



## **Colonoscopy GoLytely/Colyte Split Dose Prep Guide**

You have been scheduled for a Colonoscopy GoLytely/Colyte Prep

**Plan ahead to help reduce your stress:** Use these step-by-step instructions for a successful prep so that your doctor can clearly view your colon.

If you have any questions, please contact the Guthrie Ithaca Gastroenterology Clinic at: 607-272-5011.

Thank you for choosing Guthrie!

### **Colonoscopy GoLytely/Colyte Prep Guide**

- **Health Considerations – page 2 (review today)**
  - Medication and diagnoses
  - Patients on blood thinners
  - Diabetic patients
- **Get Prepared – page 3 (review 1-2 weeks before)**
  - Supplies to purchase
  - Sedation and transportation requirements
- **Get Started – page 4 (review 5 days before the procedure)**
- **Procedure day reminders – page 4 (review 5 days before and day of) • Prep Instructions\* (follow the day before and day of)**

You will need to fill the prescription for GoLytely/Colyte provided to you at your local pharmacy prior to your procedure. You will also need to purchase generic simethicone (Gas-X) tablets-You will need 2 tablets for this prep. **(please pick up from pharmacy 1-2 days after your office consultation appointment)**

## Health Considerations (review today)

### Medications and diagnoses

#### Patients on blood thinners

If you use Aggrenox, Arixtra, Brilinta, Effient, Eliquis, Plavix, Pletal, Pradaxa, Ticlid, Xarelto, or any blood thinner (anticoagulant) or an anti-platelet drug, most patients need to stop taking these 5 days prior to procedure.

- Please speak with your physician who orders this medication before stopping.

If you use a blood thinner named Coumadin, Warfarin, or Jantoven you will need special instructions about stopping this drug before the procedure. **The timing of this is very important!**

#### Diabetic patients

- 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 units: It is recommended you take a ½ dose the evening prior to your procedure and no dose the day of your procedure.
- We recommend you have products with and without sugar on hand at home to keep your blood glucose in balance during the preparation period.

#### Patients taking GLP-1 Receptor Agonists

- If you are taking medications such as Ozempic, Wegovy, Trulicity, Mounjaro, Saxenda, Rybelsus: Injectable form must be held for 1 week prior to your procedure and pill form must be held the day of the procedure.

### Getting Prepared (1-2 weeks before the procedure)

#### Supplies to purchase

You will need to fill the prescription for GoLytely/Colyte provided to you at your local pharmacy prior to your procedure. **(please pick up from pharmacy 1-2 days after your office consultation appointment)**

**Do not drink any liquids that are red or purple.**

Clear Liquid Suggestions:

- Gatorade
- Coffee or tea without creamer
- Carbonated and non-carbonated soft drinks
- Kool-Aid or other fruit-flavored drinks
- Apple juice, white cranberry juice or white grape juice
- Jell-O, popsicles
- Chicken, beef or vegetable broth

**Sedation requires that patients make transportation arrangements**

Please be aware that you will be receiving sedation for your procedure. It will limit what you can do after your procedure until the following day.

**ALL ENDOSCOPY PATIENTS MUST HAVE A DESIGNATED DRIVER**

**Due to sedation medication, it is unlawful to drive until the following day after a procedure and is considered driving under the influence of drugs (DUI), a punishable offense.**

**It is required that all endoscopy patients have a designated driver (18 years or older) available to drive the patient home after their procedure. You may not take public transportation unless accompanied by someone 18 years of age or older.**

## Get Started (5 days before the procedure)

### 5 days before the procedure, stop taking:

- **Iron/multivitamins:** Stop iron (such as ferrous sulfate) or vitamins containing iron. **Fiber supplements:** Stop fiber supplements such as Metamucil, Citrucel.
- **Blood Thinners:**
  - If you use Aggrenox, Arixtra, Brillinta, Effient, Eliquis, Plavix, Pletal, Pradaxa, Ticlid, Xarelto or any blood thinner (anticoagulant) or anti-platelet drug: most patients need to stop taking these 5 days prior to procedure. **Please speak with your physician who orders this medication before stopping: See page 2.**
  - If you use a blood thinner named Coumadin, Warfarin or Jantoven you will need special instructions about stopping this drug before the procedure. See patient 2.
- Please refrain from eating raw/uncooked fruits and vegetables, nuts, small seeds and popcorn 5 days before your procedure.

Please note that Aspirin or NSAID'S such as Advil, Ibuprofen, Aleve do NOT need to be stopped prior to your procedure.

## PROCEDURE DAY REMINDERS (review 5 days prior and day of)

### Medication on the day of your procedure

- **Do NOT take blood thinners, see page 2 (UNLESS INSTRUCTED TO CONTINUE BY PHYSICIAN).**
- **Diabetics, see page 2.**
- You may take other medications (including pain medication, anti-anxiety medications and blood pressure medications) with a **small sip of water**. Take your inhaler as prescribed if needed in the morning.

### What to Bring

- A list of your current medications, your insurance card and **Photo ID**
- Hearing aids, inhaler, and/or ileostomy or colostomy supplies (as applicable)
- Wear comfortable, loose-fitting clothing
- Please leave all valuables at home. Cellphones and tablets are not allowed after you enter the patient care area and must be turned off until after discharge. This is for the privacy of all our patients.

## Transportation and Discharge

- You must have a driver 18 years of age or older with a valid driver's license for this procedure.
- You may not take public transportation unless accompanied by someone 18 years of age or older.
- If someone is picking you up, we must be able to contact them by **phone before** your procedure.
- We will **not** continue with your procedure until we confirm with your driver by talking to them.
- You should plan on being at our facility for a minimum of **2-3 hours** for your appointment. Please plan accordingly, as **delays may occur**.

## COLONOSCOPY GOLYTELY/COLYTE PREP GUIDE MORNING PROCEDURES

### The day before your procedure:

- **You may only have clear liquids ALL DAY.**
- Increase your fluid intake to at least 6-8 glasses of clear liquids today. This will help lessen stomach cramping.
- **Starting at 3:00 PM:** Follow the mixing directions on Colyte package. Drink 6-8 oz. of the Colyte rapidly, at 15-minute intervals until you have drunk 2 Liters or half of the bottle of Colyte.
- **Keep the remaining mixture in the refrigerator to be completed tomorrow morning 3 hours prior to leaving your home for your procedure.**
- **You may continue to drink clear liquids until midnight.**
- Bloating and nausea are common after the first few glasses of Colyte, this is temporary and will improve once bowel movements start. Rarely, people may have nausea or vomiting with the prep. If this occurs, give yourself a 30 to 90-minute break, rinse your mouth or brush your teeth, then continue drinking the prep solution.
- Stomach cramping and diarrhea are normal from taking the prep.
- Anal skin irritation or a flare of hemorrhoid inflammation may occur. If this happens, treat it with over-the-counter-remedies, such as hydro-cortisone cream, baby wipes, Vaseline, or TUCKS pads.  
Avoid products containing alcohol. If you have a prescription for hemorrhoid cream, you may use it. Please do not use suppositories.

Page 5.

### On the day of your procedure:

- **Review procedure day reminders, page 4**
- **3 hours before leaving for your exam:** Begin drinking the remaining Colyte mixture. You must finish drinking 2 hours before your appointment time.
  - for example: If your appointment is at 7:15 AM, you must finish the remaining Colyte mixture by 5:15 AM.
- Do not take blood thinners on the day of your procedure (see page 2).
- Do NOT take GLP-1 Receptor Agonists (see page 2).
- You may take your medications with a small sip of water.
- You may brush your teeth.

Billing, coverage, and good faith estimate inquiries: Please call 570-887-6520.

# 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.



[www.Guthrie.org](http://www.Guthrie.org)