

Medications to Avoid for GI Colonoscopy Procedures

- Some medications (prescription and over-the-counter) can reduce your body's ability to form blood clots and taking these before GI endoscopy procedures may increase your risk of bleeding during and after these tests. For this reason, it is generally recommended to withhold certain drugs if you are scheduled to have one of these procedures performed. These are sometimes referred to as **blood thinners**.
- The decision about whether to stop any medication is always based on an estimate of the risk of having a significant medical problem during the short time that you are off of them compared to the risk of bleeding complications from the procedure you are to undergo.
- For medications used to treat arthritis (regular dose **aspirin or nonsteroidal anti-inflammatory drugs**, also known as NSAIDs), there is little or no risk to stopping these, but you may have more arthritis pain or swelling. They are usually **stopped for four (4) days prior to any procedure**. It is safe to take acetaminophen (Tylenol) before an endoscopy for arthritis pain or headaches.
- For aspirin (81 or 325 mg daily) used to prevent heart problems, this is usually safe to stop for seven (7) days prior to any procedure. If you have severe heart problems you may need to consult with your heart specialist to determine if it is safe to stop it.
- For **anti-platelet drugs** it is usually important to speak with your heart doctor, vascular surgery specialist, neurologist or primary physician to determine if these are safe to stop. These are usually **stopped for seven (7) days prior to any procedure**.
- For **anti-coagulant** drugs it is almost always important to consult with the prescribing physician to determine if it is safe to stop them and for how long. For most people who are taking **Coumadin (Warfarin)** for chronic heart rhythm problems (like atrial fibrillation) it is usually safe to **stop it for four (4) days prior to the procedure**. However they may be special circumstances where the medication is not stopped or other medications are used to prevent clotting after it is stopped. You should get specific advice from your doctor on how to handle this.

Below is a list of many medications (but not all) that fall into these categories. It is important to remember that there are hundreds of over-the-counter medications that contain NSAIDs or aspirin, so it is important to carefully read the label of any medication that you are taking (prescription or over-the-counter).

Nonsteroidal anti-inflammatory medications – NSAIDs (generic name in italics):

<i>Diclofenac</i> (Cataflam, Voltaren, Arthrotec)	<i>Diflunisal</i> (Dolobid)
<i>Etodolac</i> (Lodine)	<i>Flurbiprofen</i> (Ansaid)
<i>Fenoprofen</i> (Nalfon)	<i>Indomethacin</i> (Indocin)
<i>Ibuprofen</i> (Motrin, Advil, Motrin IB, Nuprin)	<i>Ketoprofen</i> (Actron)
<i>Meclofenamate</i> (Meclomen)	Mefenamic Acid (Ponstel)
<i>Meloxicam</i> (Mobic)	<i>Nabumetone</i> (Relafen)
<i>Naproxen</i> (Naprosyn, Naprelan, Anaprox, Aleve)	<i>Oxaprozin</i> (Daypro)
<i>Piroxicam</i> (Feldene)	<i>Salsalate</i> (Amigesic, Marthritic, Salflex, Slasitab)
<i>Sulindac</i> (Clinoril)	<i>Tolmetin</i> (Tolectin)
<i>Salicylates</i> (sodium salicylate, Magan, Mobidin, Mobogesic, Arthritab, Bayer Select, Doan's pills), Fish oil, Flax seed	

Anti-platelet drugs:

Aspirin (<i>present in many medications</i>)	Cilostazol (<i>Pletal</i>)
Clopidogrel (<i>Plavix</i>)	Dipyridamole (<i>Persantine</i>)
Dipyridamole/Aspirin (<i>Aggrenox</i>)	Eptifibatide (<i>Integrilin</i>)
Pentoxifylline (<i>Trental</i>)	Ticlopidine (<i>Ticlid</i>)
Tirofiban (<i>Aggrastat</i>)	Dabigatran Etexilate (<i>Pradaxa</i>)
Rivaroxaban (<i>Xarelto</i>)	

Anti-coagulants:

Heparin	Warfarin (<i>Coumadin</i>)
Low Molecular Weight Heparins (<i>Fragmin, Lovenox, Danaparoid</i>)	

Colon & Rectal Surgery Inc.
The Colonoscopy Center Inc.
9850 Nicholas Street, Suite 100 Omaha, NE 68114
(402) 343-1122

Alan G. Thorson, MD
Garnet J. Blatchford, MD

Noelle L. Bertelson, MD
Jennifer S. Beaty, MD

M. Shashidharan, MD
Charles A. Ternent, MD

Your colonoscopy has been scheduled for _____ at _____. You need to be there at _____. Your procedure will begin at _____.

Day 2 and 3 prior to your procedure: No raw or cooked fruits or vegetables, bran, or fiber. Can eat meat, anything made with white flour, dairy products, baked or mashed potato with no skin.

The day before the colonoscopy, follow these instructions:

- 8:00a.m. For breakfast, you may have milk or yogurt without fruit and a hard or soft boiled egg and dry white toast. Drink a minimum of 12 oz of clear liquids such as water, juice, 7-Up, coffee or tea
- 10:00a.m. Drink a minimum of 12 oz of clear liquids. These consist of water, apple, white grape or cranberry juice, 7-Up, clear chicken or beef broth, coffee or tea.
- 11:00a.m. Drink a minimum of 12 oz water or the above-mentioned clear liquids
- 12:00p.m. For lunch, you may have clear broth, plain Jell-O (no red Jell-O) and 12 oz of the above clear liquids.
- 1:00p.m. Drink a minimum of 12 oz water or the above-mentioned clear liquids
- 2:00p.m. Drink a 10 oz bottle of magnesium citrate. You can mix this with non-pulp lemonade if needed to mask the flavor. Also drink 12 oz of clear liquids of your choice.**
- 3:00p.m. Drink a minimum of 12 oz of water or the above-mentioned drinks
- 4:00p.m. Drink a minimum of 12 oz of water or the above-mentioned drinks
- 5:00p.m. Drink a 3.25 oz bottle of Fletchers Childrens Laxative (which may be found at Wal-Mart, Target, HyVee but usually not Walgreens) or if you cannot find Fletchers take four 8.6 mg Senna laxative tablets instead. Also drink a minimum of 12 oz water or any of the above clear liquids.**
- 6:00p.m. For dinner you may have clear broth, plain Jell-O (no red Jell-O) and 12 oz of water or the above-mentioned drinks
- 7:00p.m. Take 4 Dulcolax Laxative tablets and drink a minimum of 12 oz of water or the above-mentioned clear liquids**
- 8:00p.m. Drink a minimum of 12 oz of water or the above-mentioned clear liquids
- 10:00p.m. Drink a minimum of 12 oz of clear liquids

NOTHING TO EAT OR DRINK AFTER MIDNIGHT
Including no water, gum, candy, breath mints, or tobacco

If you cannot take the laxative or have problems with the instructions, please call your doctor at 402-343-1122.

DO NOT TAKE ANY: Aspirin, Coumadin (Warfarin), Pradaxa, Plavix, Xerelto, Aggrenox, Fish Oil, Ibuprofen (Advil), Mobic (Meloxicam), Aleve (Naproxen), Diclofenac, Celebrex, Flax Seed Oil after 05/02/16.

WARNING: Prep may cause dehydration if liquid intake is less than the recommended amounts listed above. If you experience any problems, please call your doctor at 402-343-1122 or go to the emergency room. Call if you are not having significant diarrhea from this preparation.

YOU MUST HAVE SOMEONE DRIVE YOU HOME AFTER PROCEDURE

Colonoscopy Information Sheet

What is the difference between a screening and diagnostic colonoscopy?

Diagnostic Colonoscopy: Patient has past or present history of gastrointestinal symptoms or disease, polyps, or cancer. Additionally, if the colonoscopy is performed due to physical symptoms such as rectal bleeding or pain, the procedure will be considered diagnostic.

Screening Colonoscopy: Also known as a preventative screening colonoscopy. The patient, over the age of 50, will be asymptomatic (no symptoms either past or present), without a personal or family history of gastrointestinal disease, colon polyps, or cancer. Usually, the patient has not undergone a colonoscopy within the last 10 years.

High Risk Screening Colonoscopy: Patient is asymptomatic (no gastrointestinal symptoms either past or present), but has personal history of gastrointestinal disease, colon polyps, or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years).

Please note that procedures are subject to change based on findings from the procedure. It is important to understand your benefits for both screening and diagnostic colonoscopies prior to the procedure.

I came in for a screening colonoscopy, but they found something. What now?

The benefits will depend on your insurance policy. Certain plans will consider the first service preventative even if the colonoscopy detects cancer, polyps, or lesions. It is important to note that after the first procedure, future procedures will be considered diagnostic. We recommend you contact your insurance company for information specific to your insurance plan.

How do I find out what my insurance company will pay? How much will I owe?

Every insurance company is different, so we recommend you contact your insurance company and verify your benefits for the procedure. Some insurance companies require preoperative CPT and Diagnosis codes. Please contact the billing department at 402.343.1122 if you require this information.

Here is a list of questions to ask your insurance carrier:

1. What are my plan benefits for a screening colonoscopy? Diagnostic colonoscopy?
2. What is my deductible? How much of the deductible have I met?
3. What is my maximum co-insurance responsibility? How much of this have I met?
4. If the physician removes a polyp or finds any other issues, will this change my out of pocket responsibility?
5. Is the facility I am having my procedure at in-network?
6. Are there age and or frequency limits for my colonoscopy?

Remember, it is very important to record the name of the representative you spoke with, the date and time of the call, and a reference number for the discussion.

My insurance company says that if my procedure was coded as a screening, they would cover it. Can the physician change, add, or delete the codes so it is considered screening?

No. Claims are coded according to the medical record from information you have provided, as well as evaluation from the physician. These are legally binding documents that cannot be changed to facilitate better insurance benefits.