



## GASTROENTEROLOGY CONSULTANTS, P.C.

BRIAN D. CLARKE, M.D.

317-848-6900

You are scheduled for a colonoscopy on \_\_\_\_\_, \_\_\_\_\_ 202\_ .  
Report to outpatient registration at \_\_\_\_\_ a.m./p.m. at

- Carmel Endoscopy Center at 13421 Old Meridian St, Phone 317-706-1600
- St Vincent Carmel Hospital at 13500 Old Meridian St, Phone 317-582-7450
- St Vincent Fishers Hospital at 13861 Olio Rd, entrance #3, check in 1<sup>st</sup> floor imaging dept. Phone 317-415-9077

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

### **YOU WILL NEED TO PURCHASE:**

**PLENVU<sup>®</sup> Bowel Prep Kit** (Prescription required) Follow package instructions for mixing.  
**Simethicone (Gas-X, Phazyme) tablets** 80 mg or 125 mg (Over-the-counter) – need 80-125 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.)

**Avoid GLP-1 drugs: weekly injectables - Trulicity, Bydureon, semaglutide (Ozempic, Wegovy) and Mounjaro for > 1 week and GLP-1 agents taken daily – Adlyxin, Byetta, Foundayo, Rybelsus, Saxenda, Victoza and oral Wegovy one day before procedure. SGLT2 Inhibitors: Jardiance, Invokana, or Farxiga stop for 3 days.**

**Iron supplements (Ferrous sulfate):** Stop 3 days 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 Colonoscopy:**

1. **Clear Liquid Diet** (see list below) beginning 24 hours prior to procedure. **No solid food allowed.**
2. **4:00 p.m. or immediately after work** Mix Dose 1 sachet with at least 16 oz. glass of water with spoon or by shaking until powder is completely dissolved. **Drink ALL of the solution within 30 minutes.**
3. Drink at least 1 more cup of 16 oz. of clear liquids of your choice over next 30 minutes to ensure adequate hydration and an effective prep. You may experience some abdominal bloating and distention before the bowels move. You may use Vaseline or A&D ointment on your anal area to protect from diarrhea irritation.

#### **The Morning of Your Colonoscopy:**

**At least 3 hours before leaving home for procedure (You may need to set an alarm!)**

4. **Early morning** Repeat step 2 by mixing Dose 2 sachets A and B in the same way and by drinking Dose 2 of **PLENVU<sup>®</sup>** solution mixed in 16 oz of a water over 30 minutes. Take **Simethecone tablet**. Then, repeat step 3 by drinking at least another 16 oz. of clear liquids over 30 minutes. **DO NOT drink anything else 2 hours before the colonoscopy** (= 1 hour before before reporting to outpatient registration).

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

### **FINAL INSTRUCTIONS**

- Bring current medication list with dosages, forms from our office filled out, a picture ID and insurance cards.

**\*\*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 55,000 people each year, more than breast and pancreatic cancer combined. 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 45. 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 45 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.

CMS now requires all insurance companies to cover colonoscopy starting at age 45 for screening. 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?**

If a polyp or other abnormality is found during a screening colonoscopy, a few insurance companies may not consider the procedure to be a routine screening but instead cover the service as a diagnostic procedure. Government and private insurance companies allow for a billing code which specifies that the procedure should be handled as a screening procedure and not as a diagnostic procedure even when a polyp is removed. You should contact your insurance company if you have any questions regarding how your benefits will apply in this specific situation.