Date/Time:	Guthrie Clinic
Physician:	Guthrie Ithaca City Harbor
	720 Willow Ave, Ithaca, NY, 14850

607-219-4600

Colonoscopy Preparation Colyte

Supplies: Colyte & 2 Simethicone tablets (Gas X), 80mg,100mg or 125mg tablets are approved for use. Simethicone does not require a prescription. A prescription for Colyte will be forwarded to your preferred pharmacy. Please follow the instructions on the package. Do not add sugar or flavorings containing sugar. Refrigerate the solution after it has been mixed. Do not consume RED or PURPLE colored drinks.

If you cannot make this appointment, please contact our office 72 hours prior to your appointment.

If you have been scheduled for a Screening Colonoscopy and polyps are removed during this exam, some insurances will not cover this procedure completely. Please contact your Insurance carrier for details.

Please bring a current list of medications and insurance card.

Please leave valuables and jewelry at home.

Please call our office if you weigh more than 300 lbs, BMI is greater than 39, use CPAP, use O2 at home, are pregnant or could be pregnant, use pain meds, anti-anxiety meds, psych meds, use marijuana or other recreational drugs.

Instructions continued on the back of this page.



Medications:

Anticoagulants/Blood thinners— If you take *Coumadin, Warfarin*, or *Jantoven* you will need special instructions about stopping this drug before the procedure. *Timing of this is very important*. If you are managed by the Ithaca Coumadin Clinic, call **ASAP** at 607-330-0426 or speak with your prescribing physician for instructions before stopping these medications. They prefer that you use an alternative anticoagulant.

Xarelto or Eliquis, Most patients need to stop this medication 24 hours prior to the procedure. Please speak with your prescribing physician before stopping this medicine.

Plavix (Clopidogrel) – Most patients need to stop this medication 5 days prior to procedure. Please speak with your prescribing physician before stopping this medication.

Blood Pressure— should **not** be taken the morning of the procedure, however **please** bring them with you. (If you take a Betablocker continue to take this as you usually do—see attached list.)

Breast Feeding:

Contact your Pediatrician for recommendations d/t medications used during your procedure.

If you have diabetes -

- •If you take a pill to lower your sugar, do not take it on the day of your procedure.
- •If you are taking regular Insulin® or (NPH), do not take it on the day of your procedure.
- •If you are taking any other insulin preparation such as Lantus, Humalog, or 70/30 insulin. It is recommended you take a ½ dose the evening prior to your procedure and no dose the day of your procedure.

You will need a blend of products with and without sugar on hand to keep your blood glucose in balance during the preparation period (see clear liquids list).

For questions/concerns during non-office hours please call 1-800-300-5858 and ask to speak with the Gastroenterologist on call.



CoLyte Prep – Split Dose

		700 700		
5 days before colonoscopy	2 days before colonoscopy	1 day before colonoscopy	The day of your Colonoscopy	After your Colonoscopy
©S pM pT pW pTh pF pSat	DS M DT DW DTh DF DSat	oS oM oT oW oTh oF oSat	oS aM oT oW oTh oF oSat	⊡S ⊡M ⊡T ⊡W ⊡Th ⊡F ⊡Sat
Increase your fluid intake by at least 4 (8oz) cups of liquid per day.	Continue a low roughage diet – avoiding whole grain breads and cereals, fresh fruits, vegetables and stop eating nuts, foods containing small seeds, popcorn, corn, fresh peas, etc.	Continue a low roughage diet until 12:00 N Start Clear Liquid diet at 12 noon. No food, No dairy, No alcohol	4 hours prior to your procedure time, begin drinking the remaining CoLyte mixture. Drink 8 oz every 15 -20 min. until finished or as tolerated. Stop 2 hours before your procedure. #10 #2 0 #3 0 #4 Take 1 Simethicone w/last glass of mixture.	You will need to rest until the sedation begins to clear your system. Your examination results and instructions will be reviewed upon discharge.
Stop taking iron and multivitamins containing iron	Continue with increased fluids throughout the day.	3:00 pm - Mix CoLyte according to instructions on package. Refrigerate.	2 hours prior to your procedure you should have nothing to eat or drink.	You cannot go back to work or drive the same day as your procedure.
Beginning with breakfast, limit high-fiber foods, such as whole-grain breads and cereals, nuts, foods containing seeds, raw or dried fruits and vegetables.	Food Options: eggs, soup, white chicken meat, fish, white rice, yogurt, pasta, noodles, mashed potatoes, etc.	4:00 pm – Begin drinking the CoLyte mixture at a rate of 8 oz. every 15 – 30 min. #1 #2 #3 #4 #4 #5 #6 #7 = #8 = #9 = #10	Your driver should anticipate remaining on the premises throughout the procedure and be present for discharge instructions (1 -2 hrs).	You may have a normal diet. Because of the medications remaining in your system, it is advised that you have someone stay with you the dayleyening of
Fresh fruits and vegetables are acceptable with the indigestible peels/skins removed (e.g. cucumber, apple, peach, tomatoes, etc.)		Take 1 Simethicone tab w/your last glass of mixture. Keep the remaining mixture in the refrigerator to be completed tomorrow.	You may not take a taxi or public transportation unless you have someone with you. This person must be 18 years or older.	your procedure.
Stop fiber supplements such as Metamucil, Citrucel, etc		Continue drinking clear liquids as tolerated.	Please bring your insurance card and a list of your current medications.	On the day following the procedure, you may resume normal activity.
If needed, use Milk of Magnesia (as directed on the package) for constipation.		You may not have a bowel movement for 2-3hrs. Clear Liquids:		

Water

Gatorade, Crystal Light

Popsicles Tea, Coffee (without cream)

> Jell-O (not red) Clear soda: Ginger Ale, Sprite, 7up Clear Broth: Beef or Chicken

Italian Ices

Juices: apple juice, white grape juice, Tang, Kool-Aid, strained fruit juice (any juice you can see through and has no pulp is acceptable)

There is NO limit to the quantity of clear liquids you drink.

Beta-Blockers Include:

- Acebutolol (Sectral)
- Atenolol (Tenormin)
- Betaxolol (Kerlone)
- Bisoprolol (Zebeta, Ziac)
- Carteolol (Cartrol)
- Carvedilol (Coreg)
- Labetolol (Normodyne, Trandate)
- Metoprolol (Lopressor, Toprol-XL)
- Nadolol (Corgard)
- Nebivolol (Bystolic)
- Penbutolol (Levatol)
- Propranolol (Inderal)
- Sotalol (Betapace)
- Timolol (Blocadren)

Insurance Information for Colonoscopy Patients

Under the Affordable Care Act, several preventive services such as colonoscopies are covered at no cost to the patient. Guidelines are now available about which colonoscopies are defined as a preventive service (screening).

Guthrie has created this document to sort through some of the confusion. Here is what you need to know about colonoscopies that are considered preventative:

Colonoscopy Categories

Preventive Colonoscopy Screening (CPT® 45378, G0121)

Patient is asymptomatic (no gastrointestinal symptoms either past or present); is 50 years of age or over; has no personal or family history of gastrointestinal disease, colon polyps and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

Diagnostic/therapeutic colonoscopy (CPT® 45378)

Patient has gastrointestinal symptoms such as change in bowel habits, diarrhea, constipation, rectal bleeding or gastrointestinal disease.

Surveillance/ High Risk Screening Colonoscopy (CPT® 45378, G0105)

Patient is asymptomatic (no gastrointestinal symptoms either past or present); has a personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category may undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years).

If a screening colonoscopy results in the biopsy or removal of a lesion or growth during the procedure, the procedure is then considered diagnostic and you may have to pay a coinsurance or copayment.

We recommend that our patients contact their insurance carrier to verify colonoscopy coverage. Your insurance plan may not consider surveillance colonoscopies as a screening benefit. The correct coding of a procedure is driven by your medical history and the physician's documentation. It is not appropriate to change coding to enhance insurance benefit coverage.

Thank you for choosing Guthrie for your healthcare needs. While you are here, our team will do our best to make your visit a comfortable one. At Guthrie, we strive to make the patient and visitor experience as stress-free and comfortable as possible.

Learn more about preparing for a hospital stay, billing and financial services, and support programs by visiting Guthrie.org.









www.Guthrie.org