

EGD & COLONOSCOPY – SUTAB PREP INSTRUCTIONS

A nurse from our center will be reaching out a few days prior to your procedure to ask questions and review your instructions.

Please follow the instructions below rather than on the package. You may NOT have breakfast the day before the procedure.

It is very important to follow these instructions to ensure full visualization of your colon. Inadequate preparation limits the value of this procedure and could necessitate rescheduling your exam.

	Day <u>BEFORE</u> the procedure	Day <u>OF</u> the procedure
Diet Instructions	<ul style="list-style-type: none"> • NO SOLID FOODS • You may have clear liquids. • Water, coconut water (without pulp), broth (without pulp), clear juices, lemonade, Gatorade (no purple or red), sodas, Jell-O (no red or purple), tea, coffee (without cream). • Protein drink: one protein supplement drink is allowed the day before the procedure (ex. Ensure). Any flavor, may be milk based. • Avoid: alcohol, dairy products, anything red or purple, and anything with pulp. • Do NOT drink alcohol • Do NOT take other laxatives while taking SUTAB. • Do NOT take oral medications within 1 hour of starting each dose of SUTAB. • If taking tetracycline or fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and no less than 6 hours after administration of each dose of SUTAB. 	<ul style="list-style-type: none"> • NO SOLID FOODS • Drink clear liquids up until 3 hours before your procedure. • Nothing by mouth 3 hours before your appointment, not even a sip of water. • No gum, hard candy or breath mints. • No Jewelry.
Laxative Solution Preparation	SUTAB is a split-dose (2 day) regimen. A total of 24 tablets is required for complete preparation for colonoscopy. You will take the tablets in two doses of 12 tablets each. Water must be consumed with each dose of SUTAB, and additional water must be consumed after each dose.	
Reminders	<ul style="list-style-type: none"> • Ensure you have a driver to take you home after the procedure. • Take your regular medications the day before the procedure, unless otherwise directed by our staff or your doctor. See additional instructions below for more details. 	<ul style="list-style-type: none"> • Do not take your regular medications, unless otherwise directed by our staff or your prescribing physician.

Dose 1: The evening before your colonoscopy

- **STEP 1:** Open 1 bottle of 12 tablets.
- **STEP 2:** Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount of water over 30 minutes. Take your time - slowly finish all of the 12 pills.
- **STEP 3:** DRINK ADDITIONAL WATER. Approximately 30 minutes after finishing the first container of water, fill the provided container with another 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.
- **STEP 4:** Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

Dose 2: The morning of the colonoscopy

- **STEP 1:** 6 hours prior to the colonoscopy, open the second bottle of 12 tablets.
- **STEP 2:** Repeat step 1 to step 4 from Dose 1.
- **STEP 3:** Continue to consume only clear liquids until 3 hours before the colonoscopy.

Additional clear liquids may be consumed, but you must stop drinking liquids 3 hours prior to your colonoscopy.

Please follow the instructions below rather than on the package.

Note

- SUTAB is an osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.
- Be sure to tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. SUTAB may affect how other medications work.
- Medication taken by mouth may not be absorbed properly when taken within 1 hour before the start of each dose of SUTAB.
- The most common adverse reactions after administration of SUTAB were nausea, abdominal distention, vomiting, and upper abdominal pain.
- Contact your healthcare provider if you develop significant vomiting or signs of dehydration after taking SUTAB or if you experience cardiac arrhythmias or seizures.
- If you have any questions about taking SUTAB, call your doctor.

PROCEDURE INSTRUCTIONS

GENERAL PROCEDURE INSTRUCTIONS:

Your procedure will be performed at the Boulder Medical Center, GI-Lab located on the 2nd floor at 2750 Broadway Boulder, CO 80304.

- Please check in at the reception desk in the lobby on the first floor with your insurance card.
- You will be receiving I.V. anesthesia.
- You may not drive or work the day of the procedure.
- After the procedure you will remain in the GI Lab recovery unit until you recover from sedation. On average, most patients are discharged 1.5 hours after they arrive.
- Patients who have received anesthesia may not drive for the remainder of the day. For safety and liability reasons, you **MUST** have an adult pick you up and sign paperwork at the clinic. No ride shares, bus, taxi, Uber or Lyft unless accompanied by a friend/family member.
- Please note that if you cannot provide appropriate transportation information during check in, unfortunately, we will need to cancel your procedure.
- Dignity Care or other similar medical transportation service is acceptable.
- You may be asked to stay in town for 3 days following your procedure should a polyp be removed.
- To reschedule or cancel your appointment, please call **(303) 440-3216**.
- Please be aware that **cancellation of your appointment must be made at least TWO (2) business days** in advance in order to avoid a cancellation charge of \$250.
- If you have any medical questions about the instructions, please call the GI Lab at (303) 440-3223.

INSURANCE COVERAGE

Pre-Certification vs. Covered Benefit vs. Covered Payment:

Pre-certification is a requirement for most insurers, notifying them that a medical procedure is being scheduled. This gives them the opportunity to deny the procedure if they choose.

Pre-certification of this procedure with your insurer will be performed by our office. Pre-certification does **NOT** determine that a medical procedure is a "covered benefit" under your particular policy. While your insurer may grant a "pre-approval" based on information submitted through our pre-certification, this is **NOT** a guarantee as to how much of the procedure will be paid for by your insurer, and how much will be due from you. Ultimate coverage of the procedure and payment due from the patient for these GI procedures are often not known until after the procedure is performed. A procedure that starts out as a routine screening may become a diagnostic procedure, and vice versa, depending on what the physician finds and does during the procedure. Therefore, we cannot tell you in advance, with certainty, whether your procedure will be considered a screening or a diagnostic procedure by your insurer, and ultimately how much the procedure may cost.

Your procedure will be performed using the services of an anesthesiologist who will bill your insurance for you. Boulder Medical Center recommends that you contact the anesthesia group to verify they are contracted with your insurance. Once the procedure has been completed, you will receive a separate bill from the anesthesia group.

***** Please call your insurance company with any questions you may have concerning coverage and payment. *****

Medicare patients: We do have benefit information available, but you may still need to call your secondary carrier.

Medicare has very specific rules as to timing of colonoscopy procedures. Please be sure yours will be a "covered benefit" by calling 1-800-MEDICARE.

If you wish to proceed with a test that is not a covered benefit, then you will be asked to sign a waiver accepting personal responsibility for payment.

MEDICATIONS

Take:

- * Blood Pressure: Please take meds ending in 'olol' the morning of the procedure.
Examples: Metoprolol, Atenolol, Labetolol

**** Please hold all other medications the day of the procedure. ****

Do NOT Take:

- * Blood Pressure: Do NOT take meds ending in 'pril' or 'sartan' the day of the procedure.
Examples: Lisinopril, Losartan
- * Blood thinners: If you can, stop taking blood thinning medications 5 days before the procedure.
Examples: Coumadin (Warfarin), Clopidogrel (Plavix), Aspirin, NSAIDS (Advil, Aleve, Ibuprofen)
If you have any concerns, please contact your prescribing physician for instructions on when to stop taking these medications.
- * Weight loss/diabetes medications: GLP -1 agonist medications such as Dulaglutide (Trulicity), Exenatide extended release (Bydureon BCise), Exenatide (Byetta), Semaglutide (Ozempic), Liraglutide (Victoza, Saxenda), Lixisenatide (Adlyxin), Semaglutide (Rybelsus), or Mounjaro **must** be stopped 2 weeks prior to your procedure. Please ask your primary care provider if they want you to take an alternative medication during this time, especially if you are taking the medication for diabetes.
- * Eliquis (Apixiban) may be stopped 2 days before your procedure.
- * Diet Pills/Stimulants: Please stop 2 weeks prior to the procedure. Example: Phentermine
- * Diuretics: Stop taking "water" or "fluid" pills the day of the procedure, or consult your prescribing physician.
Examples: Lasix, Hydrochlorothiazide (HCTZ), Bumex
- * Iron pills: Stop 7 days prior to your procedure.
- * Fish Oil: Stop 7 days prior to your procedure.
- * Marijuana: Please do not take Marijuana, in any form, 24 hours before the procedure.
- * Smoking: Please do not smoke anything 24 hours before the procedure.
- * Diabetes:
If you take a pill to lower your sugar, do NOT take it on the day of your procedure.
If you are taking insulin (R), do NOT take it on the day of your procedure.
If you are taking long-acting insulin (NPH), you should take HALF of your prescribed dose on the morning of your procedure.
If you are taking any other insulin preparation such as Lantus, Humalog, or 70/30 insulin, please contact your prescribing physician for instructions.

**If you have any questions concerning your medications,
please contact your prescribing physician for specific instructions.**

**** NOTIFY THE OFFICE immediately if you have had a bad experience with sedation in the past. ****

FAQs for Procedures at Boulder Medical Center

1. What is the different between a screening colonoscopy and a diagnostic colonoscopy?
 - a. The colonoscopy procedure itself is mostly the same. However, the REASON for the colonoscopy is different. A screening colonoscopy is similar to getting mammograms or prostate checks; it is done at a certain age because your risk for colon cancer increases as you age. Since most colon cancers grow from colon polyps, and colon polyps do not cause symptoms (meaning you would not know you have any polyps), we look in everyone's colon for polyps. If we find polyps, we remove them to prevent those polyps from growing into a cancer.
 - b. A diagnostic colonoscopy is any colonoscopy that does not qualify for screening. This includes a colonoscopy for any symptom (rectal bleeding, diarrhea, weight loss, Crohn's disease, ulcerative colitis, IBS, etc.) or for a positive colon cancer screening test (Cologuard, FIT, FOBT, CT colonography). The reason for the colonoscopy can change what your doctor does (take biopsies, band hemorrhoids). You will have time to speak with your doctor in the pre-operative area prior to your procedure to go over this.
2. How is a screening colonoscopy different from a diagnostic colonoscopy with my insurance plan?
 - a. A screening colonoscopy (CPT code 45378) uses the ICD-10 code Z12.11 and typically will fall under the preventative health portion of your insurance company. Most insurance companies fully cover the cost of preventative health services. There may be a cost to you for the anesthesia services or lab services if your doctor removes polyps/takes biopsies because the procedure then is considered diagnostic. To qualify for a screening colonoscopy, you must fall between the ages of 45-75, have no symptoms or family members with colon cancer, and your last colonoscopy must be at least 10 years ago. You can call your insurance company with the codes listed above to see exactly how your insurance plan covers this.
 - b. A diagnostic colonoscopy (CPT code 45378) can use many different codes. Common ICD-10 codes are: Z80.0 Family history of colon cancer, Z86.010 Personal history of colon polyps, R19.5 Positive cologuard/FOBT/FIT testing. If you have had a prior SCREENING colonoscopy and had precancerous polyps removed, any subsequent colonoscopy is typically considered a DIAGNOSTIC colonoscopy with your insurance plan! If your colonoscopy is being done for any symptom, then it will be considered diagnostic. If your colonoscopy is being done before the age of 45, then it will be considered diagnostic. If your colonoscopy is being done prior to every 10 years, it will most likely be considered diagnostic.
3. The prep for my colonoscopy is making me nauseous, what can I do?
 - a. Nausea is very common with all of the colon preps. BMC uses mostly SuTab. To help reduce nausea with this medication you should avoid taking all the tablets at once. We recommend you take 1 tablet every 2-3 minutes with water to help reduce any nausea. If you have taken a different prep in the past and prefer to use that again, please call our office during business hours (Monday-Friday 8AM thru 430 PM) and a different one can be sent in to your pharmacy. We cannot call in a different prep outside of business hours.
4. I threw up some of the prep for my colonoscopy, what should I do?
 - a. As nausea is common with all colon preps, vomiting can be too. Since it is impossible to know how much of the prep you threw up, we recommend you wait for 2 hours after completing the dose of prep to see if you start having bowel movements. If you are having several bowel movements within 2 hours of taking the prep, then you likely retained enough of the medication to work effectively. If you do NOT start having bowel movements within 2 hours of completing that dose, we recommend you go to a pharmacy (CVS/Walgreens/etc) and get 2 bottles of

Magnesium Citrate or 4-6 doses of Miralax and take them immediately. Repeat this process if you also vomit after the morning dose of the colon prep.

5. The prep instructions in the SuTab do not match the instruction from BMC. Which one should I follow?
 - a. Please follow the instructions sent to you from BMC. The SuTab instructions tell you that eating breakfast the day before is ok. We DO NOT want you to eat breakfast the day before as this tends to cause you to not clean out all of the way.
6. I am having a hard time swallowing the SuTab pills, can I crush them?
 - a. The SuTab pills can be less effective if you crush them. We would advise you against crushing the pills. Cutting them in half seems to be fine, however, if you do not start having bowel movements within 2 hours after completing the dose, see instructions for Magnesium citrate described in #4.
7. If I have polyps removed or biopsies taken, which lab are these being sent to so I can make sure the lab used is in-network with my insurance?
 - a. Dr. Levine uses the pathology lab with GI of the Rockies
 - b. Dr. Blanton uses the pathology lab with LabCorp
8. Which anesthesia company does BMC use so I can make sure they are also in-network with my insurance company?
 - a. All anesthesia services with the GI lab at BMC are with US Anesthesia Partners (USAP). If BMC and Dr. Blanton/Dr. Levine are in-network with your insurance company, USAP should be too.
9. If I was going to pay for my colonoscopy completely out of pocket, what would it cost me?
 - a. Facility fee: \$950
 - b. Physician fee: ranges from \$300-\$800 depending on what your physician does during the procedure.
 - c. Anesthesia fee: Please contact USAP for a quote: 833-479-0697 or patientadvocacy@usap.com
 - d. Lab services: \$200-450+ depending on lab, number of specimens taken, and diagnosis; please contact your insurance carrier with further questions on in-network labs and charges.
10. What if I am constipated at my baseline? Will my prep still work?
 - a. If you are typically constipated, the prep may not be as effective. We recommend you prepare early by taking one capful of Miralax every day for 3 days prior to your day of clear liquids to help get your bowels moving.
11. I took my prep, it has been 2 hours, and I have not started having bowel movements. What should I do?
 - a. We recommend you take magnesium citrate or Miralax to supplement your prep. Please see #4 for full instructions on how to take the magnesium citrate or Miralax.