

Frequently Asked Questions

How do I get to your office?

Visit [MedStarGeorgetown.org/GIDirections](https://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 prep 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 prep is not good, you may have to repeat the prep and the exam. If you accidentally eat any solid food the day before your exam, please call **202-444-8541** 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. 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**.

I am diabetic. Do I take my insulin?

Direct that question to the physician who placed you on this medication. 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/endocrinologist.

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**.

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 prep is less than optimal. We recommend you stop taking your oral iron supplements at least one week prior to your procedure.

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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 prep 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 prep. However, it is important that you drink all the prep. For most people, taking an hour break from the prep will usually help. Then continue taking the prep as ordered. If the vomiting returns or symptoms get worse, please call the GI Fellow on call as indicated in your prep 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 in the 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.

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.

