

SUPREP (sodium sulfate/potassium sulfate/magnesium sulfate)

- Stop taking Mounjaro/Ozempic 7 days prior to your test.
- **Stop taking your blood thinning medication ___ days before your test.**
- Starting the day before your procedure, clear liquids only. No solid foods.
- At 5pm on the evening prior to the procedure, drink
__ ½ bottle mag citrate __% bottle mag citrate __1 glass Miralax __2 glasses Miralax
- At 7pm, start the first bottle of SUPREP. Mix the SUPREP with 6oz of a clear liquid. Drink 16oz of water within 2 hour of taking the SUPREP.
- 4-5 hours before your test., take your heart, blood pressure, seizure, and anti-anxiety medications with a sip of water.
- Four hours prior to your procedure arrival time, drink the second bottle of SUPREP- mix with 6oz of a clear liquid, follow with 16oz of water.
- Starting four hours before the test, do not have anything else by mouth (no water, no gum, nothing at all) until after your procedure.
- Take your heart, blood pressure, seizure, and anti-anxiety medications with a sip of water 4-5 hours before your test.

GOLYTELY (PEG-3350)

- Stop taking Mounjaro/Ozempic 7 days prior to your test.
- **Stop taking your blood thinning medication ___ days before your test.**
- Starting the day before your procedure, clear liquids only. No solid foods.
- Fill container to fill line with clear liquid of choice. Between 2pm-6pm on the day before your procedure, begin drinking one 8oz glass every 10-15 minutes until completed. If you feel nauseous, take a break from drinking the mixture.
- 4-5 hours before your test., take your heart, blood pressure, seizure, and anti-anxiety medications with a sip of water.
- Four hours prior to your procedure arrival time, drink
__ ½ bottle mag citrate __% bottle mag citrate __1 glass Miralax __2 glasses Miralax
- Starting four hours before the test, do not have anything else by mouth (no water, no gum, nothing at all) until after your procedure.

SUTAB INSTRUCTIONS

- Stop taking Mounjaro/Ozempic 7 days prior to your test.
- **Stop taking your blood thinning medication ___ days before your test.**
- Starting the day before your procedure, clear liquids only. No solid foods.
- At 5pm on the evening prior to the procedure, drink
__ ½ bottle mag citrate __% bottle mag citrate __1 glass Miralax __2 glasses Miralax
- At 7pm, open one bottle and take all 12 tablets, along with 16oz of water. Drink another 16oz of water within 1 hour of taking the tablets.
- 4-5 hours before your test., take your heart, blood pressure, seizure, and anti-anxiety medications with a sip of water.
- Four hours prior to your procedure arrival time, open the second bottle and take all 12 tablets with 16Oz of water. Follow with another 16oz of water as you did with the first dose.
- Starting four hours before the test, do not have anything else by mouth (no water, no gum, nothing at all) until after your procedure.

PROCEDURE APPOINTMENT

- Your procedure will be performed at Space Coast Endoscopy Center. This is an outpatient state-of-the-art endoscopy facility that has staff trained to assist you in completing your procedure as comfortably as possible.
- *Arrival time for your procedure is provided by Space Coast Endoscopy Center. You will receive a call ~4 days prior to your procedure. You will need a ride to and from the procedure due to anesthesia- the medications given will require that you do not drive or handle any potentially dangerous equipment until the day following your procedure.*
- Follow any instructions given to you by Space Coast Endoscopy Center and be sure to bring all paperwork with you the day of your test. Their phone number is (321) 504-4440.

CANCELLATIONS

- If you need to cancel or reschedule your appointment, you must do so at least 48 hours prior to the procedure. For no-shows or cancellations within the 48 hour window, a \$75 fee will apply.

PICKING UP YOUR PREP

- SUPREP, SUTAB, and PEG3350/GOLYTELY are prescriptions. You can pick up from your pharmacy anytime prior to the procedure, but do not mix the prep until the day before the procedure.
- Magnesium citrate and/or Miralax are over the counter (available at pharmacies, Walmart, Publix, etc on laxative aisle).

CLEAR LIQUID DIET

- You will be on a clear liquid diet the entire day prior to your procedure- no solid foods of any kind. Clear liquids include water, tea, coffee, apple/grape/cranberry juice, lemonade (no pulp), sports drinks, broth, jello, soda, popsicles, etc. (any color is fine). You may NOT have cream/milk, orange/tomato/any juice with pulp. *Please drink lots of fluids!*

BLOOD-THINNING MEDICATIONS

- Please stop taking any Aspirin, Coumadin, Eliquis, Plavix, Vitamin E, or any other blood thinning medication as directed by Dr. Seara on your prep instruction sheet. These medications may make the risk of bleeding higher if any biopsies are needed or any growths removed. Please discuss this with the prescribing doctor before stopping these medications to be sure that he/she is aware and in agreement with this recommendation. Your doctor may call Dr. Seara if they have any concerns with you discontinuing any of these medications for a short period of time. You may take Tylenol if necessary for a headache or mild discomfort prior to your test. It does not alter your bleeding in any way. It is possible that- depending on your medical history- Dr. Seara could recommend that you continue to take your blood thinning medication.

DIABETICS

- Do not take any oral diabetic medications the morning of your procedure. You may bring them to the endoscopy center and they will allow you to take your medicine after your test. If you are on insulin, please call the doctor who manages your insulin and ask them what they would recommend prior to beginning your prep.
- Regarding the clear liquid diet, you can use sugar-free drinks to avoid increases in blood sugar. Monitor and control your blood sugar closely during your prep to prevent low or high blood sugar. Call your primary care doctor if you need help managing your blood sugar.

HELPFUL HINTS FOR PREPPING

- Your exam will only be as good as your colon prep. You will know when you have had an effective prep when you have clear/yellow, watery bowel movements.
- Chilling the prep and drinking through a straw can sometimes help.
- Baby wipes and/or Vaseline may help to manage any soreness.
- Remain close to the toilet facilities. The prep often starts working within an hour, but may take several hours to start working.

BILLING/FINANCIAL INFORMATION FOR PROCEDURES

As a Gastroenterology Practice, we believe it is important for each patient to understand as much about having a colonoscopy and/or upper endoscopy as possible, before undergoing the test. Part of having a procedure performed is the financial responsibility that goes along with it. We would ask that you take a moment and read the information below.

If you undergo a colonoscopy and/or upper endoscopy, you could potentially receive a bill from four providers:

1. Dr. Seara as the gastroenterology professional
2. The facility where you have the test done - Space Coast Endoscopy Center or Rockledge Medical Center
3. The anesthesia care provider - the professional who sedates you for the test
4. The pathology services company - pathology services will only apply if a biopsy is taken

It is important to understand that in medical language there are two different types of procedures that apply to colonoscopies. One type of colonoscopy is a "routine or screening colonoscopy." The other is a "diagnostic colonoscopy." **It is important that you understand the difference between the two and that you ask your insurance company how they pay for each, according to your particular plan.** A "routine or screening" colonoscopy is one where you are having the procedure done simply because you are of the determined age (usually 50 years or older) and it is time for colon cancer screening. It is also considered a routine colonoscopy if you have a history of polyps, a personal history of colon cancer, or a family history of colon cancer, and you are not having any colon symptoms that are the deciding reason for the colonoscopy; however, please be aware that some insurance companies' guidelines do not consider these to be screening, but rather 'surveillance,' and will pay as they would for a diagnostic procedure. A "diagnostic" colonoscopy is a procedure being ordered because you have a symptom that is the reason for the test. An example of this could be anemia, abdominal pain, blood in your stool, or a change in bowel habits. You could be seen in the office for a "routine or screening" colonoscopy, and during the procedure if Dr. Seara finds a polyp or any other significant finding, the type of colonoscopy then becomes "diagnostic." That may change your insurance company's determination for the procedure and it may change what you are responsible to pay. **Medical coding is done based on medical history and findings and cannot be changed.**

For this reason we highly suggest that you ask your insurance company how they pay for each type of colonoscopy before you have your procedure. It is also important to ask how often your policy covers a "routine or screening" colonoscopy. It can vary from one plan to another.

Our office will do our best to help you determine your cost to Dr. Seara, prior to having your test done. You may receive a call from someone on our staff and be asked to pay a deposit before your procedure is performed. This means a review of your deductible and coinsurance was done and a portion of Dr. Seara's fee will be your financial responsibility. It is important that you understand your insurance company may change the amount you owe, after the test has been done, and in this case you will receive a refund or an invoice for the additional amount. The cost of your procedure is fully determined by your insurance company. We hope this helps to clarify any questions you may have regarding the potential financial responsibility you may have related to your procedure.

Costs for the facility and/or anesthesia are managed by separate organizations- please see the enclosed sheet for a breakdown of each billing provider, as well as contact information for them if needed.

ABOUT YOUR PROCEDURE

- A colonoscopy is an endoscopic examination of the large intestine with a flexible tube that has a light and a camera at the tip. With this instrument, doctors are able to examine the inside of the large intestine to diagnose abnormalities such as polyps, take biopsies, and treat some bleeding disorders. It is possible that Dr. Seara will need to inject air into your colon, which could cause mild abdominal discomfort and gas. This will pass soon after your colonoscopy and you should be completely pain free. Complications are rare, but can occur, and can include bleeding, perforation, diagnostic error, and side effects from the medications you will be given. It is important to note that a colonoscopy is not a 100% accurate test. Some small growths, such as polyps or cancer, can be missed. This risk increases with amounts of stool remaining in the colon from an incomplete prep.
- Alternative to colonoscopy: A barium enema can be performed for diagnostic purposes only. It cannot be used to treat any findings. A Cologuard test can also be ordered; however, this test can produce false positives or false negatives. Cologuard tests are not recommended for high-risk patients.

AFTER YOUR PROCEDURE

- Dr. Seara will discuss your procedure with you after he completes the exam and you have woken up. If you have any abnormal findings, he will instruct you on what follow-up will be necessary. He will also tell you if any polyps are found, and you will receive a copy of your report which will include your next recommended repeat exam time if applicable (3 years, 5 years, etc). If the pathology shows any concerning cell changes or cancer, you will be called by our office for a follow-up appointment. Please be sure to keep any follow-up office appointments, and please remember to notify us of any changes to address or phone number.
- You can expect to feel a bit sleepy following your procedure. Following a colonoscopy, you may feel full and find that you pass a lot of gas. This is normal as Dr. Seara may need to inject air into your colon to improve visibility. This should pass within a few hours of the procedure and you should be back to normal. ***If you experience abdominal pain or a fever it is important that you notify Dr. Seara by calling the office at (321)433-3000. You may speak to a staff member, or leave a message and you will receive a call back. If the answering machine says to call the doctor on call, please do so.***