

Colonoscopy, Miralax Prep 1-Day

Your Colonoscopy has been scheduled for: Date _____

at: _____ with _____

THE HOSPITAL WILL CONTACT YOU WITH YOUR ARRIVAL TIME

1) Follow these medication changes prior to your procedure:

- **Blood Thinners** (such as Coumadin, Warfarin, Ticlid, Plavix, Lovenox, Pletal, Pradaxa, Xarelto, Persantine, Eliquis and Aggrenox) continue taking. If you have any questions regarding this medication, please contact the doctor who prescribes these medications for specific instructions.
 - **Aspirin** - continue taking.
 - **Iron pills:** Stop taking 7 days prior to your procedure.
 - **Patients with Diabetes:** Follow these guidelines:
 - ✓ **Oral Medication** - Metformin, Glipizide: Do not take the morning of your procedure unless otherwise instructed.
 - ✓ **Insulin:** Please call the doctor that manages your insulin to change the dose. The dose may need to be changed the day of procedure. *Patients with insulin pumps will need to bring the prescribed off-pump instructions*
 - ✓ **Check your blood sugar the morning of your procedure.**
 - ✓ **Important tips to prevent low blood sugar:** During the clear liquid day, drink protein. A good source of protein is clear chicken, beef or vegetable broth. Keep glucose tablets on hand for any sudden drop of blood sugar. These are available over the counter in the diabetic supplies at any pharmacy.
 - **All other prescribed medicines continue taking as usual.** (Like blood pressure medications)
 - If you have any questions about your medicines, call the doctor who prescribes the medication(s).
- 2) Five days prior to the procedure: Eat low residue foods, low fiber diet. – **DO NOT** eat nuts, seeds, popcorn and corn. Discontinue fiber supplements: Metamucil, Citrucel, Fiberall, etc. *See additional 2-sided sheet for examples.*

Please continue to other side for further instructions

3) **Purchase at the pharmacy:**

(These are sold over the counter and prescriptions will **NOT** be provided)

- Bisacodyl (Dulcolax, 5 mg): 4 tablets (NOT suppositories)
- MiraLAX powder, 1-Bottle, 238 grams (8.3 ounces)
- 64 oz of either Gatorade, Gatorade G2(low sugar), Gatorade Zero or Power Aid – 1-bottle 64 oz or 2-bottles of 32 oz or other clear liquids, such as Propel Water or Crystal Light, (not red, pink, or purple).

4) **One day before exam:**

• ***CLEAR LIQUID DIET – No solid foods are allowed:***

- ✓ **SOUPS:** Clear bouillon, broth, or consommé.
- ✓ **BEVERAGES:** Water, Tea, coffee, decaffeinated tea/coffee, (No Cream or Milk), Kool-Aid, Crystal Light, Propel Water, Sprite, 7-Up, Ginger Ale.
- ✓ **JUICES-without Pulp:** Apple, white grape juice, strained lemonade, limeade, orange drink.
- ✓ **DESSERT:** Water ices, Italian ices, Popsicles, Jell-o (except red).
- At 3:00 p.m. take 4 Dulcolax tablets.
- At 5:00 p.m. mix the 238-gram bottle of Miralax with the 64 oz of Gatorade or other liquid until dissolved. Drink an 8oz. glass every 10-15 minutes until the solution is gone. If you feel nauseated, take a 30-40 min break and try again.
- Continue drinking clear fluids until bedtime. ***Nothing to eat or drink after midnight the night before.***

5) **Day of exam:**

- Take essential medication with only a sip of water.
- Expect to be released two hours after the exam. However, complications might require hospitalization.
- Bring a list of your current medications and allergies.
- Since you will be sedated, you must have someone drive you home and stay with you for the first 24 hours after the procedure. (A taxi driver or hotel escort staff cannot provide this service.) The driver must be 18 years old or older and accompany you to and from the unit. If you do not have a driver and nobody to stay with you, your procedure will be rescheduled. Do not plan to work or drive for 24 hours.
- *****FMLA/Disability Forms: If you need to have these filled out, please FAX (906)-228-4065 or bring them to our office. Please DO NOT bring them to the hospital. If you should have any questions, please phone our office at 906.225.3853.***

Low Residue (Low Fiber) Diet

Food Group	Foods Allowed	Foods to Avoid
Milk and Dairy	<ul style="list-style-type: none"> • Cow's Milk, Cream • Ice Cream • Yogurt • Cheese 	<ul style="list-style-type: none"> Ø Any milk products if your lactose intolerant Ø Any ice cream with nuts or seeds Ø Fruited Yogurt Ø Cheese with nuts or seeds
Beverages	<ul style="list-style-type: none"> • Coffee and Tea • Carbonated Beverages • Apple Juice, Strained juice • Water, flavored, bottled • Kool-Aid or Hi-C (no red or purple) • Nutritional supplements without added fiber such as Boost or Ensure 	<ul style="list-style-type: none"> Ø Any beverage containing pulp or seeds, such as orange or grapefruit juice Ø Prune Juice Ø Nutritional supplements that contain fiber
Breads, Cereals and Starches	<ul style="list-style-type: none"> • Refined breads, rolls, bagels, English muffins, pita bread, biscuits, muffins, crackers, pancakes, waffles or pastry • Refined cooked and cold cereals such as hominy grits, farina, cream of wheat or rice, strained oatmeal, Cheerios, Corn/Rice Chex, Cornflakes, Rice Krispies, Special K • White & sweet potatoes w/o skin • White Rice • Refined Pasta 	<ul style="list-style-type: none"> Ø Whole grains breads, cereal and pasta Ø Oatmeal, Granola, Bran Ø Wheat Germ, Sprouted Wheat Ø Any bread, cereal, cracker or pasta made with seeds, nuts, coconut, raw or dried fruit Ø Corn Bread Ø Graham Crackers Ø Brown Rice, Wild Rice Ø Barley Ø Potato Skins
Fruits	<ul style="list-style-type: none"> • Canned or cooked fruit without skins or seeds (peaches, pears, apples) • Applesauce • Ripe Banana • Jellied Cranberry Sauce • Tomato juice, strained 	<ul style="list-style-type: none"> Ø Raw fruit (bananas are okay) Ø Canned pineapple, oranges, grapefruit sections, mixed fruit Ø Dried fruit, All berries, melons Ø Whole cranberry sauce Ø Avocado Ø Coconut

Vegetables	<ul style="list-style-type: none"> • Tender, well-cooked fresh, canned and frozen vegetables without seeds such as peeled carrots, green beans and beets • Strained vegetable juice • Strained tomato juice 	<ul style="list-style-type: none"> Ø <i>All raw vegetables</i>, such as lettuce, onion, celery, cucumber, mushrooms, scallions, etc. Ø Vegetable with seeds Ø <i>Tough, fibrous cooked vegetables</i> such as: artichokes, asparagus, broad beans, broccoli, cauliflower, brussel sprouts, corn, eggplant, peas (green peas), sauerkraut, and cabbage, spinach, tomatoes, zucchini, summer squash, winter squash
Meat & Meat Substitutes	<ul style="list-style-type: none"> • Cooked, tender fish, poultry, beef, lamb, pork, ham, veal, organ meats • Eggs • Cheese • Tofu • Tuna Fish • Smooth Peanut Butter and other smooth nut butters 	<ul style="list-style-type: none"> Ø Non-tender meats Ø Gristle Ø Hot dogs Ø Salami, cold cuts Ø Meat substitutes made with whole grains, nuts or seeds Ø Crunchy style peanut butter and other crunchy nut butters
Miscellaneous	<ul style="list-style-type: none"> • Salt, sugar, ground or flaked herbs and spices • Vinegar • Ketchup and mustard • Soy sauce • Jelly (but not Jam or preserves) 	<ul style="list-style-type: none"> Ø Pepper, Seed spices Ø Seeds and nuts Ø Coconut Ø Popcorn Ø Jams or preserves Ø Pickle and olives

SURGICAL ASSOCIATES of marquette, pc

Dear Patient,

You have been scheduled for a colonoscopy. Not all insurance companies will cover this procedure. As you be will be held financially responsible for this service, it is in your best interest to contact your insurance company to verify coverage prior to having the procedure performed.

Your insurance company will need the procedure code and diagnosis code to check your benefits, these are provided below.

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If you are having a colonoscopy because of **symptoms you are experiencing, such as rectal bleeding, please call our office 906-225-3853, Ext 116, for the codes.**

If you have **no symptoms and **no family** or **personal history** of colon cancer or polyps, use these codes:**

Procedure Code: G0121	Screening Colonoscopy, average risk
Diagnosis Code: Z12.11	Encounter for screening colonoscopy

If you have **no symptoms and **no personal history** of colon cancer or polyps, **BUT** you have a **FAMILY history** of colon cancer or polyps, use these codes:**

Procedure Code: G0105	Screening/Surveillance colonoscopy, high risk
Diagnosis Code: Z12.11	Encounter for screening colonoscopy
Diagnosis Code: Z80.0	Family history of colon cancer
Diagnosis Code: Z83.71	Family history of colon polyps

If you have **no symptoms and **no family history** of colon cancer or polyps, **BUT** you have a **PERSONAL history** of colon cancer or polyps, use these codes:**

Procedure Code: G0105	Screening/Surveillance colonoscopy, high risk
Diagnosis Code: Z85.038	Personal history colon cancer
Diagnosis Code: Z86.010	Personal history colon polyps

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Most insurance companies will cover a screening or surveillance colonoscopy for a patient without symptoms and no personal history of colon cancer or polyps under your preventative benefits. However, if you are having symptoms or have a personal history of colon cancer or colon polyps, some insurance companies will process the claim under your regular benefits and will not consider it a screening.

Additionally, sometimes during a screening or surveillance colonoscopy a polyps or other abnormality is found and a biopsy is performed. This may change the way the insurance pays your claim. You may also be responsible for additional charges from the hospital or laboratory for processing the biopsy specimen.

If you have any questions or concerns about your colonoscopy or our billing procedures, please contact our office at (906) 225-3853.

Sincerely,

1414 West Fair Avenue | Suite 230 | Marquette, Michigan 49855
Telephone 906.225.3853 | Fax 906.228.4065 | surgicalassociatesofmarquette.com

GENERAL SURGERY

Katherine A. Petrin, M.D. | Sara K. Herrera, M.D. | Gregory J. McBride, D.O. | Laura R. Lozier, M.D. | Mark A. Sarazin, M.D.



Cancellation, Reschedule and No-Show Policy for Surgery and Endoscopy Appointments

At Surgical Associates of Marquette our goal is to provide high quality surgical care and endoscopy services in timely manner. We have implemented a cancellation, reschedule, no-show policy which enables us to better utilize available appointments for our patients in need of care.

Cancellations, Reschedules and No-Shows

Please notify our office at least 24 hours in advance if you need to cancel or reschedule your surgery or endoscopy appointment.

You are considered a no-show if you do not give 24-hour notice of a cancellation or reschedule or simply do not come to your surgery or endoscopy appointment.

You may cancel, reschedule or no-show a maximum of 2 times.

After 2 cancellations or reschedules your referring physician will be notified that you have exceeded the maximum number of cancellations and/or reschedules and we are unable to accommodate you at this time. Your physician may refer you back after a 90-day waiting period.

If you are a no-show for a scheduled surgery or endoscopy, your referring physician will be notified that you did not show for your scheduled procedure. Your physician may refer you back after a 90-day waiting period.

Fees

Patients who fail to show for their scheduled surgery or endoscopy appointment or cancel without at least 24-hour notice may be subject to a "No-Show/Cancellation" fee of \$50.00.

No-Show/Cancellation fees are not covered by insurance and therefore are the sole responsibility of the patient. Patients will not be rescheduled if they have outstanding No-Show/Cancellation fees.

How to cancel your surgery or endoscopy appointment

To cancel or reschedule your surgery or endoscopy appointment, please call Surgical Associates at **1-906-225-3853** during our regular business hours Monday-Thursday 8:00 am – 5:00 pm, Friday 8:00 am - 2:00 pm.

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