



401 Roxbury Rd. Rockford IL 61107

Instructions for SUPREP Prep

****Do not take this preparation if you have chronic kidney, heart, or liver disease**

Obtain from the pharmacy or store:

SUPREP prescription sent to pharmacy
Three 5mg Dulcolax (Bisacodyl) tablets, sold over the counter.
Ondansetron ODT, prescription, sent to pharmacy

Medication Instructions:

1. Please notify us if you are a diabetic or are on any blood thinning medications. Your medication will need adjustment during the prep and procedure period.
2. Do not take these medications for **7 days before your procedure**:
 - Iron supplements. Pills containing oils such as fish oil, Vitamin E, castor oil.
 - Any injectable or pill medication classified as a GLP-1. (Ex: Ozempic, Wegovy, Trulicity, Mounjaro)
3. Do not take these medications for **3 days before your procedure**:
 - Any oral medication classified as SGLT2. (Ex: Farxiga, Jardiance).

Failure to hold these medications may result in the cancellation of your procedure.
4. Please continue to take baby aspirin (aspirin 81mg) and all other prescription medications.
5. Do not take oral medications within 1 hour of starting SUPREP. If taking antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications >2 hours before or >6 hours after SUPREP.

Prep Instructions:

1. **5 days before your procedure** – Start a low residue diet. No raw vegetables, nuts, seeds, corn, or popcorn. Fruits with skins removed and steamed vegetables are ok. Hold all fiber supplements.
2. **1 day before your procedure**
 - A. **Drink ONLY clear liquids all day**. Do not drink any red liquids. No solid food or milk products. Examples: tea, black coffee, water, apple juice, broth, soda, popsicles, Jell-O, Gatorade, Crystal Light.
 - B. **4:00 p.m.** Take all 3 Dulcolax tablets at one time.
 - C. **5:00 p.m.** Pour the contents of one bottle of Suprep into the mixing container provided. Add drinking water to reach the 16-ounce fill line and drink the entire amount over 15-30 minutes. Drink an additional 32 oz. (2 full containers) of water over the next 1 hour. You may drink extra clear liquids if you wish. You may pause for up to one hour if you become nauseated and use ondansetron prescription as needed. Stay near a restroom. You may not see results until after your second dose.
3. **Day of procedure**
 - A. **5 hours before arrival time** – Pour the contents of the second bottle of Suprep into the mixing container provided. Add drinking water to reach the 16-ounce fill line and drink the entire amount over 15-30 minutes. Drink an additional 32 oz. (2 full containers) of water over the next 1 hour. You may drink extra clear liquids if you wish. Do not drink any liquids within 3 hours of your arrival time.

The goal for your bowel prep is to have thin yellow-tinged liquid output without solid sediment. If you are still having solid output, please contact our office the morning of your procedure for further instructions.

Date of Procedure: _____ **Arrival Time:** _____.

You must have a driver who is able to bring you to the procedure and stay with you for the duration of your visit.
If your driver must leave for any reason, your procedure will be canceled.

Please call our office at 815-397-7340 if you have any questions. If after 4:30 P.M. please ask for the provider on-call.

Learning About Colonoscopy

What is a colonoscopy?

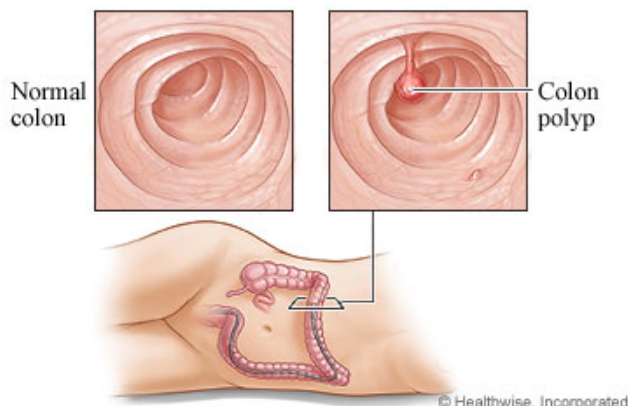
A colonoscopy is a test (also called a procedure) that lets a doctor look inside your large intestine. The doctor uses a thin, lighted tube called a colonoscope. The doctor uses it to look for small growths called polyps, colon or rectal cancer (colorectal cancer), or other problems like bleeding.

During the procedure, the doctor can take samples of tissue. The samples can then be checked for cancer or other conditions. The doctor can also take out polyps.

How is a colonoscopy done?

This procedure is done in a doctor's office or a clinic or hospital. You will get medicine to help you relax and not feel pain. Some people find that they don't remember having the test because of the medicine.

The doctor gently moves the colonoscope, or scope, through the colon. The scope is also a small video camera. It lets the doctor see the colon and take pictures.



How do you prepare for the procedure?

You need to clean out your colon before the procedure so the doctor can see your colon. This depends on which "colon prep" your doctor recommends.

To clean out your colon, you'll do a "colon prep" before the test. This means you stop eating solid foods and drink only clear liquids. You can have water, tea, coffee, clear juices, clear broths, flavored ice pops, and gelatin (such as Jell-O). Do not drink anything red or purple.

The day or night before the procedure, you drink a large amount of a special liquid. This causes loose, frequent stools. You will go to the bathroom a lot. Your doctor may have you drink part of the liquid the evening before and the rest on the day of the test. It's very important to drink all of the liquid. If you have problems drinking it, call your doctor.

Arrange to have someone take you home after the test.

What can you expect after a colonoscopy?

Your doctor will tell you when you can eat and do your usual activities.

Drink a lot of fluid after the test to replace the fluids you may have lost during the colon prep. But don't drink alcohol.

Your doctor will talk to you about when you'll need your next colonoscopy. The results of your test and your risk for colorectal cancer will help your doctor decide how often you need to be checked.

After the test, you may be bloated or have gas pains. You may need to pass gas. If a biopsy was done or a polyp was removed, you may have streaks of blood in your stool (feces) for a few days. Check with your doctor to see when it is safe to take aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs) again.

Problems such as heavy rectal bleeding may not occur until several weeks after the test. This isn't common. But it can happen after polyps are removed.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

DRIVER POLICY: YOUR DRIVER MUST STAY

For your safety, Rockford Gastroenterology Associates requires that patients who have had sedated procedure be discharged in the company of a responsible adult. The expectation is that your responsible adult remains in the facility throughout your procedure.

An individual that you have identified will be responsible for getting you home by car, taxi, or bus.

If ordered by your physician, a responsible adult will also need to stay with you for up to 12 hours after the procedure.

If your responsible adult should need to leave our facility for any reason, please be advised that your procedure may be canceled.

Please communicate and share this information with the individual you have chosen. We understand that this may be difficult to arrange, however, your safety is our priority.

Thank you for your cooperation in this matter.

MOST OFTEN ASKED QUESTIONS FOR SEDATED PROCEDURES

1. Can I take my regularly prescribed medications before my procedure?

Yes. You may take your prescription medications including blood pressure medicines and aspirin. You should have received specific instructions if you take Coumadin, Plavix, Pradaxa, Xarelto, Pletal, Arixtra, Effient or diabetic medications.

For **7 days prior** to a **colonoscopy**, you should not take vitamins containing iron, fish oil, Vitamin E and castor oil.

2. What if the colonoscopy prep makes me nauseated (sick) or I begin to vomit?

Stop drinking the prep for 1 to 1 1/2 hours to help your stomach relax. Then start drinking it again. **The doctor cannot see the lining of the colon well if you do not drink ALL of the prep - so it is very important for you to DRINK ALL OF THE PREP.**

3. How soon after taking the prep can I expect results?

Typically you will see results within 1-4 hours; however, some individuals do not see results until starting the 2nd dose of prep. If you are experiencing solid stool in the AM day of procedure, please call and request to speak to a nurse.

4. What if I am still having liquid stools?

It is normal to have greenish-yellow liquid stools on the day of procedure; this may continue after arrival for procedure.

5. I will have my menses (period) when I have my procedure; can I wear a tampon?

Yes, this will not interfere with your exam.

6. What can I do if my bottom gets sore as I get ready for the colonoscopy?

This is very common. You can use fragrance free (non-alcoholic) baby wipes, Vaseline, A&D ointment, or Paladin ointment to make you more comfortable. You can apply these ointments before you start drinking your prep to prevent soreness.

7. Can I drive myself home after the procedure?

No. Your driver MUST be present throughout the appointment. You may take public transportation in the company of a responsible adult.

8. When can I return to work?

You can return to work the day after the procedure. The medication we give you for sedation will be in your system for 12 hours. We will be glad to give you a work excuse for the day of the procedure.

MOST OFTEN ASKED QUESTIONS REGARDING BILLING COVERAGE

Please contact your insurance company to verify your benefits before testing.

Verify that both Rockford Gastroenterology and Rockford Endoscopy Center are in network with your insurance plan.

Federal Tax ID#: 36-3081482

NPI # from RGA: 1447207741

NPI # for Rockford Endoscopy: 1871536763

Colonoscopy Categories

Diagnostic/Therapeutic Colonoscopy

Patient has present gastrointestinal symptoms, polyps, or gastrointestinal disease.

Diagnosis Codes: varies depending on condition - not covered under preventative/screening benefits.

Surveillance/High Risk Screening Colonoscopy

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

Preventative Colonoscopy Screening

Patient is asymptomatic (no gastrointestinal symptoms), over the age of 45, 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. Diagnosis Code: Z12.11

Your Primary Care Physician (PCP) may refer you for a "screening" colonoscopy; however, you may not qualify for the "screening" category. This is determined in the pre-procedure process. Before the procedure, you should know your colonoscopy category.

Rockford Gastroenterology Associates will bill your insurance company for our services as a courtesy to you. Please be aware that your individual health insurance policy is a contract between you and your insurance company and we are not a party to that contract. Some of our services may not be covered by your insurance policy and we will not be aware of your unique situation when we order testing or procedures for you. By presenting for care, you agree that you are responsible for all services and charges, regardless of your insurance status. If any services are rendered that are not covered by your insurance, we are not able to alter your claim, change your diagnosis, or report a service other than what was performed for the sole purpose of obtaining insurance payment. You will be responsible for payment of any balance not covered by insurance.

Because we are a specialty clinic, some insurance plans may require that you have your PCP submit referrals through them for approval (this is not a doctor to doctor referral). Your PCP will send a request directly to your insurance company for approval that will allow you to be seen at our office. This process is not required by all insurance companies.

Please check your plan requirements and proceed as follows:

- Call your insurance company to find out if you need a PCP referral
- If you do need a PCP referral, call your PCP and request that they submit a referral directly to your insurance company, referring you to our office.
- Upon approval, your insurance company will notify your PCP and Rockford Gastroenterology Associates.
- Without an approved PCP referral, your insurance company may deny payment and you will be responsible for any charges incurred.

If you have further billing questions, please contact our Patient Accounts Dept. at 815-397-7340 and choose the prompt for insurance and billing questions.

For scheduling questions, please contact our Scheduling Dept. at 815-397-7340.

You will receive separate bills for pathology and/or anesthesia administered services.

Consent for Colonoscopy

Authorization and nature of Procedure: I request and hereby authorize Dr. _____ and/or associates to perform a procedure known as COLONOSCOPY, POSSIBLE BIOPSY, POSSIBLE POLYPECTOMY, POSSIBLE TATOOING AND POSSIBLE HEMOSTATIC TECHNIQUES to control bleeding.

My doctor has explained to me that the procedure is done by inserting a long, flexible instrument into the rectum to examine the entire large intestine and, at times, the small intestine and to biopsy the lining of the colon or small intestine if any abnormality is found. Also, if a polyp is found, it may be removed by using electrocautery. Before insertion of the instrument, I may be given a sedative, intravenously. If a bleeding site is found, hemostatic techniques to stop bleeding may be undertaken.

Risks and Complications: While these risks are rare, the following may occur:

1. Intravenous sedatives can cause slowing of breathing and occasionally may even cause breathing to stop. This process can be reversed with other medications.
2. Perforation of the colon (development of a hole) may occur. The incidence is about 1 per 2000. If polypectomy is done, perforation may occur more frequently.
5. Bleeding has been reported in up to 25 per 1000 patients with polypectomy, cautery or injection of a bleeding site.
6. Other rare complications reported with colonoscopy are irregular heart beat and rupture of the spleen.
7. Deaths have been reported to occur following colonoscopy and polypectomy. Incidence is 1 per 10,000 colonoscopies and 2 per 10,000 polypectomies.
8. Adverse reactions to the preparation to include electrolyte abnormalities, dehydration, and rarely renal failure
9. Risks of phlebitis, inflammation, infection, and blood clots at the IV site may occur.
10. If the patient has poor dentition, increased risk of tooth loss is acknowledged and accepted by the patient.

Hospitalization with the possibility of surgery and possibly blood transfusions may be required if complications occur.

I acknowledge and understand from my doctor that, because no two human beings are alike, the potential risks and complications may vary considerably from person to person. For that reason, I understand that prediction of complications and risks can not be accurately made.

My doctor has explained to me, and I understand that unusual complications, not normally expected and beyond those mentioned above, can occur during this procedure, but that such complications are so infrequent that they are not usually explained to patients.

No Guarantee or Assurance: My doctor has advised me that, because of the differences that exist between human beings, both in their anatomy and in terms of their response to treatments, my doctor can give me no guarantees as to the outcome of this procedure or whether or not I will encounter any of the risks or complications, whether known or unknown, associated with this procedure. Additionally, no test is 100% capable of locating abnormalities. I do understand that this test can miss abnormalities, including cancers,, although the chance is small. Furthermore, the exam may not be completed due to anatomic, technical, or other considerations at the discretion of the physician performing the exam. Recognizing that there is a failure to diagnose, potential further testing may be warranted at some point, and I must report any persistent or unusual symptoms to my physician to better guide detection for lesions which conceivable may be missed despite the best technical performance by my gastroenterologist.

Alternative Treatments/Procedures: My doctor has advised me that there are alternatives to this procedure which may include:

1. X-ray or other imaging techniques
2. Surgery
3. No Test

Other Operations and/or Procedures: I understand that during the course of the procedure, the performance of other operations or procedures, in addition to, or different from those now contemplated, may become necessary in the medical judgement of the above named physician or his associates, and I authorize such physician or his associates to perform such other procedures as he deems necessary within the exercise of sound medical judgement.

SEDATION / ANALGESIA: I consent to the administration and such medications as may be considered necessary or advisable by the physician responsible for this service. I understand that I will be fully awake, but sedated. I also understand that I could possibly require assistance in breathing (breathing tube) or other forms of cardio respiratory assistance during this sedation.

Tissue Disposition: I consent to the appropriate disposal of any body tissue removed during the course of the above procedure after same has been examined by a pathologist at a designated laboratory.

Photographs: I understand that photographs may be taken during the course of this procedure for documenting findings thereof. In addition, I consent to the use of such photographs for teaching purposes. I also authorize reproduction of said photographs for publication or as part of a medical education program.

Opportunity For Further Information: I understand that other physicians might recommend a different procedure and that I am free to seek the advice of other physician(s) as I might choose. Prior to signing this document, I have taken the time to consider whether I wish to ask further questions of my physician or whether I desire a second opinion. I understand that by signing this document, I have voluntarily agreed to undergo the procedure described above. I understand that my signature indicates that I do not desire any further opinions from other physicians nor do I wish to ask any further questions.

Opportunity to Read Document: I acknowledge that prior to signing this document, I have had the opportunity to read this document and to thoroughly and fully understand it.

DO NOT SIGN IF YOU HAVE FURTHER QUESTIONS

Date

Signature of Patient or authorized person

Witness

Relationship to patient (if signed by authorized person)