### PLEASE READ ALL ENCLOSED INFORMATION CAREFULLY.

Please complete all enclosed forms and bring them, along with your insurance card(s), copayment or deductible and photo ID on the day of your procedure.

Let us know immediately if your health status or medications change between now and the day of your procedure.

### **INSURANCE PRE-AUTHORIZATION**

If not already done by our office, please check with your insurance company on coverage and to see if preauthorization is required. **Do not assume this procedure is automatically covered.** 

### **IMPORTANT INSTRUCTIONS REGARDING BLOOD THINNING MEDICATIONS:**

7 Days before your procedure: You must stop taking Plavix, Aggrenox, Pletal and Ticlid

5 Days before your procedure: You must stop taking Coumadin, Warfarin, or any other blood thinners

2-5 days before, depending on renal status, stop Arixtra, Pradaxa, Xeralto

**Please consult with your Cardiologist a**bout stopping your blood thinning medication ahead of time and let us know immediately if the time frames listed above are not acceptable to your Cardiologist. We will also send a request to your Cardiologist.

### IF YOU ARE DIABETIC:

**INSULIN:** If you inject insulin twice a day, inject ½ your usual dose in the evening before your procedure and take ½ your usual dose the morning of your procedure. If you inject insulin only in the morning, inject your full dose the morning before your procedure but only inject ½ your usual dose the morning of your procedure.

**ORAL:** Please hold your oral diabetic medication the morning of the procedure.



### **2 DAYS BEFORE THE PROCEDURE**

• Avoid raw fruits, raw vegetables, and grains (especially whole wheat, seeds or nuts)

### Colonoscopy: <u>What is a colonoscopy?</u>

Under light sedation, a flexible tube with a light on the end is passed into the rectum and advanced so that the entire colon is examined. It is essential that the colon be very clean so that all polyps or other abnormalities will be seen. If polyps are found, they can usually be removed at the same time. Polyps are important to remove because they can transform into cancer.

### Video on Colonoscopy:

HTTP://WWW.ASGE.ORG/EDUCATION-VIDEOS/COLONVIDEO1.HTML



## The day before your procedure

You may have a <u>light</u> breakfast such as non-fat yogurt, white toast, boiled or scrambled egg. **AVOID: meats,** cereal, fruits, vegetables, whole grains, oatmeal (harder to digest). <u>Finish eating before 8:30 AM.</u>

# After your breakfast: NO SOLID FOODS. THE DAY BEFORE YOUR EXAM YOU MUST BE ON A CLEAR LIQUID DIET ONCE YOU FINISH YOUR BREAKFAST. NO SOLID FOODS OR DAIRY PRODUCTS AT ALL.

OPTIONS:	AVOID:
Tea and Coffee (sweeteners are OK; no creamers)	• Anything you can't see through such as protein shakes, smoothies
• Other Drinks: Clear Juices, Sport Drinks, Water, Vitamin Waters, Carbonated Beverages, and Powdered Lemonades <u>as long as they don't have pulp, fruit, red or</u> <u>purple coloring</u> (orange color is OK - not orange juice)	<ul> <li>All Alcohol (alcohol interferes with medications during the procedure)</li> <li>Pulps, seeds, dairy, including creamers</li> </ul>
Other Options: Popsicles, Jell-O, clear Broths	Reds or Purple colored liquids

### **Colon Prep Instructions**

TIME 5 PM the day before your procedure	<b>Step 1</b> Open 1 bottle of 12 tablets.
	<b>Step 2</b> Fill the provided container with 16 ounces of water (up to the fill line.) Swallow each tablet with a sip of water and consume the entire amount over 30 minutes. (Please consume tablets one at a time to avoid nausea.)
	<b>Step 3</b> Approximately 1 hour after the last tablet is swallowed, fill The provided container a second time with 16 ounces of and drink the entire amount over 30 minutes.
	<b>Step 4</b> Approximately 30 minutes after finishing the second Container of water, fill the provided container with 16 ounces Of water and drink over 30 minutes.

If you develop nausea or vomiting, slow down the rate at which you drink the solution. Please attempt to drink all of the laxative solution, even if it takes you longer. The prep will cause multiple bowel movements, so stay close to a bathroom.

Sucking on mints/hard candy between glasses will help cleanse the palate.

# It is very important to drink plenty of water and other clear liquids throughout the day in order to avoid dehydration and to flush the bowel.



## The MORNING of your procedure

TIME

5 hours before your procedure is scheduled (actual schedule time, not check-in time)

Repeat steps 1 through 4 using the second 12-tablet dose of SuTab.

MAKE SURE TO COMPLETELY FINISH ALL THE PRODUCT NO LATER THAN 2 HOURS PRIOR TO YOUR PROCEDURE

Continue drinking clear liquids up until 2 hours before your procedure.

# The day of your procedure

- You are on a clear liquid diet up to 2 hours before your procedure
- DO NOT have anything by mouth 2 hours prior to your procedure (this includes water, gum, candy, mints or food items).



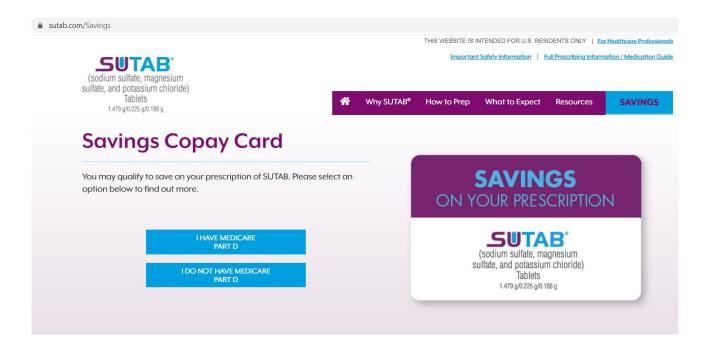
#### MEDICATIONS THE MORNING OF:

- You may take your blood pressure medications, Parkinson's medications, heart medications and seizure medications with a tiny sip of water.
- Do not take any other medications for pain, sedatives, anxiety, or injectable blood thinners such as Lovenox.
   For chronic pain medications, please contact our office at 303-861-0808 for instruction.
- Diabetic: Insulin Reduce AM dose by ½ (see Page 1); Oral (ex: Metformin)- Hold the AM of the procedure
- You may brush your teeth. Do not swallow the rinse water.
- Please don't forget to bring your completed paper work, insurance cards, copayment or any deductible due at time of service.
- Wear comfortable clothing and shoes. A loose top and sweat pants would be ideal.
- You will need a driver. Since you will be receiving sedation, you may not drive until the day after your procedure. This is for your safety. It is the policy of the facility that you have a responsible adult accompany you home after the procedure or your procedure may be cancelled. Call us if you need the number of a bonded transport service.

If you have any questions or concerns about the preparation, please contact us at 303-861-0808.

### SUTAB PRESCRIPTION SAVINGS INSTRUCTIONS – PLEASE COMPLETE PRIOR TO PICKING UP YOUR PRESCRIPTION!

Please visit Braintree's financial assistance website <u>http://www.SuTab.com/savings</u> to ensure you are receiving the best out of pocket amounts with your insurance. The company offers co-pay assistance to pay as little as \$40 for commercial patients and offers much assistance for Medicare patients as well. On the site, please select whether you have Medicare or commercial insurance (please see below.)



For commercial insurance, please select "I do not have Medicare Part D" and follow the prompts to receive your copay coupon. Please follow closely all instructions listed by the manufacturer on this website to ensure you are utilizing the coupon to optimize a minimal out of pocket cost for the prescription. If you have Medicare Part D, please select this option and follow the prompts to see what type of financial assistance the manufacturer may be able to provide with your carrier. If you have any questions concerning this process, please contact our office at (303)-861-0808 to review this with one of our staff members.