

## FAQs (Colonoscopy)

For more information and some patient education videos on colonoscopies, please visit our website at <http://www.oregonclinic.com/colonoscopy-screening> (What to Expect and FAQs).

If anything changes in your **MEDICAL CONDITION** or your **MEDICATIONS**, or you have recently been sick or in the hospital or ER, please contact your physician to let him/her know before you come to your procedure.

### **How long is this procedure going to take?**

- *Answer:* The total time from arrival to discharge varies. Please allow 1-3 hours.

### **Can I drive myself home? How about taking a taxi or a bus home? Can I walk home – I only live a few blocks away?**

- *Answer:* NO!! You will be sedated (made sleepy) for the test and, therefore, SOMEONE MUST DRIVE YOU HOME. You will not be allowed to take a taxi or bus UNLESS ACCOMPANIED BY SOMEONE. NO, you cannot walk home after the procedure. You will be rescheduled if you have no ride or don't have someone to accompany you home.

### **I have a cold. Can I come in for my procedure?**

- *Answer:* MAYBE. Please reschedule if you have a fever, a productive cough, difficulty breathing, or if you feel very ill. If you have recovered but still have a lingering cough, it is usually safe to proceed, but you may have a higher risk of complications. It is safest to proceed when your cough has resolved completely.

### **Accidentally, I forgot I wasn't supposed to eat seeds or I ate one of the things on the list that I wasn't supposed to. Can I still do my colonoscopy the next day?**

- *Answer:* YES. Usually one or two dietary indiscretions will not ruin the preparation or the ability of your physician to see what needs to be seen at the time of colonoscopy.

### **I take a lot of herbal supplements. Can I continue to use those before my procedure?**

- *Answer:* No, please discontinue any herbal or dietary supplements or medications that you may purchase at the store or receive from an alternative medical provider. They should be stopped 7 days before your procedure. Valerian root, garlic, and ginger are definite no-no supplements. These may affect blood clotting.

### **Can I take my medications while I am doing my colon preparation?**

- *Answer:* YES. It is important to continue to take all your regularly scheduled prescribed medications up until 4 hours before your procedure, ESPECIALLY ANTI-SEIZURE, PAIN, and BLOOD PRESSURE or HEART MEDICATIONS, unless your doctor told you otherwise.
- If your medications are due during the time you are supposed to drink the prep, take them an hour before you start drinking it. If they are due during the last 4 hours before your procedure, you may need to take them earlier than scheduled. Check with the person who prescribed them. Also, diabetic patients need to follow specific instructions given to them.

### **I take antibiotics before my dental procedures because of a heart murmur. Will I need them before the procedure?**

- *Answer:* It depends on the exact heart problem for which you get antibiotics. For some procedures, particularly a colonoscopy, antibiotics are rarely required. Please make sure you mention this to your physician at the time of the office visit.

### **I take Xanax/Valium/Ativan for anxiety. Can I take it before I come in for my procedure?**

- *Answer:* YES. Take your usual dose of the prescribed medication 4 hours or more before your procedure. However, be aware that you will be receiving additional sedation and you need to make sure your physician and the nurse are aware you took the medication.

### **For Colyte, or other gallon jug preparation, do I have to drink the whole thing?**

- *Answer:* YES. Despite what your pharmacist tells you, and even if your stool looks free of particulate matter, you must drink the entire preparation. Failure to do so may result in a suboptimal preparation which may make it difficult for the physician to see adequately during your colonoscopy.

**What can I do if I don't like the taste of the preparation? Is there anything I can take to make it taste better?**

- *Answer:* Yes. (See “**HELPFUL TIPS FOR PREPARING FOR A COLONOSCOPY**” Handout) Add a flavor packet from the pharmacy or a powdered flavoring like Crystal Light (lemon or lime flavors are best). Drink through a straw placed in the back of your mouth so you don't taste it, hold your nose or cover the cup with a lid so you don't smell it, suck on something sweet like hard candies or something sour, such as lemon or lime wedges or sour candies. You can also try menthol cough drops to numb the taste buds.

**Should I drink other fluids with my preparation?**

- *Answer:* NO. Avoid drinking any other fluids while drinking the prep, because it can dilute the solution. You must drink plenty of fluids before and after drinking your preparation, because laxatives can dehydrate you. Please drink fluids up until four hours before the procedure in order to avoid becoming dehydrated.

**I threw up my colon preparation – what should I do? Or what if I get extremely nauseous and start vomiting the preparation?**

- *Answer:* (See “**HELPFUL TIPS FOR PREPARING FOR A COLONOSCOPY**” Handout) Some people do get nauseous or may even vomit or throw up the prep solution. If that happens, stop drinking the prep for 1 hour and restart prep at a slower rate, such as one 8 ounce glass every 30 minutes, to complete remaining portion of prep. If you vomit a second time or have persistent nausea despite following the above instructions, call our office. After 5:00pm you will be connected to our on-call provider. **YOU MUST DRINK THE ENTIRE PREPARATION** in order to be cleaned out for the procedure. Therefore, if you vomit the colonoscopy preparation more than twice, your preparation may be incomplete and may affect the ability to identify polyps during the colonoscopy, and may result in the cancellation/rescheduling of your exam.

**I am getting hypoglycemic? What should I do?**

- *Answer:* You can take sugared products, even if you are diabetic. This includes Popsicles, Jell-O, sugared juices (e.g. apple, white grape), and sugared sodas. These are all fine to drink and are considered CLEAR LIQUIDS.

**When will I begin having bowel movements and what should I do if I don't have a bowel movement?**

- *Answer:* Everyone is different. You may start having bowel movements before finishing the entire prep or you may not have results until after you have completed the entire prep. It may start suddenly. Once it starts you will have frequent bowel movements and each time it should get clearer until you see only clear-ish, yellow-ish fluid with little or no particulate matter; it should look like urine. Regardless, **YOU MUST FINISH THE ENTIRE PREP** even if your output is clear. Failure to do so may result in a poor preparation which may make it difficult for the physician to see adequately during your colonoscopy. This may result in the need to cancel your colonoscopy and reschedule the examination for another date.

**Can I use an alternative prep for my colonoscopy, such as high colonics?**

- *Answer:* No. Alternative methods for preparation, like colonics, have not been shown to provide adequate cleansing of the colon for colonoscopy, which could lead to the need to repeat your colonoscopy using a standard colonoscopy prep and possibly missed polyp or cancer detection.

**My hemorrhoids are flaring because of the frequent diarrhea from the laxative preparation. Also, my perianal area is quite raw and chafed. May I use something for this?**

- *Answer:* Yes, you may use any traditional over-the-counter hemorrhoidal remedy such as Preparation H, Anusol HC cream/ointment, or Tucks medicated pads. Also, plain Vaseline, Desitin, or generic zinc oxide-containing cream (usually diaper rash creams) can be applied to the perianal skin prior to the start of your frequent bowel movements. This may help prevent the chafing and tender skin that will come from the diarrhea and frequent wiping. You may reapply as you need.

**What will I feel like after the procedure?**

- *Answer:* You should recover from the sedation very quickly, but you may feel a little unsteady at first. You should not drive, operate machinery, or make any significant decisions until the following day. Air is used to inflate your colon during the exam to make it easier to see between the folds. You may have minor bloating or abdominal discomfort from residual gas after the exam so you will be encouraged to pass gas while in the recovery area. You may continue to have watery bowel movements for a day or more, and it may several days for you to start having normal bowel movements. You may experience sore throat/jaw discomfort from positioning your head for better breathing during sedation.

## **Colonoscopy: What you Need to Know!**

The Affordable Care Act (ACA) passed in March 2010 allows for several preventative services, such as a screening colonoscopy, to be covered by your insurance company with no out of pocket costs to you.

**However, each insurance carrier has different benefit guidelines for colonoscopies and there are many situations where out-of-pocket costs apply.**

### **Colonoscopy Categories:**

- **Diagnostic/Therapeutic Colonoscopy:** Patient is currently having gastrointestinal (GI) symptoms, has known polyps, or gastrointestinal problems/diseases. This service is NOT considered preventive and is NOT included in the provisions of the ACA.
- **Surveillance/High Risk Screening Colonoscopy:** Patient is asymptomatic (no GI symptoms), but does have a personal history of GI disease, colon polyps, and/or cancer. Patients in this category are required to undergo a colonoscopy at shortened intervals (e.g. every 5 years or sooner). Medicare covers colonoscopies for high risk patients every two years. Most insurance companies consider this a surveillance colonoscopy therefore applied to your deductible and co-insurance.
- **Preventive/Screening Colonoscopy:** Patient is asymptomatic (no GI symptoms), age 50 or over, has no personal history of GI disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years. This service may be covered under the ACA.

**For all colonoscopy categories, you should be prepared to pay an amount up to your deductible, plus any applicable co-insurance amounts.** It is important to know that your insurance company may not consider your colonoscopy a “screening colonoscopy.” Please check with your insurance company before your procedure and be sure to ask about your out-of-pocket cost, should your colonoscopy not be covered as “screening.” Preparing for a variety of insurance coverage scenarios can help avoid unpleasant surprises, after-the-fact.

**Can the physician change, add or delete my diagnosis code so that I can be considered a screening colonoscopy patient? No.** The patient encounter is documented as a medical record from information you have provided as well as an evaluation and assessment from the physician. It is a binding, legal document that cannot be changed, per governmental, insurance and compliance guidelines to facilitate better insurance coverage. This is considered insurance fraud and punishable by law.

### **What if my insurance company tells me that The Oregon Clinic can change, add or delete a CPT or diagnosis code?**

This is actually a common occurrence. Often the customer service representative of an insurance company will tell a patient that if the physician had coded the colonoscopy with a “screening” diagnosis, that the colonoscopy would be covered at 100%. However, further questioning of the customer service representative will reveal that the “screening” diagnosis can only be added if it applies to the patient. If you are given this information, please document the date, name and phone number of the customer service representative. Next, contact our Business Office at (503) 963-2900, who will perform an audit of the charges and investigate the information given. Often the outcome results in the insurance company calling the patient back and explaining that the member service representative should NOT have suggested that the physician change their billing to produce better benefit coverage.

### **Why am I charged for sedation/anesthesia services, when I wasn't a few years ago?**

Our goal is to provide you with the safest and most effective anesthesia for your procedure. Therefore, we only use Anesthesiologists (MDs) and/or Certified Nurse Anesthetists (CRNAs) to administer anesthesia to our patients. Your insurance carrier will be billed for professional anesthesia services provided by the anesthesiology providers (MDs or CRNAs).

### What are my out-of-pocket costs?

To estimate your costs, you will first need to contact your insurance company to verify your benefits and any cost share you may have. Contact your insurance carrier or check their website for “Procedure Estimator” to fill in the worksheet below.

PLEASE NOTE THAT THE QUESTIONS AND DIAGNOSIS CODES ARE DIFFERENT, DEPENDING WHETHER YOU HAVE HAD A COLONOSCOPY WITHIN THE PAST 10 YEARS.

#### Use this table if you have:

- Never had a colonoscopy
- Over 10 years since your last colonoscopy

What is my deductible amount?	\$
How much of my deductible have I met this year?	\$
What are my estimated out-of-pocket costs for a SCREENING colonoscopy? (CPT code 45378, with diagnosis code Z12.11)	\$
What if the physician takes a biopsy and/or removes a polyp? (CPT code 45380 and/or 45385)	\$
Estimated Facility Charges (Note: Procedures at the hospital are usually more expensive than in the Endoscopy Center)	\$
Estimated Pathology Charges (CPT codes 88305 and 88312)	\$
Estimated Sedation Charges (CPT codes 00812)	\$
<b>ESTIMATED TOTAL</b>	<b>\$</b>

#### Use this table if you have:

- Had a previous colonoscopy
- Under 10 years since your last colonoscopy

What is my deductible amount?	\$
How much of my deductible have I met this year?	\$
What are my estimated out-of-pocket costs for a SURVEILLANCE colonoscopy? (CPT code 45378, with diagnosis code Z86.010-personal history of polyps or Z80.0-family history of colon polyps )	\$
What if the physician takes a biopsy and/or removes a polyp? (CPT code 45380 and/or 45385)	\$
Estimated Facility Charges (Note: Procedures at the hospital are usually more expensive than in the Endoscopy Center)	\$
Estimated Pathology Charges (CPT codes 88305 and 88312)	\$
Estimated Sedation Charges (CPT codes 00811)	\$
<b>ESTIMATED TOTAL</b>	<b>\$</b>