

Colonoscopy – Split-Dose Prepopik Prep Instructions

Patient Name:

Gastroenterologist:

Date/Time of Procedure: _____ **Arrive:** _____

Report to Main Building, 2nd Floor, Room M2210

Hospital Address: 3800 Reservoir Rd. N.W., Washington, D.C. 20007

Instructions:

Attached are detailed instructions as well as a checklist to help you prepare for your colonoscopy. Please read the instructions in their entirety and use the checklist as a guide to help ensure a complete prep for your procedure.

Colonoscopy Checklist

Before you start:

- If you do not have your bowel prep, call 202-444-8541 and select option 4 to speak to a nurse.
- If you have questions concerning your current medications, call 202-444-8541 and select option 4 to speak to a nurse.
- Make arrangements for a responsible adult or medical transport to drive you home after your colonoscopy.
 - You may not use a bus, a taxi, or a ride share application, such as Uber, without a responsible adult to accompany you to your home
 - You are not to drive for the remainder of the procedure day.
- You should expect to spend up to 4 hours in our department on the day of your colonoscopy.
- Please see the list of foods you may eat and foods you should avoid starting seven days before the test on page 3.

One day before your colonoscopy:

- Breakfast – clear liquids only, no solid foods
- Lunch – clear liquids only, no solid foods
- Dinner – clear liquids only, no solid foods
- Drink plenty of clear liquids throughout the day.*
- You may not drink alcoholic beverages within 24 hours of your procedure.
- Take one-half of the bowel prep starting at 5pm as instructed on page 2.

Day of your colonoscopy:

- Do not eat any solid food until **after** your colonoscopy.
- Take the second part of bowel prep as instructed, starting 6 hours before and finishing at least 4 hours before your colonoscopy appointment.
- After you complete the prep do not eat or drink any other liquid or food.
- Arrive 1 hour before the scheduled time with an adult who will be available to drive you home.
- If your insurance company requires a referral, you must bring it with you or fax it to 202-444-4211 prior to your scheduled procedure date.
- Bring your current insurance card(s), co-pay (if applicable), and a current picture I.D. with you on the day of your procedure.

****If you have any questions or need to reschedule your procedure, please call 202-444-8541 and select option 1 to reschedule or option 4 to speak to a nurse Monday- Friday from 8:30am to 5:00pm. If you have any urgent question between 5:00pm-7:30am please call 202-444-7243 and ask to speak to the GI fellow (a physician) on call.***

Detailed Colonoscopy Instructions: What to Eat/Drink

Please see the low fiber diet on page 3 for complete details.

7 DAYS BEFORE YOUR COLONOSCOPY:

- **What to eat:**
 - Avoid eating corn, nuts, seeds, fiber and popcorn.
 - Please see the low fiber diet list on page 3 for details.
- Ensure that you have picked up the prep solution from the pharmacy.

1 DAY BEFORE YOUR COLONOSCOPY:

- **What to eat:**
 - Do not eat any solid foods the entire day before your colonoscopy
 - Only consume clear liquids
 - Ex: water, clear soup or broth, apple juice, white grape juice, pulp free lemonade, sprite, ginger-ale, coffee or tea without milk or non-dairy creamers, plain Jell-O (no added fruit or toppings, **no red, purple, or blue Jell-O**) and popsicles.
- **What to drink:**
 - Only consume clear liquids
 - Ex: water, clear soup or broth, apple juice, white grape juice, pulp free lemonade, sprite, ginger-ale, coffee or tea without milk or non-dairy creamers, plain Jell-O (no added fruit or toppings, **no red, purple, or blue Jell-O**) and popsicles.
 - Drink an extra 8 ounces of clear liquid every hour while awake.
 - **DO NOT PREPARE THE PREP SOLUTION IN ADVANCE**
 - **Starting at 5pm:** Fill the supplied dosing cup with cold water up to the lower line of the cup (5 oz) and pour in the contents of one packet of Prepopik powder. Stir the mixture for 2-3 minutes until the powder has dissolved. Drink ALL of the liquid in the container.
 - Drink a minimum of 5 cups of 8 oz water in 2 hours (upper line of the dosing cup). Continue to drink additional clear liquids after this as desired.

DAY OF YOUR COLONOSCOPY:

- **What to eat:**
 - Do not eat any foods including candy, gum, or lozenges until AFTER your colonoscopy.
- **What to drink:**
 - **6 hours before your procedure time:** Start the 2nd half of the prep solution (packet 2). Repeat the same steps completed for packet 1 for packet 2.
 - Drink 3-8oz of water after completing your prep. Do not drink anything starting **4 hours before your procedure**
 - This may require you to wake up at an inconvenient time. However, this dosing schedule gives you the best prep outcome for the most successful procedure.
 - It is very important that you finish the remaining prep solution **at least 4 hours before** your scheduled procedure.
- **Medications to take the day of the procedure:**
 - Blood pressure and heart medications with a small sip of water at least 4hours prior to your procedure time.
 - Your other medications can be held until after your procedure.
- Bring a list of ALL of your medications and allergies, a copy of your most recent medical evaluation, and a copy of your EKG if you had one recently.
- Wear comfortable clothing that is easy to remove and leave your valuables at home.

****It is not uncommon for individuals to experience bloating or nausea when drinking the solution. If vomiting or other symptoms occur and concern you, please call 202-444-8541, and select option 4, Monday- Friday from 8:30am to 5pm. After 5pm and before 8:30am please call 202-444-7243 and ask for the GI fellow (a physician) on call.****

| LOW FIBER DIET PRIOR TO COLONOSCOPY | |
|--|--|
| Recommended Foods | Foods to Avoid |
| Dairy | |
| Milk, cream, hot chocolate, buttermilk, cheese (including cottage cheese), yogurt, sour cream | No yogurt mixed with: nuts, seeds, granola, fruit with skin or seeds (ex: berries) |
| Bread and Grains | |
| <input type="checkbox"/> Breads and grains made with refined white flour (including rolls, muffins, bagels, pasta) <input type="checkbox"/> White rice <input type="checkbox"/> Plain crackers, such as Saltines <input type="checkbox"/> Low-fiber cereal (including puffed rice, cream of wheat, corn flakes) | No whole grains or high-fiber <input type="checkbox"/> Brown or wild rice <input type="checkbox"/> Whole grain bread, rolls, pasta, or crackers <input type="checkbox"/> Whole grain or high-fiber cereal (including granola, raisin bran, oatmeal) <input type="checkbox"/> Bread or cereal with nuts or seeds |
| Meat | |
| Chicken, turkey, lamb, lean pork, veal fish and seafood, eggs, tofu | No tough meat with gristle |
| Legumes | |
| None allowed | <input type="checkbox"/> Dried peas (including split or black-eyed) <input type="checkbox"/> Dried beans (including kidney, pinto, garbanzo, or chickpea) <input type="checkbox"/> Lentils <input type="checkbox"/> Any other legume |
| Fruits | |
| <input type="checkbox"/> Fruit juice without pulp <input type="checkbox"/> Applesauce <input type="checkbox"/> Ripe cantaloupe and honeydew <input type="checkbox"/> Canned or cooked fruit without seeds or skin | No seeds, skin, membranes, or dried fruit <input type="checkbox"/> Raw fruit with seeds, skin, or membranes (includes berries, pineapple, apples, oranges, watermelon) <input type="checkbox"/> Any cooked or canned fruit with seeds or skin <input type="checkbox"/> Raisins or other dried fruit |
| Vegetables | |
| Ok for some if cooked or canned: <input type="checkbox"/> Canned or cooked vegetables without skin or peel (includes peeled carrots, mushrooms, turnips, asparagus tips) <input type="checkbox"/> Potatoes without skin <input type="checkbox"/> Cucumbers without seeds or peel | No raw, skin, seeds, peel, or certain other vegetables: Corn, potatoes with skin, tomatoes, cucumbers with seeds and peel, cooked cabbage or Brussels sprouts, green peas, summer and winter squash, lima beans, onions |
| Nuts, Nut Butter, and Seeds | |
| <input type="checkbox"/> Creamy (smooth) peanut or almond butter | No nuts or seeds <input type="checkbox"/> Nuts including peanuts, almonds, walnuts <input type="checkbox"/> Chunky nut butter <input type="checkbox"/> Seeds such as fennel, sesame, pumpkin, or sunflower |
| Fats and Oils | |
| <input type="checkbox"/> Butter or margarine <input type="checkbox"/> Vegetable and other oils <input type="checkbox"/> Mayonnaise <input type="checkbox"/> Salad dressings made without seeds or nuts | No salad dressing made with seeds or nuts |
| Soups | |
| <input type="checkbox"/> Broth, bouillon, consommé, and strained soups <input type="checkbox"/> Milk or cream-based soup, strained | <input type="checkbox"/> No unstrained soups, chili, lentil soup, dried bean soup, corn soup, or pea soup |
| Deserts | |
| <input type="checkbox"/> Custard <input type="checkbox"/> Plain pudding <input type="checkbox"/> Ice cream, sherbet, or sorbet <input type="checkbox"/> Jell-o or gelatin w/o added fruit and red or purple dye <input type="checkbox"/> Cookies or cake made with white flour, prepared without seeds, dried fruit, or nuts | <input type="checkbox"/> Coconut <input type="checkbox"/> Anything with seeds or nuts <input type="checkbox"/> Anything with red or purple dye <input type="checkbox"/> Cookies or cakes made with whole grain flour, seeds, dried fruits, or nuts |
| Drinks or Beverages | |
| <input type="checkbox"/> Coffee, tea, hot chocolate or cocoa <input type="checkbox"/> Clear fruit drinks (no pulp) <input type="checkbox"/> Soda and other carbonated beverages <input type="checkbox"/> Ensure, Boost, or Enlive without added fiber | <input type="checkbox"/> Fruit or vegetable juice with pulp <input type="checkbox"/> Beverages with red or purple dye |
| Other | |
| <input type="checkbox"/> Sugar, salt, jelly, honey, syrup, lemon juice | <input type="checkbox"/> Coconut, popcorn, jam, marmalade, relishes, pickles, olives |

Prepopik Dosing Diagram



Insurance Disclaimer

Our office will contact your insurance carrier to verify coverage and, if required, obtain pre-authorization for your procedure. However, pre-authorization is not a guarantee of payment and you will be responsible for any deductibles, co-pays, co-insurances, and/or any other plan specific out-of-pocket expenses.

Dependent upon your family history, personal history, prior gastroenterology diagnoses, or findings discovered during your colonoscopy, your procedure may be considered preventative or diagnostic. This determination will not be made until after the procedure has concluded and will be based upon the findings of your exam. In our experience, many insurance carriers cover preventative and diagnostic colonoscopies differently, and as a result, your out-of-pocket payment may also differ. If you have any questions about your coverage, please contact your insurance carrier directly.

Frequently Asked Questions

How do I get to your office?

Please visit: www.MedStarGeorgetown.org/GIDirections for detailed directions.

My procedure is in the afternoon. May I eat or drink in the morning?

No. To ensure your safety during the procedure, it is important that the stomach is empty. Any food or liquid in the stomach at the time of the procedure places you at risk of aspirating those contents into the lung leading to a serious complication called aspiration pneumonia.

I ate breakfast (lunch or dinner) the day before my colonoscopy. Is that okay?

If the preparation instructions were not followed properly, residual stool may remain in the colon and hide important findings from the examining physician. In some cases, if the colon preparation is not good, you may have to repeat the preparation and the exam. *If you accidentally eat any solid food the day before your exam, please call 202-444-8541 and select option 4 to speak with a member of the nursing staff. You may be asked to reschedule your procedure.*

I don't have a ride. Is that okay?

No. This is a patient safety and legal liability issue. If you do not have a responsible adult to accompany you home, your PROCEDURE WILL BE CANCELLED!

How many days prior to my procedure should I discontinue my Coumadin, Plavix or other blood thinning medications)?

The decision to stop or continue blood thinners needs to be discussed between your endoscopist and the physician that prescribes the blood thinner prior to your procedure. The prescribing physician decides if it is safe to hold the medication. You need to call us and your prescribing physician urgently if you have not discussed holding or continuing your blood thinner prior to your procedure. This does not include aspirin.

What medications am I able to take the day before and the day of my procedure?

The day prior to your procedure take your medications the way you normally would. However, for those patients taking any type of bowel cleansing preparation, be advised that you may undergo a prolonged period of diarrhea that may flush oral medications out of your system before they have time to take effect. *The morning of your procedure you should take any blood pressure or heart medications you may be on with a small sip of water.* You can hold most other medications and take them once your procedure has been completed. If you have questions about a specific medication(s), please call a member of our clinical staff at 202-444-8541 and select option 4.

I am diabetic. Do I take my insulin?

You must direct that question to the physician who placed you on this medication. Please check your blood sugar the morning of your procedure as you normally would. If you have any questions about your diabetes management in conjunction with your fast for your endoscopic procedure, please consult with your primary physician.

I am on pain medication. Can I take it prior to my procedure?

Many prescription pain medications can adversely affect the medications we use for sedation and for that reason we recommend that the day of your procedure you delay taking your pain medication until after your procedure has been completed. If you have any questions, please call a member of our clinical staff at 202-444-8541 and select option 4.

I am having my menstrual period. Should I reschedule my colonoscopy appointment?

No. Your menstrual period will not interfere with your physician's ability to complete your procedure.

May I continue taking my Iron tablets?

No. Iron can cause the formation of dark-colored stools which can make it difficult for the physician to complete your colonoscopy if your preparation is less than optimal. We recommend you stop taking your oral iron supplements at least one week prior to your procedure.

I have been on Aspirin therapy for my heart. Should I continue to take it?

Aspirin may affect blood coagulation. However, we do not generally recommend stopping Aspirin prior to our endoscopic procedures.

I am having a colonoscopy tomorrow. I started my colon preparation on time but now I am experiencing diarrhea and/or a bloated feeling. What should I do?

Nausea, vomiting and a sense of fullness or bloating can occur anytime after beginning your colon preparation. However, it is important that you drink all the preparation. For most people, taking an hour break from the preparation will usually help. Then continue taking the preparation as ordered. If the vomiting returns or symptoms get worse, please call the GI Fellow on call as indicated in your preparation instruction sheet.

Is my colonoscopy considered a routine screening or diagnostic?

Your colonoscopy type will fall into one of the three categories below:

1. Diagnostic Colonoscopy: Patient has past or present GI symptoms, polyps, GI disease, iron deficiency anemia or any other abnormal tests.
2. Surveillance/High Risk Colonoscopy: Patient has no past or present GI symptoms, has a personal or family history of GI disease, colon polyps, or cancer.

3. Preventative/Screening/Routine Colonoscopy: Patient is over the age of 50, has no past or present GI symptoms, no personal or family history of GI disease, colon polyps, or cancer and has not undergone a colonoscopy within the last 10 years.

Can the physician change, add, or delete my diagnosis so that I can be considered eligible for a preventative/screening colonoscopy?

No. Your encounter is documented as a medical record based on the health information you have provided and any information/findings obtained during your procedure. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

What if my insurance tells me the physician can change, add, or delete a CPT or diagnosis code?

Your insurance may tell you that if your colonoscopy was coded as a screening, it would have been covered. However, the "screening" diagnosis can only be amended if it applies to you. Most insurance carriers only consider a patient over the age of 50 with no personal or family history and no past or present GI symptoms as "screening". If you receive this information from your insurance, please document the date, name, and phone # of the representative and contact our billing department. We will perform an audit of the billing and investigate the information you were given to ensure proper billing.

*****Medicare Patients: Please review the Advance Beneficiary Notice of Noncoverage (ABN) Form on the next page. The form provided in this packet is a template only. Please review as you may be asked to complete the form upon check-in for your procedure.*****

TEMPLATE ONLY

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

| D. | E. Reason Medicare May Not Pay: | F. Estimated Cost |
|-------------------------------------|---|---|
| Your procedure will be listed here. | The most common reason is the frequency of the procedure. | This will be pre-populated on the date of your visit. |

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

OPTION 3. I don't want the D. _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

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