

GASTROENTEROLOGY

(303) 440-3223



Flexible Sigmoidoscopy Procedure Instructions

Please carefully read through the instructions below to prepare for your procedure. If you have questions, please call us at (303) 440-3223, Mon - Fri 8am - 4:30pm.

You will receive an automated phone call, text, and email one week before your procedure prompting you to review the instructions below.

Your procedure will be performed at the Boulder Medical Center Ambulatory Surgery Center located on the 2nd floor at 2750 Broadway in Boulder.

TIMELINE

- **Morning of your exam:** Eat regularly. Take your medications.
- **One hour prior to exam:**
 1. Give yourself the first Fleet enema - **hold as long as possible**, then expel
 2. Immediately after, give yourself the second enema - **hold as long as possible**, then expel
- **Arrival time: 60 minutes before the procedure**
- **Departure time: 45 minutes after procedure**

INSTRUCTIONS

Upon arrival, please check in at the reception desk located in the Gastroenterology waiting room on the second floor. Be sure to bring your insurance card.

- You will be receiving intravenous (I.V.) anesthesia for your procedure.
- You may not drive or return to work on the day of your procedure.

After the procedure, you will recover in the Ambulatory Surgery Center (ASC) recovery unit until the sedation wears off. Most patients are discharged approximately 1.5 hours after arrival.

If you receive anesthesia, you cannot drive for the rest of the day. For your safety and due to liability reasons, an adult must pick you up in person and sign discharge paperwork before you can leave the facility. **Rideshare services (Uber, Lyft), taxis, or buses are not permitted** unless you are accompanied by a friend or family member. Medical transportation services such as Dignity Care are acceptable alternatives. If you are unable to provide appropriate transportation details at check-in, **your procedure will be canceled.**

In the event a polyp is removed, you may be advised to remain in town for up to three days following the procedure.

Reschedule or Cancellations

To reschedule or cancel your appointment, please call (303) 440-3216. Cancellations must be made **at least two (2) business days (48 hours) before the procedure** to avoid a \$250 cancellation fee.

For medical questions related to your procedure or preparation instructions, contact the ASC at (303) 440-3223.

Insurance Coverage

If the sigmoidoscopy is being performed to evaluate a problem or symptoms, or if a problem is found, your insurer will generally cover the charge.

- Medicare will pay for a screening sigmoidoscopy (if done as part of a physical examination) once every four years.
- Many insurers may decline to pay for sigmoidoscopies done for routine colon cancer screening where no disease is discovered. Our office can provide you with the cost of the procedure.

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 policy.

Although your insurance provider may issue a "pre-approval" based on the information submitted during our pre-certification process, **this does not guarantee how much of the procedure will be covered or how much you may be responsible for paying.** Final coverage and out-of-pocket costs for GI procedures are often not determined until after the procedure is completed.

A procedure initially scheduled as a routine screening may be classified as diagnostic—or vice versa—depending on the findings and actions taken by the physician during the procedure. As a result, we are unable to confirm in advance whether your insurance will categorize your procedure as screening or diagnostic, or what the exact cost to you will be.

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.

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

Understanding a Flexible Sigmoidoscopy

Flexible sigmoidoscopy is the visual inspection of the last 60 cm of the rectum and colon, using a thin, flexible instrument equipped with a light source. The endoscope is designed with an inner channel which permits the collection of biopsies and removal of polyps when indicated.

Sigmoidoscopy is an integral part of routine colon cancer screening and is also useful for evaluating lower colon lesions.

Procedure

The procedure is performed in the procedure room. Using dial control to maneuver the instrument, the endoscope is advanced from the rectum through the curved initial portion of the large bowel, and, in most cases, the full 60 cm can be inserted.

The procedure usually takes approximately 5 minutes. Patients may resume normal activities immediately after the procedure.

Pain

Patients may experience mild discomfort, and cramping may be felt during the exam. There is no anesthesia used for this exam.

Results

The findings will be reviewed with you at the completion of the procedure before leaving the office. If biopsies are taken, the results should be available in 1 week.

Risks

There are two potential complications: bleeding and perforation of the colon. The risk of any complications occurring is extremely low — less than 1 in 2,000. Most complications can be safely managed medically, although surgical intervention can occasionally be required.

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General Procedure Instructions

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Transportation

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If you are unable to provide appropriate transportation details at check-in, your procedure will be canceled. To reschedule or cancel your appointment, please call (303) 440-3216.

Recovery

After the procedure, you will recover in the Ambulatory Surgery Center (ASC) recovery unit until the sedation wears off. Most patients are discharged approximately 1.5 hours after arrival.

In the event a polyp is removed, you may be advised to remain in town for up to three days following the procedure.

Cancel or Reschedule

Cancellations must be made at least two (2) business days (48 hours) before the procedure to avoid a \$250 cancellation fee.

If you have medical or preparation instruction questions, contact us at (303) 440-3223.

Medications

Please follow the timeline below for stopping certain medications before your procedure. If you have any questions about stopping a medication, contact your prescribing provider.

Parkinson’s medications: Continue usual dosing, **timed with prep** for proper absorption.

When to Stop	Which Medications	Examples
7 Days Before Procedure	GLP-1 / Semaglutide medications	Ozempic, Wegovy, Zepbound, Rybelsus
	Diet pills / stimulants	Phentermine
	Iron supplements	
	Fish oil / omega-3 supplements	
5 Days Before Procedure, if approved by prescribing provider	Blood thinners	Warfarin (Coumadin), Clopidogrel (Plavix), Aspirin
	NSAIDs	Advil, Aleve, Ibuprofen
3 Days Before Procedure	SGLT2 inhibitors (gliflozins)	Jardiance, Farxiga
2 Days Before Procedure	Eliquis	Apixaban
24 Hours Before Procedure	Half the usual dose of long-acting insulin	Lantus
	Stimulants	Adderall
	Marijuana in any form	
	Smoking of any kind	
Day of Procedure	Blood pressure medications ending in “-pril” or “-sartan”	Lisinopril, Losartan
	Diuretics (“water pills”)	Lasix, Hydrochlorothiazide (HCTZ), Bumex
	Diabetes pills used to lower blood sugar**	Metformin
	Short-acting insulin	Regular / R insulin
	Benzodiazepines	Continue usual dose if taken regularly, but the patient must be able to consent for anesthesia

**Contact your prescribing physician before stopping these medications if they were prescribed for a medical condition.

Medications You CAN Take the Morning of Your Procedure

- Thyroid medications
- Anti-epileptic medications
- Long-term steroid medications
- Inhalers (maintenance and rescue)
- PPI's (omeprazole (prilosec), pantoprazole (protonix), esomeprazole (nexium))
- Beta blockers (medications ending in "-olol" such as Metoprolol, Atenolol, Labetalol)

Please refrain from taking all other medications on the day of the procedure unless otherwise instructed by your provider.

About the Procedure

Screening vs Diagnostic Colonoscopy

The colonoscopy itself is mostly the same. However, the REASON for the colonoscopy is different. A screening colonoscopy is like getting mammograms or prostate checks; it is done in everyone 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 cancer.

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.

Insurance Coverage for Screening vs Diagnostic

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 be between the ages of 45-75, have no symptoms or family members with colon cancer, and your last colonoscopy must have been at least 10 years ago. You can call your insurance carrier with the codes listed above to find out how your insurance plan covers this.

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 by your insurance carrier. 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 done prior to every 10 years, it will most likely be considered diagnostic.

Dealing with Nausea

Nausea is quite common with all the colon preps. To help reduce nausea with a medication you should avoid taking all it at once. We recommend you take a pill every 2-3 minutes with water to help reduce any nausea.

No Bowel Movements After Prep

If you took your prep and it has been 2 hours and you have not started having bowel movements, you take magnesium citrate or Miralax to supplement your prep. Please see the next section for full instructions on how to take the magnesium citrate or Miralax.

Vomiting Prep

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 have several bowel movements within 2 hours of taking the prep, then you have most likely retained enough of the medication to work effectively.

If you do NOT start having bowel movements within 2 hours of completing that dose, 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.

Prep Instructions

Please follow the instructions sent to you from BMC. We **DO NOT** want you to eat breakfast the day before as this tends to cause you to not clean out all the way.

Constipation

If you are typically constipated, the prep may not be as effective. We recommend you prepare early by taking 1 capful of Miralax every day for 3 days prior to your day of clear liquids to help get your bowels moving. A low fiber diet beforehand may be helpful as well.

Costs and Insurance Coverage

Lab Service

If you would like to check your insurance coverage for lab work, our providers use LabCorp pathology lab.

Anesthesia Service

All of our anesthesia services are provided by Physician Anesthesia Services (PAS). If Boulder Medical Center and your provider are in-network with your insurance company, the anesthesia service should be too. If you have questions about coverage, call (303) 309-0348.

Out of Pocket Cost (without insurance)

- **Facility fee:** \$950
- **Physician fee:** ranges from \$300-\$800 depending on what the physician does during the procedure.
- **Anesthesia fee:** Call Ventra Health for estimates at (303)309-0348
- **Lab services:** The cost to the patient **per specimen** for a GI procedure if not billed through insurance is around \$200.

Please contact your insurance carrier if you have questions about in-network labs and charges.

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 policy. Although your insurance provider may issue a "pre-approval" based on the information submitted during our pre-certification process, this **does not guarantee how much of the procedure will be covered or how much you may be responsible for paying. Final coverage and out-of-pocket costs for GI procedures are often not determined until after the procedure is completed.**
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- Your procedure will be performed using the services of an anesthesiologist who will bill your insurance for you. You can contact the anesthesia group to verify they are contracted with your insurance. You will receive a separate bill from the anesthesia group after the procedure.
- 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.

Medicare

We have Medicare 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.

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