. at

- Community Hospital North at 7150 Clearvista Pkwy, Phone (317) 621-5193
- Carmel Endoscopy Center at 13421 Old Meridian St, Phone (317) 706-1600

You need to be accompanied by a driver for this exam. (A taxi cab or bus is **not** acceptable.)

YOU WILL NEED TO PURCHASE:

MoviPrep® (Prescription required) Follow package instructions for mixing.

Dulcolax (Bisacodyl) (2 tablets) (No prescription required) – You may delete if you have intolerance or diarrhea

Simethicone (Gas-X, Phazyme) tablets 80 mg, 125 mg or 250 mg (Over-the-counter) – need up to 250 mg total

MEDICATION RESTRICTIONS

You may continue to take regular medications on day before procedure **except** medication that would prevent your colon from being cleaned out. Example: Anti-diarrheal medications, fiber supplements.

Heart or blood pressure medications: Take these on the morning of the colon exam.

Diabetics: Take half of your evening dose of **insulin** on the day before the procedure but **do not take oral diabetes medication or insulin on the day of the colonoscopy** until completed. (If any questions, please contact the doctor that prescribes your insulin.)

Iron supplements (Ferrous sulfate): Stop 1 week before colonoscopy.

Blood thinner: Please discontinue **Xarelto (rivaroxaban), Eliquis (apixaban)** 1 day before colonoscopy, **Coumadin, Jantoven (warfarin), Lovenox (heparin), Arixtra (fondaparinux), Brillinta (ticagrelor), Aspirin (>81 mg)** 3 days before colonoscopy and **Plavix (clopidogrel), Effient (prasugrel), Pradaxa (dabigatran), Persantine (dipyridamole), Pletal (cilostazol), Ticlid (ticlopidine)** 5 days before the colonoscopy. Discuss with your prescribing physician for their approval before you stop any medicine that affects blood clotting.

COLON PREP INSTRUCTIONS – The Day Before Your Test

1. **Clear Liquid Diet** (see list below) beginning at breakfast. **No solid food allowed.**
2. **2:00 p.m. or immediately after work** Take 2 bisacodyl delayed release tablets with water (do NOT chew or crush). First bowel movement should occur in about 1-4 hours after taking the laxative pills. (Helpful hint: Topical A&D ointment or Vaseline can reduce anal irritation from the resulting diarrhea)
3. Wait for a bowel movement (or **maximum of 4 hours**) then drink **MoviPrep®** solution, 1 (8 oz) glass every 15 minutes (approximately 4 glasses). **Drink ALL of the solution.** A watery bowel movement should occur in approximately 1 hour after drinking the solution. You may experience some abdominal bloating and distention before the bowels start to move. If severe discomfort or distention occurs, stop drinking the solution temporarily or drink each portion at longer intervals until these symptoms disappear.
4. Drink 16 oz. of clear liquids of your choice to ensure adequate hydration and an effective prep.
Morning of your colonoscopy at least 3 1/2 hours before arrival time (You may need to set an alarm!)
5. **Early morning** Repeat step 3 and 4 by drinking 2nd liter of **MoviPrep®**. Take up to 500 mg of **Simethicone tablets** and 16 oz of clear liquid. DO NOT drink anything else after this up to 1 hour before your arrival time.
Remember: Two hours of nothing by mouth is required by anesthesia before the procedure can start.

CLEAR LIQUID DIET (No red or purple artificial colors)

Jell-O® or gelatin (plain without fruit), coffee or tea, low-salt bouillon/broth, juices without pulp, popsicles, soda-pop, Kool-aid®, Crystal Light®, Gatorade® & hard candy. No milk products after lunch or fruit fiber.

FINAL INSTRUCTIONS

- Bring current medication list with dosages and a picture ID

Please note: There is a \$75.00 fee for procedures cancelled less than 48 hours (2 business days) before scheduled appointment time

Frequently Asked Questions about Colonoscopy

What is a colonoscopy?

Colonoscopy is a procedure that allows your physician to examine the lining of the rectum and colon for signs of cancer, polyps, or other abnormalities. A flexible tube, about the thickness of an index finger is gently inserted into the anus and advanced through the length of the entire colon. This instrument called a “colonoscope” is equipped with a tiny video camera which sends pictures to a TV screen.

What preparation is required?

The rectum and colon must be completely emptied of stool for the procedure to be effectively performed. When scheduling for the procedure, our office will supply you with information regarding your prep and dietary restrictions. You will also be sedated for the procedure, so you will need to arrange to have someone drive you home afterwards. The sedation could impair your judgment and reflexes for the rest of the day, so you should not drive or operate machinery until the next day.

Why is colonoscopy performed?

Colonoscopy is usually done as either part of a routine screening for cancer, in patients with known polyps or previous polyp removal, to evaluate a change in bowel habits or bleeding, or to evaluate inflammation in the lining of the colon. Colon cancer has become a leading cause of cancer deaths in the country, killing over 50,000 people each year. The good news is that it is also one of the most preventable types of cancer. This is because the majority of colon cancers begin as a small noncancerous growth called a polyp. Polyps grow slowly and can eventually turn into cancer. This transformation can take as long as ten years, during which time you feel perfectly fine, showing no symptoms.

Who should be screened?

Colon cancer affects all races, men and women about equally. Current guidelines suggest screening for all average risk adults over the age of 50. If the exam is normal and there are no other risk factors, repeat examinations should be performed at ten year intervals.

High risk individuals are screened more often. These would include those with symptoms, prior colon cancer or polyps, inflammatory bowel disease, and those with a family history of colon cancer or polyps.

Will my insurance cover a screening colonoscopy?

Since screening colonoscopy is considered routine care, the answer will depend on the insurance plan. Medicare recipients over the age of 50 are now covered for average risk screenings if they have not had a previous colonoscopy within the past ten years. The Medicare Part B deductible is waived in these cases. The State of Indiana passed a law in 2000 that requires most health insurance plans to cover colorectal cancer screening exams and lab tests in accordance with the latest American Cancer Society guidelines. You will need to contact your benefits representative for information specific to your plan.

Will my benefits for routine procedures apply if a polyp is discovered during the course of a screening colonoscopy?

Unfortunately, if a polyp or other abnormality is found during the course of a screening colonoscopy, some insurance companies may not consider the procedure to be a routine screening, but instead cover the service as a diagnostic procedure. You should contact your insurance company if you have any questions regarding how your benefits will apply in this specific situation.