

Colonoscopy Prep

Pre-Procedure Instructions

WHAT IS AN ENDOSCOPY/COLONOSCOPY?

- An endoscopy is a common outpatient procedure that lets your doctor look at the inside lining of your gastrointestinal tract (stomach, intestine and/or colon) using a long flexible tube. If necessary, a tissue sample (biopsy) or removal of a growth (polyp) may be performed during the procedure.
- On the day of your procedure, you will change into a hospital gown and meet your care team. A nurse will start an intravenous line (IV). The IV will be used to give you fluids and medicine.
- Prior to the procedure starting, you will lay on the left side of your body. You will then receive medication to make you comfortable, unaware or fall asleep during the procedure. Once you are sedated, a lubricated tube will be advanced through your mouth and/or anus and into your GI tract. Your care team will monitor you during the procedure to ensure you are safe and comfortable.
- The doctor will administer air, CO2 or water into intestines during the procedure to help see the lining. There may be some temporary bloating or abdominal cramping associated with this process.
- If any tissue or polyps are removed during the procedure, they will be sent to the laboratory for analysis. These additional steps do not usually cause discomfort.
- The procedure takes approximately 30 minutes. However, you should plan to be in the endoscopy center for at least several hours. The total time includes time needed for registration, procedure preparation, the actual procedure and monitored recovery.

WHAT TO EXPECT POST-PROCEDURE

- Most patients do not remember any of the procedure. You may have some temporary bloating or cramping and feel the need to pass gas after the procedure.
- After the procedure, you will be monitored in the recovery area until the effects of the sedating medication wear off. Your care team will discuss the procedure findings and follow-up plan. If any tissue was removed during the procedure, these results may not be available for up to a week following your discharge.
- A companion must be available to accompany you home from the procedure since the sedation will impair your reflexes and judgment. For the remainder of the day, you should not drive a car, operate machinery, go to work, or make important/legal decisions.
- Complications are rare (less than one in 1,000 examinations), but include reactions to medication, perforation (tearing) of the intestine and bleeding which sometimes requires urgent treatment or surgery. Inform us immediately and/or seek emergent medical care if you have any severe pain, black tarry stools or bleeding, or fever/chills in the hours or days after the procedure.

7 DAYS BEFORE PROCEDURE

START LOW RESIDUE DIET.

- ☐ NO nuts, seeds, popcorn/corn, whole grain products, raw veggies, high fiber products, pulp
- ☐ See “low residue diet” page for details.

STOP ALL BELOW THAT APPLY.

- ☐ Iron supplementation and any non-prescription over-the-counter supplements
- ☐ Fiber supplementation (Metamucil, Citrucel, Benefiber)
- ☐ GLP-1 medication (See GLP-1 medication list) if taking weekly
- ☐ **STOP** blood thinning medications (see blood thinner medication list) at interval instructed by your doctor/ care team. You do not need to stop 81 mg Aspirin.

IF YOU ARE DIABETIC:

- ☐ Ask your prescribing doctor for instructions on how to manage your diabetic medications for the procedure.

PICK UP ITEMS FROM PHARMACY.

Pick up prescription prep at pharmacy (if you have not previously set up delivery with specialty pharmacy service). Please notify your physician if there are any issues with your prescription)

4 DAYS BEFORE PROCEDURE

- ☐ **STOP** any SGLT-2 inhibitor medications (see SGLT-2 medication list)

1 DAY BEFORE PROCEDURE

- ☐ **Drink clear liquids all day (see clear liquid diet section below). NO SOLID FOOD.**
- ☐ At **6 pm**, drink half of your prescription bowel prep.
- ☐ Take the OTHER HALF of the prescription bowel prep **4 hours** before your procedure **ARRIVAL** time.
- ☐ After midnight the night before your procedure, you may not drink anything besides water, Gatorade, or apple juice.

IF YOU ARE DIABETIC:

- ☐ Follow the instructions that your prescribing doctor gave you for your diabetes medications.

IF TAKING GLP-1 MEDICATION (see GLP-1 medication list):

- ☐ **STOP** taking your GLP-1 medication 1 day prior to procedure if this is taken daily.

CLEAR LIQUID DIET

Drink clear liquids all day. If you cannot see through the liquid in a glass, it is not clear.

✗ No solid food ✗ No milk or cream ✗ No alcohol ✗ No pulp

Examples of Clear Liquids

Water/clear broth	Crystal Light
Apple juice (no pulp)	Iced tea
Plain Jello/Popsicles (not red or purple)	Gatorade (not red or purple)
Sodas (7UP, Sprite, Ginger Ale)	Coffee/tea (without milk or creamer)

DAY OF PROCEDURE

- ☐ **NO FOOD. NO CANDY. NO GUM.**
- ☐ You may drink water, Gatorade or apple juice (without pulp) up until **2 hours before the ARRIVAL time**. You may not drink any other liquids.
- ☐ **After 2 hours before ARRIVAL time**, you cannot drink anything.
- ☐ You can take your usual scheduled (non GLP-1, non-SGLT-2, non blood thinner) prescription medications (i.e. blood pressure or thyroid) with small sips of water.
- ☐ If you are diabetic, follow the instructions that your prescribing doctor gave you for your diabetes medication.

GLP-1 MEDICATIONS LIST

GLP-1 medications are medications taken for diabetes or weight loss that can slow stomach emptying, leading to retained food in the stomach. Having retained food in the stomach can make your endoscopy ineffective or unsafe. If you are taking any of the following medications below, you will need to stop them before your endoscopy to help prevent this from happening.

You will also need to be on a clear liquid diet only (no solid food) for 24 hours prior to the procedure. If you take a GLP-1 medication for diabetes, please let your prescribing doctor (doctor who writes your GLP-1 prescriptions) or endocrinologist (diabetes doctor) know that you need to stop this medication before your endoscopy. They may want you to take a different medication during that time to prevent your blood sugars from getting high before the procedure.

If you are taking any of these medications weekly, you will need to stop them 7 days before the procedure.

- Dulaglutide (Trulicity)
- Exenatide ER (Bydureon BCise)
- Semaglutide (Ozempic, Wegovy)
- Tirzepatide (Mounjaro)
- Tirzepatide (Zepbound)

If you are taking any of these medications daily, you will need to stop them 1 day before the procedure.

- Exenatide IR (Byetta)
- Liraglutide (Victoza and Saxenda)
- Pramlintide (Symlin)
- Semaglutide tablet (Rybelsus)
- Lixisenatide (part of Soliqua or Adlyxin)

SGLT-2 MEDICATIONS LIST

Sodium-glucose cotransporter-2 inhibitors (SGLT-2 inhibitors) are medications that may be prescribed for diabetes, kidney disease, or heart failure. These medications may cause life threatening complications if they are not stopped prior to your procedure. **It is important that you STOP taking these medications 4 days before your procedure if you are taking them. Please see the list below.** After your procedure, you should wait to restart these medications until *AFTER YOUR FIRST MEAL*.

STOP THESE MEDICATIONS 4 days BEFORE YOUR PROCEDURE:

Canagliflozin (Invokana)	Qtern	Invokamet
Dapagliflozin (Farxiga)	Qternmet	Sotagliflozin/Inpefa
Empagliflozin (Jardiance)	Synjardy	Stegluromet
Ertugliflozin (Steglatro)	Trijardy	Steglujan
Bexagliflozin (Brenzavvy)	Glyxambi	Xigduo XR

BLOOD THINNER MEDICATIONS LIST

If you are on medications to thin your blood, this can cause bleeding during or after your endoscopy. In most cases (unless your doctor tells you otherwise), your doctor will want you to stop these medications prior to your endoscopy.

If you are on any of the following medications below, please make sure to let your gastroenterology team and prescribing physician know (if they are not already aware), so they can tell you when to stop these medications. **You do not need to stop 81 mg Aspirin.**

Lovenox (Enoxaparin)	Edoxaban (Savaysa)	Clopidogrel (Plavix)	Acenocoumarol (Sinthrome)
Dalteparin (Fragmin)	Dabigatran (Pradaxa)	Prasugrel (Effient)	Dipyridamole (Persantine)
Fondaparinux (Arixtra)	Desirudin (Iprivask)	Ticlopidine (Ticlid)	Iprivask/Desirudin
Rivaroxaban (Xarelto)	Warfarin (Coumadin/Jantoven)	Ticagrelor (Brilinta)	Aggrenox (Dipyridamole/ aspirin)
Apixaban (Eliquis)	Cilostazol (Pletal)	Vorapaxar (Zontivity)	Innohep (Tinzaparin)

LOW RESIDUE DIET (Start 7 days prior)

	FOODS ALLOWED	FOODS TO AVOID
Breads/Grain	White bread/rolls, plain pastries (white flour, no seeds), plain pancakes, plain waffles, plain crackers (saltines), white rice, white pasta, cream of wheat, corn flakes, rice krispies, pita bread, plain white biscuits, plain white bagels, plain muffins (not bran), tortillas, Cheerios, Corn Chex, Special K, Ruffed Rice	NO whole grain product of any kind, wheat bread, rye bread, wheat pasta, rolled oats, bran, granola, anything with seeds/nuts/dried fruit, anything with high/added fiber, crackers with seeds, whole grain/high fiber cereal (ie raisin bran, shredded wheat, granola), brown/wild rice, oatmeal, quinoa, cornbread, graham crackers, pumpernickel, buckwheat
Vegetables	Canned/cooked soft veggies without skin/peel (ie peeled carrots/mushrooms/green beans), strained vegetable juice, potatoes without skin, cucumbers without skins/seeds, cooked kale without stems, tomatoes if no skin or seeds, spinach leaves without stems, cooked asparagus tips	NO corn, peas, beans (kidney, pinto, garbanzo, chickpea, collards), turnip, lentils, legumes, sauerkraut, most raw vegetables, any vegetable (even cooked) with seeds/skin, potatoes with skin, cucumbers with skins/seeds, tomatoes with skin/seeds, cabbage, Brussel sprouts, squash, lima beans, onions, pickles, olives, whole asparagus, green beans, salad, eggplant, carrots, yams, zucchini, squash, celery, peppers, any broccoli (even cooked), cauliflower, scallions, beets, artichokes
Fruits	Applesauce, canned fruit cocktail, banana, canned or cooked fruit without skins/seeds, ripe cantaloupe/honeydew, peeled peach/pears, apples without skins, fruit juice without pulp, melon without seeds	NO dried fruit, raisins, dates, figs, plums, apples with skins, any berries, kiwi, grapes, anything with seeds or pulp or skin/membranes, pineapple, oranges, watermelon, strawberries, prunes, coconut, orange juice, grapefruit juice, V8, prunes/prune juice
Milk/Dairy	Milk, cream, plain yogurt, buttermilk, cheese (without fruit/seeds), sour cream, cottage cheese, hot chocolate, ice cream, coconut/almond milk, custard	NO yogurt with fruit/seeds/berries/granola/nuts, cheese with fruit/seeds/nuts, blue cheese
Misc.	Smooth peanut butter, jelly, honey, syrup, pepper, coffee, mayonnaise, butter, smooth almond butter, syrup, boost/ensure (without added fiber), thin mustard (without seeds), soy sauce, vinegar, chocolate, butter, lean meats without added fat (beef, fish, lamb, pork, chicken), tofu, eggs	NO popcorn, chunky peanut butter, seeds/nuts (chia, sesame, quinoa, flax, pumpkin, sesame, sunflower, fennel, peanuts, almonds, walnuts, etc), chili, jam/marmalade, relish, stone-ground mustard, tough or chewy/gristly meat, fried meat, sausage, bacon, hot dogs, lunch meat

If you have questions about food items not mentioned in the above lists, you may find additional references for low fiber/low residue colonoscopy diet online.

UNDERSTANDING YOUR HEALTH INSURANCE

At AdventHealth we strive to provide the highest quality health care services to our patients. As part of our commitment to transparency and ensuring that you have a clear understanding of your insurance coverage, we want to take a moment to explain some key insurance terms that you may come across.

1. Copayment (Copay)

A copayment is a fixed amount that you, as a patient, are required to pay for certain health care services. The copay amount is determined by your insurance plan and may vary depending on the type of service or medication. Please refer to your insurance policy for specific copay details.

2. Coinsurance

Coinsurance is the percentage of the total cost of a health care service that you are responsible for paying after your deductible has been met. The remaining percentage is typically covered by your insurance company. The coinsurance percentage is outlined in your insurance policy.

3. Deductible

A deductible is the amount you must pay out of pocket before your insurance coverage kicks in. Once you reach your deductible amount, your insurance company will start covering a portion or all the eligible health care expenses as defined by your policy.

4. Out-of-pocket Maximum

The out-of-pocket maximum is the highest amount you will have to pay for covered services in each policy period. Once you reach this limit, your insurance company will typically cover 100% of the costs for eligible services.

5. Prior Authorization

Prior authorization is a process in which your health care provider seeks approval from your insurance company before certain services or medications can be covered. It is important to understand which services require prior authorization to avoid any unexpected expenses.

We understand that navigating the complexities of insurance terms can be overwhelming. If you have any questions or need further clarification regarding your insurance coverage, reach out to our billing department or contact your insurance provider directly.

Patient financial services: 855-241-2455 | Pre-registration: 407-303-0519

**Thank you for choosing AdventHealth for your health care needs.
We value your trust and look forward to serving you.**