

Atlanta Gastroenterology Specialists PC

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Colonoscopy and Endoscopy Information

Georgia Endoscopy Center

3330 Preston Ridge Rd., Ste. 200
Alpharetta, GA 30005
Contact phone number 770-821-6800

Date: _____

Time of Arrival: _____

Time of procedure: _____

Please arrive **1 hour** before the scheduled procedure. Please consider travel time and possible traffic. If you arrive late your procedure could be delayed by several hours to accommodate those that arrived on time

If you are unable to make the appointment, you must reschedule. **72 hours** in advance. Any no-shows or cancellations within 72 hours will incur a **\$350** charge.

You will not be able to reschedule or make another appointment until this fee is paid in full. If there is a balance owed for the procedure it must be paid prior to your procedure at the physician's office. The procedure cannot be completed unless full payment is received.

Please note: The facility has a separate fee, and they will not collect our fee for us. If not paid your procedure will be postponed until paid. Any balance for the facility must be paid in total at the time of the procedure. If any arrangements are necessary please contact the endoscopy suite at 770-821-6800

Any separate fees related to anesthesia or pathology will be referred to your insurance and any balances sent to you after the procedure.

You must have a driver accompany you to the colonoscopy. No ride share is allowed whatsoever. Your driver should remain at the center so that when the doctor discusses the results, they are there to explain if you forget. No exceptions

How to Prepare for Your Colonoscopy

PLEASE READ

This information will help you get ready for your colonoscopy using a bowel prep prescribed by your doctor. Examples include sutab, suprep, clenpiq. Your doctor will give you a prescription for the kit.

FOLLOW OUR INSTRUCTIONS BELOW. NOT THE GENERIC ONES THAT COME WITH THE KIT.

A colonoscopy is an exam of your colon (large intestine). Your doctor will use a colonoscope (flexible tube with a camera on the end) to see the inside of your colon on a video monitor. During your procedure, your doctor can:

- Remove a small sample of tissue (biopsy) for testing.
- Remove a polyp (growth of tissue)
- Take photos of the inside of your colon

FOLLOW THESE INSTRUCTIONS CAREFULLY. Your colon must be empty for your colonoscopy. If there's stool inside your colon, your doctor may not be able to see polyps or other problems inside your colon, **and you may have to repeat the procedure.** The quality of your colonoscopy depends on the quality of the prep that you do at home. If you have any questions, contact your doctor's office.

1 Week Before Your Procedure

Do **NOT** take medicines that stop diarrhea, such as loperamide (Imodium®) or bismuth subsalicylate (Kaopectate®, Pepto-Bismol®).

Do **NOT** take fiber supplements, such as Metamucil®, Citrucel®, or Perdiem®.

Do **NOT** take products that contain iron, such as multivitamins (the label lists what is in the products).

Do **NOT** take Vitamin E

You may need to stop taking some of your medications before your procedure. Talk with your doctor about which medications are safe for you to stop taking. We have included some common examples below.

Most anticoagulants (blood thinners) are stopped 2-7 days prior to the procedure with approval from your physician:

If you take a blood thinner to treat blood clots or to prevent a heart attack or stroke ask the doctor who prescribes it for you when you should stop taking it before your procedure. Examples of common anticoagulants (blood thinners) are listed in the table below. There are others, so check with your doctor if you're not sure.

apixaban (Eliquis®)

cilostazol (Pletal®)

clopidogrel
(Plavix®)

enoxaparin
(Lovenox®)

fondaparinux
(Arixtra®)

heparin

rivaroxaban
(Xarelto®)

tinzaparin
(Innohep®)

warfarin
(Coumadin®)

How to Prepare for Your Colonoscopy

Discontinue Medications for Diabetes or Weight Loss

If you take insulin or other medications for diabetes, you may need to change the dose. Ask the doctor who prescribes your diabetes medication what you should do the day before and the morning of your procedure. Tell your doctor you will be drinking a sugar-free clear liquid diet the day before your procedure. If you take metformin (such as Glucophage® or Glumetza®) or a medication that contains metformin (such as Janumet®), don't take it the day before or the day of your procedure.

If you are on weight loss medication or diabetic medication listed below you must not take the medication prior to the scheduled procedure. If you do then the procedure will have to be delayed until you are off the medication for the designated period of time.

The following medications are prohibited for 1 week prior to procedure:

Stop 1 day before procedure	Adlyxin (Lixisenatide) Byetta (Exenatide) Rybelsus (Semaglutide) Victoza and Saxenda (Liraglutide)
Stop 1 week before procedure	Bydureon (Exenatide) Mounjaro (Tirzepatide) Ozempic and Wegovy (Semaglutide) Trulicity (Dulaglutide)

3 Days Before the Procedure

Avoid certain foods 3 Days Before Your Colonoscopy:

You should follow a low-fiber diet starting 3 days before your colonoscopy.

During this time, do not eat:

- Raw (fresh) fruits and vegetables.
- Whole kernel corn, including canned corn.
- Whole grains (such as oatmeal, brown rice, quinoa, or wheat bread)
- Seeds (such as poppy or sesame)
- Nuts

How to Prepare for Your Colonoscopy

1 DAY BEFORE THE PROCEDURE

DRINK CLEAR LIQUIDS ALL DAY for breakfast, lunch, and dinner.

DO NOT EAT ANY SOLID FOOD THE DAY BEFORE THE PROCEDURE.

This diet provides fluids that leave a little residue and are easily absorbed with minimal digestive activity in order to have the best results with your colonoscopy. Our ability to do a good exam depends on your bowel prep.

NO RED OR PURPLE LIQUIDS SHOULD BE CONSUMED!

No solid food whatsoever should be consumed 24 hours before the procedure. These include milk, milk drinks, fruit, soups with solid material, desserts, meat, vegetables, grains and starches.

If these are consumed the day before your procedure it may be canceled and you will be responsible for a cancellation fee of \$350.

Clear Liquids (No Red Liquids)	DO NOT DRINK
Gatorade®, Pedialyte® or Powerade®	Alcohol
Clear broth or bouillon	Milk or non-dairy creamer
Coffee or tea (no milk or non-dairy creamer)	Noodles or vegetables in soup
Carbonated and non-carbonated soft drinks	Juice with pulp
Kool-Aid® or other fruit-flavored drinks	Liquid you cannot see through
Strained fruit juices (no pulp)	
Jell-O®, Popsicles®, hard candy	
Water	

IF YOU ARE TAKING THE SUPREP/CLENPIQ PREP

You will drink a large amount of cool liquid for your **Clenpiq/Suprep** bowel preparation. This may cause bloating or discomfort in your abdomen (belly), nausea, or a headache. These things aren't cause for alarm. If you have pain in your abdomen or vomit, call your doctor.

Do your CLENPIQ/SUPREP bowel preparation in 2 doses:

DOSE 1: At 4:00 PM the evening before your procedure, start drinking the first part of your Clenpiq/Suprep bowel preparation. Start at 4:00 PM no matter what time you're scheduled to arrive for your procedure.

1. Empty 1 bottle of Clenpiq/Suprep liquid into the mixing container.
2. Add cool drinking water up to the 16-ounce line on the container. Mix.

How to Prepare for Your Colonoscopy

3. Drink all of the liquid in the container.
4. Drink 2 more 16-ounce containers of water (32 ounces total) over the next hour. You don't need to drink the water all at once, but it's essential to finish all 32 ounces over the next hour.
5. After you finish all 32 ounces of water, you can drink other clear liquids.

DOSE 2: You will repeat steps 1 to 5 starting at 8 PM for the second part of your SUPREP bowel preparation.

Do NOT have anything to EAT or DRINK after midnight other than a small sip of water for medication.

IF YOU ARE TAKING THE SUTAB PREP

- Please begin the prep at 4 PM the night before the colonoscopy, you will take the prep in two doses
- Take the first 12 tablets by taking 4 tablets every 15 minutes followed by 8 ounces of a clear liquid
- At 8 PM repeat this procedure again.
- Continue clear liquids until midnight.

DO NOT have anything to EAT or DRINK after midnight other than a small sip of water for medication.

What To Bring With You to Your Colonoscopy

- A list of the medications you take at home, including patches and creams.
- If you have an implanted pacemaker or cardioverter-defibrillator (AICD), bring your wallet card with you if it isn't already on file with the hospital.
- Your rescue inhaler (such as albuterol for asthma), if you have one
- Your Health Care Proxy form, if you have completed one

You must have a driver accompany you to the colonoscopy.

No ride sharing (Uber/Lyft) is allowed whatsoever. Your driver should remain at the center and be present when the doctor discusses the results with you since while coming out of sedation patients are prone to forget the conversation.

After Your Colonoscopy

Sedatives given during your colonoscopy may linger for hours. An adult (18 years or older) must be available to take you home. Your procedure will be canceled if you do not have appropriate transportation home. You should not drive or operate any machinery afterward. Please do not drink alcohol or take sedative medications during the next 24 hours following her procedure. Do not plan to travel outside the country for several days following your colonoscopy.



Pre-Operative Assessment Guidelines for patients scheduled at Ambulatory Surgery Centers (ASC):

Any patient with an intra-coronary stent placed within the past one year should see his/her cardiologist for peri-operative management of anti-coagulant and antiplatelet drugs, unless the endoscopist is willing to do the procedure without stopping those drugs.)

1. Exclusion criteria

- a. Age < 16 years
- b. BMI > 50 or weight > 350lbs
- c. Continuous home oxygen therapy
- d. Stroke within 6 months
- e. Pregnancy
- f. Blood sugar > 300mg/dL
- g. Unstable cardiac conditions
 1. Unstable angina
 2. MI within 90 days
 3. Uncompensated heart failure
 4. Symptomatic valvular disease (i.e. Aortic Stenosis moderate-severe)
 5. Atrial Fibrillation with heart rate > 100 or AF previously undiagnosed
 6. If patient appears to have SOB with minimal or no exertion

2. Cardiac Evaluation

- a. Patients with h/o EF < 40% (a sign of heart failure or cardiomyopathy)
- b. Patients with significant cardiac history (e.g., stents, valve replacement, CHF, MI within one year) require note from cardiologist

3. Pulmonary Evaluation

- a. Consult anesthesiologist for patients with severe pulmonary disease (e.g., on home oxygen, daily nebulizer treatments, s/p pneumonectomy, active lung infection).
- b. No patients with a tracheostomy.

4. Diabetics

- a. Consult anesthesiologist for blood sugar > 300 mg/dL
- b. See anesthesia pre-operative orders for medication management.

5. Renal Failure - ESRD patients without peripheral IV access should be scheduled in a hospital.

6. Patients taking anticoagulants or blood thinners:

- a. Endoscopist may make the decision to hold anticoagulants or to consult a



cardiologist or hematologist as deemed necessary.

7. Weight loss medication(s):

- a. Patients should discontinue weight loss medications, e.g., phentermine (Adipex) or sibutramine (Meridia), at least 7 days prior to the scheduled procedure date.
- b. Consult anesthesia if patient on any other weight loss meds not listed.

8. Consult anesthesiologist for:

- a. "Problems with anesthesia", "problems with succinylcholine", "high fever after anesthesia", etc.
- b. Patients with a history of difficult intubation.
- c. Patients with a personal history of Malignant Hyperthermia (or have had a positive test) should not be scheduled in an ASC.
- d. Patients with family history of Malignant Hyperthermia are acceptable.

9. Patients with frequently recurring generalized **seizures**, greater than once per month, are not appropriate candidates for an ambulatory surgery center.

10. Coordination of any necessary pre-op testing or consultations is the responsibility of the endoscopist to obtain. Patients should be encouraged to request requisite information from their cardiologist/ hematologist or PCP to expedite the process.

11. DIET:

a. NPO after midnight EXCEPT:

1. Patients may have CLEAR LIQUIDS up to 4 hours prior to the scheduled procedure start time.
2. Patients may take pertinent oral medications with small sips of water until 2 hours prior to the scheduled procedure time.
3. Unless otherwise instructed, patients should continue cardiac, antihypertensive, esophageal reflux, cholesterol, thyroid, anxiety/depression and hormone replacement medications. Patients should also use inhalers for asthma/ stable COPD on day of surgery.

Revised January 29, 2018

WARNING Stop Glucagon-like Peptide-1 (GLP-1) Receptor Agonists PRIOR to Elective Surgery

The American Society of Anesthesiologists (ASA) recommends withholding GLP-1 medications due to concerns of delayed gastric emptying which may cause patients undergoing anesthesia to experience aspiration, nausea, and vomiting.

Glucagon-like peptide-1 (GLP-1) receptor agonists include:

Administration Frequency	Brand Name (Generic)
<u>Daily</u>	Adlyxin (Lixisenatide) Byetta (Exenatide) Rybelsus (Semaglutide) Victoza and Saxenda (Liraglutide)
<u>Weekly</u>	Bydureon (Exenatide) Mounjaro (Tirzepatide) Ozempic and Wegovy (Semaglutide) Trulicity (Dulaglutide)

Below are ASA recommendations for perioperative management of patients taking GLP-1 agonists who are scheduled for ELECTIVE procedures:

- **Patient management recommendations for day or week prior to the procedure:**
 - » Patients taking the medication DAILY should discontinue GLP-1 agonists on the DAY of the procedure surgery.
 - » Patients taking the medication WEEKLY should suspend GLP-1 agonists a WEEK prior to the procedure/surgery.
 - » Consider consulting with an endocrinologist for diabetic patients taking GLP-1 agonists to effectively manage their condition and mitigate the risk of hyperglycemia.
- **Patient management recommendations for day of procedure:**
 - » If the patient is experiencing gastrointestinal symptoms like severe nausea, vomiting, bloating, and/or abdominal pain, consider postponing the procedure.
 - » If the patient does not exhibit gastrointestinal symptoms but did not discontinue GLP-1 medications, it is recommended to exercise caution by assuming the patient has a "full stomach."
 - » Consider conducting an ultrasound to evaluate stomach contents. If the ultrasound indicates an empty stomach, you may proceed as usual. However, if the stomach appears full or if the gastric ultrasound results are inconclusive or not possible, consider postponing the procedure or proceed while adhering to full stomach precautions.
 - » In the case of URGENT or EMERGENT procedures, it is essential to use full stomach precautions to minimize the risk of regurgitation and aspiration of gastric contents.
 - » Discuss the potential risk of regurgitation and aspiration with the proceduralist or surgeon, as well as with the patient.

We will continue to monitor changes in recommendations for patients receiving GLP-1 agonists and updating guidance. If you have further questions, please contact your Chief of Anesthesia.

This guidance is subject to the exercise of physician medical judgment.