

DIGESTIVE DISEASE SPECIALISTS

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PATIENT INSTRUCTIONS FOR COLONOSCOPY

INSURANCE: _____	DATE OF SERVICE: _____
DEDUCTIBLE: _____	CHECK IN TIME: _____
MAX: _____	AMOUNT DUE: _____
PROCEDURE CODES: _____	DUE DATE: _____
DIAGNOSIS: _____	SURGICAL FACILITY: _____

1. MEDICATIONS

If you take any blood thinners or antiplatelet/anticoagulation medications such as Aspirin, Eliquis (Apixaban), Pradaxa (Dabigatran), Savaysa (Edoxaban), Arixtra (Fondaparinux), Lovenox (Heparin, Fragmin, Innohep), Xarelto (Rivaroxaban), Warfarin (Coumadin, Jantoven), Plavix (Clopidogrel), Persantine (Dipyridamole), (Prasugrel), Brilnata (Ticagrelor), Zontivity (Vorapaxar) or similar medication, please ask your doctor for instructions on how to take these drugs prior to your procedure, as you may need to hold them for 2-7 days prior to your procedure. Oral diabetic medications and regular insulin should be stopped the day before the procedure.

ALL OTHER MEDICATIONS ARE OKAY TO CONTINUE TAKING - PLEASE DO NOT TAKE WITHIN ONE HOUR OF PREP

Tylenol (acetaminophen) may be taken.

If you are unsure about a specific medication, please ask your doctor

2. DIET

On the day prior to your colonoscopy, you should consume clear liquids only. Do not drink anything you cannot see through.

Clear liquids include: tea, diluted coffee, Jell-O, bouillon, 7up, ginger ale, water, apple juice, Gatorade, and popsicles.

Avoid the color red and purple, milk, orange juice, grape juice, and other non-clear liquids.

DO NOT eat anything the day of the colonoscopy!

3. PREP RX

A prescription for the cleansing solution (**Colyte, Golytely, Trilyte or Nulytely**) was sent electronically and should be purchased at your local pharmacy. If it is in powder form, it needs to be mixed with water *no sooner than 24* hours before your scheduled procedure and then kept refrigerated.

4. PREP DIRECTIONS

If scheduled for a morning procedure, please refer to 4a. If scheduled for an afternoon procedure, please refer to 4b.

a. The day prior to the procedure, at about 12 noon, drink half of the cleansing solution. You should drink 8 ounces every 10-15 minutes until you have finished half of the solution. If you become nauseated or vomit some of the solution, wait for 30 minutes, the restart drinking the remaining solution again at a slower pace.

Repeat the same process 3-6 hours later to finish the second half of the solution.

b. The day prior to your procedure, 6 hours before bedtime, drink half of the cleansing solution. You should drink 8 ounces every 10-15 minutes until you have finished half of the solution. If you become nauseated or vomit some of the solution, wait for 30 minutes, the restart drinking the remaining solution again at a slower pace.

The day of your procedure, drink the remaining half of the solution. You need to have this completed at least 6 hours before you check in at the surgical facility.

IF YOU ARE SCHEDULED FOR AN EGD AS WELL, please be finished 6 hours before check in.

5. DIET

DO NOT eat or drink anything after midnight the day of your procedure (or after you finish drinking the cleansing solution the day of the procedure). You may have water the night before. The medications you need to take must be taken at least one hour before you start drinking the cleansing solution. If you have diabetes and your blood sugar level is low, you may drink regular (non-diet) clear soda, such as 7up or Sprite.

6. CHECK IN

Arrive at the facility admitting one hour prior to your scheduled procedure. Get to admitting through the main door of the facility. Be prepared to stay at the facility for 2 ½ to 3 hours total.

7. TRANSPORTATION

You *must* have someone drive you home after the procedure, as you will not be able or permitted to drive until the next day.

8. QUESTIONS

If you have any questions or problems regarding the procedure or preparation, please call us at (928) 445-4066.

If you must cancel, please call us as soon as possible, preferably 48 hours before your scheduled procedure.

IMPORTANT NOTE: Please note that this office does not and cannot possibly guarantee that your insurance will cover scheduled procedures. We believe your procedure(s) are medically necessary. For more information, please check with your insurance about coverage for procedure CPT code(s). Your insurance's telephone number(s) are listed on your cards.