ALBANY GASTROENTEROLOGY CONSULTANTS, PLLC 1375 Washington Avenue - Albany, New York 1220 518-533-5000

COLON	OSCOPY - MIRALAX WIT	TH MAGNESIUM CITRATE I	MAC PREPARATION INS	TRUCTIONS
Patient: << Patient_Fr	ull_Name>> DOB:	< <dob>> Provider:</dob>		
Procedure Date:	Arrival Time:	Procedure Time:	**PROCEDURE TIM	E IS SUBJECT TO CHANGE.
Procedure Location:	Ambulatory Surgery Center (J. 1375 Washington Ave., Suite 2		Albany Medical Center 47 New Scotland Ave. A Building-4th Floor-A 405	Ellis Hospital – Bruggeman (Park in Nott Street Garage)
IF YOU TEST POSITIV	E FOR COVID WITHIN 30 D	AYS OF PROCEDURE, PLEASE	CALL THE OFFICE.	
One Week Prior to the	Procedure:			
1. Stop herbals, vitami	ns, and oral iron suppler	ments. Begin low fiber die	t.	
2. Arrange for a respon	nsible adult to accompan	ny you home after your pr	ocedure.	
You will be given seda	tion for your procedure	and will not be allowed to	drive yourself home.	
Two Days Prior to the F	Procedure:			
Purchase bowel prep p	roducts (over the count	er) from your pharmacy:		
1. One 238 gram bottle	e of MiraLax			
2. 4 Dulcolax laxative ((Bisacodyl) tablets AND	two 125mg tablets Simetl	hicone.	
3. Two 28 oz. bottles of	of Gatorade (no red or pu	urple)		
4. One 10 oz. bottle of	f magnesium citrate (no	red or purple).		
At 5PM Drink one 10 o	z. bottle of magnesium o	citrate.		
Stop any anti-inflamma	atory medications (Motr	rin, Advil, Ibuprofen). Cele	ebrex and Tylenol are O	K to use.
One Day Before the Pro	ocedure:			
NO SOLID FOOD - NO A	ALCOHOL - CLEAR LIQUID	OS ALL DAY - NO MARIJUAI	NA USE 24 HRS PRIOR (I	Procedure will be
cancelled)				
	· ·	y hour while awake. Gato	rade is preferred. If ne	eded, you may substitute
•	e or any other clear liqui			
_		lit the bottle evenly betwe	en two 28 oz. bottles of	f Gatorade (7 capfuls into
	le). Store the mixture in	_	with water and continu	ıo oloor liquido
		5mg Simethicone tablets v ax solution at a rate of 8 o		•
the first bottle is gone.		ax solution at a rate of 6 0	diffees every 15-30 million	ates (over 1-2 nours) until
_	I to drink clear liquids un	ntil vou go to bed.		
_	· ·	r rash product to the recta	I area if you experience	discomfort from
frequent stools.	•	•		
7. Confirm that you ha	ave a responsible adult to	o accompany you home af	fter your procedure.	
The Day of the Procedu	ure:			
NO SOLID FOOD - NO A	ALCOHOL			
5-6 hours before the Pr	rocedure:			
Drink the second bottle	e of Gatorade/MiraLax S	Solution (or any clear liqui	d) at a rate of 8 ounces	every 15-30 minutes
(over 1-2 hours) until t	he second bottle is gone	. .		
4 hours before the Prod	cedure:			
Stop drinking and do n	ot have anything else by	y mouth until after your pr	ocedure. You may take	e essential morning

After the procedure: You may eat your usual diet unless otherwise instructed. Drink 8 ounces of liquid at least 6 times before retiring for the night.

medications with a sip of water.

ATTENTION:

If you are scheduled for a procedure at one of the local Hospitals or upstairs at the Ambulatory Surgery Center,

PLEASE NOTE: You **MUST** bring your insurance card(s) and photo identification.

Also, your insurance company will most likely apply a copayment, deductible and/or coinsurance.

If you have questions as to the specific dollar amount for which you will be responsible, please contact your insurance company.

**** If you have a change of insurance, between the time your appointment was made and the procedure, please contact Albany Gastroenterology Consultants, PLLC's billing office at 518-533-5000.

CANCELLATION / NO SHOW POLICY

Thank you for choosing Albany Gastroenterology Consultants for your gastroenterology healthcare. We look forward to partnering with you in meeting your healthcare needs.

Your appointment with us is very important. If you are unable to keep your appointment, please contact our office at 518-533-5000 at least 24 hours prior to your scheduled appointment time. We reserve the right to charge a fee for same day cancellations or no show appointments.

The FIRST no show or same day cancellation – NO CHARGE. We will call you to reschedule the appointment you didn't show for or cancelled the same day.

The SECOND no show or same day cancellation you will be charged a \$50.00 fee which must be paid prior to making any additional appointments.

The THIRD no show or same day cancellation you will be discharged from the practice.

If you have any questions regarding your appointments, please do not hesitate to contact our office.

We appreciate you choosing Albany Gastroenterology Consultants for your healthcare needs.

CLEAR LIQUIDS

BEVERAGES:

- CLEAR JUICES: APPLE JUICE, WHITE CRANBERRY, WHITE GRAPE, LEMONADE, LIMEADE, CITRUS JUICES (STRAINED)
- HERBAL TEA, TEA, COFFEE (WITHOUT CREAM/MILK), ICED TEA, ICED COFFEE
- NO DAIRY PRODUCTS
- GATORADE, SPORTS DRINKS, CRYSTAL LIGHT, SNAPPLE NO RED OR PURPLE
- CLEAR CARBONATED BEVERAGES: GINGERALE, SEVENUP, SPRITE, MINERAL/PLAIN WATER, FLAVORED WATERS – NO RED OR PURPLE

SOUPS: CLEAR BROTH, BOULLION, CONSOMME (ALSO FAT FREE), STRAINED

VEGETABLE BROTH

DESSERTS: POPSICLES, HARD CANDIES, FLAVORED GELATIN, FRUIT ICE, AND ITALIAN ICE (WITHOUT FRUIT), NOTHING RED OR PURPLE

NO ALCOHOL OF ANY KIND DURING THE PREPARATION

LOW FIBER DIET

A low fiber diet is for people who need to rest their intestinal tract. A low fiber diet limits the amount of food waste that has to move through the large intestine.

Foods Recommended	Foods to Avoid	
Breads, Cereal, Rice and Pasta:	Breads, Cereal, Rice and Pasta:	
 white bread, rolls, biscuits, croissant, melba toast waffles, French toast, and pancakes White rice, noodles, pasta, macaroni and peeled cooked potatoes plain crackers, Saltines cooked cereals: farina, Cream of Rice cold cereals: Puffed Rice, Rice Krispies, Corn Flakes and Special K 	 breads or rolls with nuts, seeds or fruit whole wheat, pumpernickel, rye breads and cornbread potatoes with skin, brown or wild rice, and kasha (buckwheat) 	
Vegetables:	Vegetables:	
 tender cooked and canned vegetables without seeds: carrots asparagus tips, green or wax beans, pumpkin, spinach and lima beans 	 raw or steamed vegetables, lettuce, salad fixings vegetables with seeds sauerkraut winter squash, peas, broccoli, Brussels sprouts, cabbage, onions, cauliflower, baked beans, peas and corn 	
Fruits:	Fruits:	
 strained fruit juice canned fruit, except pineapple ripe bananas melons 	 prunes and prune juice raw or dried fruit all berries, figs, dates and raisins 	
Milk/Dairy:	Milk/Dairy:	
 milk, plain or flavored yogurt, custard and ice cream cheese and cottage cheese 	yogurt with nuts or seeds	
Meat, Poultry, Fish, Dry Beans, and Eggs:	Meat, Poultry, Fish, Dry Beans:	
 ground, well cooked tender beef, lamb, ham, veal, pork, fish, Poultry, and organ meats eggs peanut butter without nuts 	 tough, fibrous meats with gristle dry beans, peas, and lentils peanut butter with nuts 	
Fats, Snack, Sweets, Condiments, and Beverages:	Fats, Snack, Sweets, Condiments, and Beverages:	
 margarine, butter, oils, mayonnaise, sour cream, and salad dressing plain gravies sugar, clear jelly, honey, and syrup spices, cooked herbs, bouillon, broth, and soups made with allowed vegetables coffee, tea, and carbonated drinks plain cakes and cookies gelatin, plain puddings, custard, ice cream, sherbet, Popsicles hard candy or pretzels 	 nuts, seeds, and coconut jam, marmalade, and preserves pickles, olives, relish, and horseradish all desserts containing nuts, seeds, dried fruit, coconut, or made from whole grains or bran candy made with nuts or seeds popcorn 	

Diabetic Medication By <u>CLASS</u>	Name of Drug (Bold/Italicized Medications on the same line are the same medication)	<u>Days to Stop Before</u> <u>Surgery</u> (Does NOT include DOS*)
SGLT2 Inhibitor	Brenzavvy (Bexagliflozin) Farxiga (Dapagliflozin) Invokana (Canagliflozin) Jardiance (Empagliflozin)	Hold for 3 days (4 days if including DOS)
SGLT2 Inhibitor	Steglatro (Ertugliflozin)	Hold for 4 days (or more) (5+ days if including DOS
GLP-1 Agonists Once Weekly	Bydureon ER (Exenatide ER) Ozempic, Wegovy (Semaglutide) Trulicity (Dulaglutide)	Hold for 7 days (8 days if including DOS)
GLP-1/ GIP Agonist Once Weekly	Mounjaro (Tirzepatide)	Hold for 7 days (8 days if including DOS)
GLP-1 Receptor Agonist Taken Daily	Adlyxin (Lixisenatide) Byetta (Exenatide IR) Rybelsus (Oral Semaglutide) Saxenda (Liraglutide) Victoza (Liraglutide)	Hold DOS only
Biguanides	Metformin	Hold for ONE day (2 days if including DOS)
DPP-4 Inhibitors	Januvia (Sitagliptin) Nesina (Alogliptin) Onglyza (Saxagliptin) Tradjenta (Linagliptin)	Hold DOS only
Sulfonylureas & DiaBeta, Glynase PresTab (Gly Glucotrol (Glipizide) Prandin (Repaglinide) Starlix (Nateglinide)		Hold DOS only
Thiazolidinediones	Actos (Pioglitazone) Avandia (Rosiglitazone)	Hold DOS only

Patients with Type 1 Diabetes should never hold basal insulin

^{*} DOS = Day of Surgery

FAQ prep questions:

1. Do I really have to get up in the middle of the night for the second half of the prep?

Yes you do. If you finish the prep too far in advance of the procedure, stool will start to reform in the colon and you will not be as clean for the colonoscopy.

2. Do I need to stop my daily Aspirin?

If you have any questions about this please call the office and speak with a nurse.

3. Can I have the colonoscopy if I have my menstrual cycle?

Yes you can. If you use a tampon, you will need to remove the tampon during the procedure.

4. Is applesauce a clear liquid? Is ice cream a clear liquid?

No, applesauce and ice cream are not clear liquids. You cannot have any dairy products on the day of clear liquids.

5. Can I take my vitamins the week before the colonoscopy?

You must stop Multivitamins, Iron supplements and any vitamin containing Iron. You must also stop Fish oil products.

6. Do I need to use Gatorade?

No, you can use any clear liquid that is not red or purple.

7. Can I have orange flavor?

Yes, you cannot have anything that is red or purple.

8. Can I eat breakfast on the day of the prep?

No, you will be on clear liquids for the whole day even if your colonoscopy is in the afternoon.

9. How long will I be at the procedure?

You will be there for 2 to 3 hours from your arrival time.

10. Do I have to follow a low fiber diet seven days before?

Yes, decreasing the fiber will rest your colon and allow for a complete cleaning of the colon.

11. Can I have hard candy?

Yes, as long as it is not red or purple and there is no filling in the candy.

12. Can I use glucose tablets if I have a low blood sugar?

Yes you can. You should also be monitoring your glucose levels with your meter.

13. Can I have alcohol or white wine on the clear liquid diet?

No, alcohol is dehydrating and should not be consumed.

14. Are there any diet or activity restrictions after the procedure?

At the time of the procedure the doctor will give you directions. You cannot drive the day of the procedure. You cannot go back to work after the test; you will still be under the influence of the sedation medications. You can usually resume your regular diet afterwards. Again, the doctor will give specific directions at the end of the procedure.

15. Can I take my medications the morning of the procedure?

If you have any questions about this please call the office and speak with a nurse.

16. Do I have to split the prep or can I take it all at once?

Yes, you do need to split the prep. The prep is tolerated better when it is split and if you finish the prep too far in advance of the colonoscopy, stool will start to reform in the colon.

Consent for colonoscopy

Your doctor has recommended that a colonoscopy be performed.

What is colonoscopy?

A colonoscopy is an internal examination of the colon (large intestine) using an instrument called a colonoscope. The colonoscope is a small camera attached to a flexible tube which is used to examine the entire length of the colon.

How is the test performed?

You will lie on your side or back as the doctor slowly passes the colonoscope along your large intestine to look at the lining. Your doctor will, again, examine the lining as the colonoscope is taken out. Air will be inserted through the scope to provide a better view. Suction may be used to remove secretions. Tissue samples may be taken with tiny biopsy forceps inserted through the scope. Polyps may be removed with electrocautery snares. Photographs may be taken.

Specialized procedures, such as injection therapy, clipping, and tattooing to better localize lesions may be performed.

How to prepare for the test

Thorough cleansing of the bowel prior to colonoscopy is very important so that the procedure can be accurate and complete. You will be given detailed instructions for doing this. A bowel preparation is made up of either drinking a large quantity of a special cleansing drink, or may involve a combination of laxative pills and a clear liquid drink. To avoid dehydration during this preparation phase, you will be asked to drink plenty of clear liquids such as juices and broths. Preparation for colonoscopy can very rarely cause kidney problems.

What about the medications I am taking?

You should be able to continue taking your usual medications with some exceptions. Please tell your health care provider what you are taking and particularly if you are taking:

Aspirin products

Arthritis drugs

Blood thinners such as Plavix, clopidogrel(generic Plavix), Coumadin, Warfarin(generic Coumadin) Lovenox, Pradaxa or Xarelto.

Insulin

Diabetes pills

Iron supplements

Since your health care provider may ask you to stop or change the doses of these medicines before the procedure.

Please also tell your health care provider if you have:

- a joint replacement
- a heart valve replacement

Since antibiotics may be needed before the procedure.

How will the test feel?

Just before the procedure, you will be given a sedation medication and a pain killer by vein. This will produce relaxation and a drowsy feeling. You may feel pressure as the scope moves inside. Brief cramping and gas pains may be felt as air is inserted or as the scope is advanced. The passing of gas is expected and necessary. After the exam there may be abdominal cramping and considerable passing of gas may occur. Because of the sedation, you may have no memory of the test. Sedation should typically wear off in a few hours.

What if the doctor finds something wrong?

Your doctor may pass an instrument called a biopsy forceps through the colonoscope and take a small piece of bowel lining to look at under the microscope. If colonoscopy is being done to find bleeding sites, your doctor may stop the bleeding through the colonoscopy by:

- injecting drugs
- sealing off bleeding vessels with heat treatment or other methods such as small clips or liquid injection.

Your doctor may also find polyps which will most likely be removed or biopsied during the procedure.

What are polyps and why are they removed?

Polyps are growths in the bowel lining and they can be as small as a tiny dot or up to several centimeters big. They are not usually cancer but can grow into cancer over time. The doctor usually removes a polyp through the colonoscope using a wire loop or snare to separate the polyp from the bowel wall. An electric current is sometimes used.

What are the risks of colonoscopy?

There are some risks and complications which can happen. These include:

- (a) Bowel perforation the bowel wall may be punctured. This can cause leakage of bowel contents into the abdominal cavity. The risk is approximately 1 to 2 per 1000 tests but may be higher when polyps are removed, particularly with large polyps. This is treated by keeping the bowel empty using suction and a tube passed into the stomach or bowel via the nose. Fluids and antibiotics are given via an intravenous drip. This will require a hospital stay. A surgical repair operation requiring a longer hospital stay may be needed.
- (b) Heavy or persistent bleeding from biopsy or polyp removal sites. This may be immediate or may be delayed by as much as two weeks. The bleeding may stop on its own or may require additional therapies through the colonoscope. Very rarely, surgery may be needed to stop bleeding which cannot be stopped via these means. Very rarely, a blood transfusion may be needed if there is a lot of bleeding.
- (c) Having a normal colonoscopy does not guarantee that you do not have or will not get colon cancer. Polyps or cancer can be missed. This risk is higher if your bowel is not cleaned properly. It is very important that you follow the instructions to clear your bowel before the procedure.
- (d) Adverse reaction to sedative medication causing breathing problems or low blood pressure is very rare. Also very rarely, heart and lung problems can occur such as low oxygen levels and lowered blood pressure. People with underlying ill health are more at risk.
- (e) Nausea, vomiting, bloating or rectal irritation can occur during the preparation phase from medications that cleanse the bowel. If nausea, vomiting or bloating occurs, stop the preparation for 1 to 2 hours and then begin again very slowly, if possible, until the bowel is cleansed thoroughly.
- (f) Splenic injury is an exceedingly rare complication of colonoscopy but if severe, may require surgical removal of the spleen.
- (g) Death due to complications of colonoscopy is extremely rare.

What if I do not have the procedure?

A serious colon problem can be missed such as a polyp, tumor, or inflammation of the bowel.

Are there other tests I could have instead?

There are a number of other tests that could be done such as flexible sigmoidoscopy, double contrast barium enema, virtual colonoscopy utilizing a CT Scan, and stool tests to detect hidden blood and to look for abnormal DNA.

Colonoscopy Insurance Benefit Information

Use the information below to determine your preoperative procedure code and diagnosis code. We strongly encourage you to use these codes to reach out to your insurance company verify your benefits and determine your out-of-pocket expenses.

Please select the most accurate reason for your procedure.

Family history of polyps (Mother, Father, Brother, Sister, Child)

Surveillance/High Risk Colonoscopy: Procedure code G0105, Diagnosis code Z83.81

Of note: You need to be informed that, if a polyp or an abnormality is found, your surveillance/high risk insurance benefit may change and your insurance carrier may process this colonoscopy under your medical (not preventable) benefit. This may mean that deductibles, coinsurances and co-pays may apply. Please contact your insurance company with questions.

Personal history of polyps

Surveillance/High Risk Colonoscopy: Procedure code G0105, Diagnosis code Z86.010

Of note: You need to be informed that, if a polyp or an abnormality is found, your surveillance/high risk insurance benefit may change and your insurance carrier may process this colonoscopy under your medical (not preventable) benefit. This may mean that deductibles, coinsurances and co-pays may apply. Please contact your insurance company with questions.

Personal history of colon cancer

Surveillance/High Risk Colonoscopy: Procedure code G0105, Diagnosis code Z85.038

Of note: You need to be informed that, if a polyp or an abnormality is found, your surveillance/high risk insurance benefit may change and your insurance carrier may process this colonoscopy under your medical (not preventable) benefit. This may mean that deductibles, coinsurances and co-pays may apply. Please contact your insurance company with questions.

Family history of colon cancer (Mother, Father, Brother, Sister, Child)

Surveillance/High Risk Colonoscopy: Procedure code G0105, Diagnosis code Z80.0

Of note: You need to be informed that, if a polyp or an abnormality is found, your surveillance/high risk insurance benefit may change and your insurance carrier may process this colonoscopy under your medical (not preventable) benefit. This may mean that deductibles, coinsurances and co-pays may apply. Please contact your insurance company with questions.

Colonoscopy screening (and there are no other reasons for procedure)

Screening/Preventative Colonoscopy: Procedure code G0121, Diagnosis code Z12.11

Positive Cologuard/FIT test

Diagnostic/Therapeutic Colonoscopy: Procedure code 45378, Diagnosis code: R19.5

Ulcerative Colitis

Diagnostic/Therapeutic Colonoscopy: Procedure code 45378, Diagnosis code K51.90

Crohn's Disease

Diagnostic/Therapeutic Colonoscopy: Procedure code 45378, Diagnosis code K50.90

Lynch syndrome

Diagnostic/Therapeutic Colonoscopy: Procedure code G0105, Diagnosis code Z83.81, Z15.09

Diverticulitis

Diagnostic/Therapeutic Colonoscopy: Procedure code 45378, Diagnosis code K57.32

I am not sure or have additional questions

Please call our billing department at 518-533-5000 for further assistance.

Understanding Your Bills

Trying to sort through the various bills you receive from your doctors, hospitals, laboratories and radiology facilities in order to coordinate your insurance benefits can sometimes be difficult. The following information is provided in an effort to help you with this process.

Physician Bill is Separate from Bills for Special Services

During your care, you may receive bills for the following types of services:

- 1. Physician Services
- 2. Facility Services
- 3. Special Services: Services of this type are provided by groups that analyze laboratory tests, read x-rays or other images, provide anesthesia, and so on. These groups involve physicians whose help was requested by your physician.

Affiliated Facilities

St. Peter's Hospital 518-471-3000 www.sphcs.org/billing-information

St. Peter's Surgery and Endoscopy Center 518-533-3420 http://stpeters-surgery-endoscopy-center.com

Albany Medical Center 518-262-3125 https://www.amc.edu/spbs/accepted insurance.cfm

Major Special Service Providers

Anesthesia Group of Albany, PC MEM/SPH Anesthesia 518-463-0050 Maplewood Pathology, PC MEM/SPH Pathology 518-525-1466

St. Peters Health Partners Med Assoc MEM/SPH Radiology 518-525-1585 www.sphcs.org/billing-information

LabCorp Laboratory 800-845-6167 www.labcorp.com

Quest Diagnostics Laboratory 866-697-8378 www.questdiagnostics.com/home/patients

Prometheus Laboratory Laboratory 888-423-5227 www.prometheuslabs.com

St. Peter's/Bender Laboratory Laboratory 518-525-1550 www.sphcs.org/billing-information

AMC requests you contact your insurance directly to confirm participation status for labs, pathology radiology

Finding Out What Insurance Will Cover

The physicians of Albany Gastroenterology Consultants participate with most insurance plans. You must pay the co-pays, deductibles, or non-covered services as set by your insurance plan. Before visiting the office, you may wish to check with your plan to determine the extent of your coverage for various services such as office visits, lab services, x-rays, outpatient procedures, and so on. You may want to contact the offices of the special services providers and/or facility service providers to confirm what they charge and what your plan will pay. If your insurance provider will not cover the entire cost of a service, you will have to pay for some or all of that bill.

Albany Gastroenterology Consultants participates with the following insurance plans:

Aetna Medicaid-NYS only

Blue Shield of Northeastern NY Medicare
Cancer Services Program Multiplan

Capital District Physician Health Plan MVP Health Plan

Cigna (MVP, PHCS networks only)

National Health Administrators, Inc.

Emblem Health (GHI/HIP) PHCS
Empire Blue Cross Blue Shield POMCO

...All Out of Area Blue Cross Plans Railroad Medicare Empire Plan/NYS Today's Option

Excellus Tricare

Fidelis United Healthcare

Great West Univera
HTH Worldwide Wellcare
Humana-All Medicare Advantage Plans WTC Program

Martin's Point

Patient Portal



With your personal patient portal you can...

- √ Request appointments
- √Check your test results
- ✓ Send messages to your provider's office
- ✓ Update your personal and medical records
 ✓ Pay your bill
 - √Access from anywhere, 24/7

Please ask our staff how to activate your personal patient portal



www.albanygi.com

The link between you and your physician