



ASSOCIATES IN GASTROENTEROLOGY

Associates in Gastroenterology 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.

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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 **OsmoPrep** as the laxative to use prior to your colonoscopy.

OsmoPrep is a prescription laxative. Fill your OsmoPrep prescription at a pharmacy.

Begin first dose: 6 PM the evening before procedure: Swallow 20 OSMOPREP tablets with plenty of clear liquid. Swallow approximately 4 pills every 15 minutes (6:00, 6:15, 6:30, 6:45, and 7:00).

Begin second dose*: _____: Swallow 12 OSMOPREP tablets with plenty of clear liquid. Swallow approximately 4 pills every 15 minutes.

STOP DRINKING ALL LIQUIDS 4 HOURS BEFORE YOUR PROCEDURE

*Begin taking the 2nd dose of OsmoPrep tablets no later than 5 hours before procedure time.

- Individual response to laxatives varies. 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 your bowel movements are not clear or nearly clear after the 2nd dose of your laxative, drink a bottle of magnesium citrate (an over-the-counter laxative; NO cherry, grape, or other dark flavor). This will help you achieve a good bowel preparation.

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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 finger nail 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.

YOU MUST ARRANGE FOR SOMEONE TO TAKE YOU HOME. Your driver must be present to accompany you from the recovery area at the appropriate time. If your driver is not present, you may be charged a fee. You can plan on being discharged one hour after the start of your procedure.

BILLING FOR THE PROCEDURE:

It is the policy of Associates in Gastroenterology 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

Associates in Gastroenterology encourage you to investigate your insurance coverage and benefits prior to having 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: (**00810**)

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

**Associates in Gastroenterology
SCHEDULING**

Your procedure is scheduled

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

Facilities:

- ENDOSCOPY ASSOCIATES, 14010 Smoketown Rd. (in the back), Woodbridge
- ENDOSCOPY ASSOCIATES, 8140 Ashton Ave., Suite 212, Manassas
- ENDOSCOPY ASSOCIATES, 2616 Sherwood Hall Ln., Suite 203, Alexandria
- Lorton Ambulatory Surgical Center, 9321 Sanger St. Suite 200, Lorton

****** 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**

Mount Vernon **(703) 360-0594**

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, you must call the office. If you cancel within 3 business days of your procedure, **you will be charged one hundred fifty dollars (\$150).**

_____ 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

_____ Patient Signature

_____ Date

Facilities:

- Alexandria Hospital 4320 Seminary Road, Alexandria, Endoscopy Services to the left of Visitor's Entrance
- Potomac Center at Sentara Medical Center 2296 Opitz Blvd, 1st Floor, Suite 130, Woodbridge
- Prince William Ambulatory Surgical Center, 8644 Sudley Rd., Suite 201, Manassas
- Stafford Hospital, 101 Hospital Center Blvd., outpatient registration, 1st Floor, Stafford