

Your procedure will be at **East Valley Endoscopy, 1179 East Paris Ave S.E. Suite 200, Grand Rapids, MI 49546.** (This is also the office of Gastroenterology Specialists/Dr. Papp Jr. This is not Dr. Serini's office on Health Drive in Wyoming.)

You have been scheduled for a (n) \_\_\_ on \_\_\_ with Dr. Serini. Please arrive at \_\_\_ a (n) \_\_\_ procedure time.

\*Please note there may be last minute changes in your arrival time due to unforeseen circumstances in the provider's schedule. Our office will contact you prior to your procedure to notify you if your time has changed\*

**Please complete the registration paperwork enclosed and bring it with you to your procedure appointment along with your insurance card(s), picture ID and medication list.**

**Medication Notes:**

**Can I take my usual medications the morning of the procedure?**

Coumadin (warfarin), Brilinta (ticagrelor), Plavix (clopidogrel), Effient (prasugrel) must be discontinued 5-7 days prior to your procedure. Don't take Pradaxa (dabigatran) starting 2 days before procedure (so you are off the medicine for 2 days) if you have abnormal kidney function. Otherwise don't take Xarelto (rivaroxaban), Pradaxa (dabigatran) or Eliquis (apixaban) starting 1 day before the procedure (so you are off the medicine for 1 day before the day of the procedure). Also, do not take any of the above medicines the day of the procedure. Continue your daily aspirin. You do not need to stop your aspirin. Medications allowed the morning of the procedure are blood pressure, heart, seizure and breathing medications. If you are on inhalers, PLEASE bring them with you. Please talk to your primary care physician about discontinuing your other medications, including diabetic medications.

**Can I take my diabetes/weight loss medicines?**

If you are taking Dulaglutide (Trulicity) or Exenatide-ER (Bydureon BCise) for weight loss, stop the medicine 1 week before the procedure. If you are taking one of these medicines for diabetes, talk with your prescribing doctor/family physician for alternative treatment.

If you are taking Exenatide-IR (Byetta), Liraglutide (Saxenda or Victoza), Lixisenatide (Adlyxin), Semaglutide (Ozempic, Wegovy, Rybelsus, others) for weight loss, stop the medicine 1 day before the procedure. If you are taking one of these medicines for diabetes, talk with your prescribing doctor/family physician for alternative treatment.

**Please contact our office 3-4 weeks prior to your scheduled procedure if you have/or use any of the following:**

- If you are allergic to or cannot take Fentanyl or Versed
- If you have had any new cardiac symptoms, or any unresolved cardiac issues within the last 3 months
- If you are on continuous oxygen
- If you are wheelchair bound, or your mobility is reduced requiring additional assistance
- If you use narcotic antagonist including but not limited to: Buprenorphine, Naloxone, and/or Suboxone. If you are unsure, please ask your prescribing doctor or pharmacist.

**You will be at the endoscopy unit an estimated 2-3 hours from arrival. You will not be able to drive after the procedure due to the sedation, so you will need a driver. You will not be able to do anything that requires full mental alertness for 24 hours after procedure. Your driver must remain on the premises during the procedure.**

**IMPORTANT:**

**WE CANNOT AFFORD TO HAVE ANY LATE CANCELLATIONS OR MISSED APPOINTMENTS IN OUR DAY. YOU MAY BE CHARGED A FEE AND/OR UNABLE TO RESCHEDULE IF YOU FAIL TO CANCEL 1 BUSINESS DAY PRIOR OR MISS YOUR PROCEDURE.** Please call our office to confirm, cancel, or reschedule your procedure at least 3 business days prior to the appointment or if you have any questions concerning the above information at (616) 828-5727.

**IT IS THE PATIENT'S RESPONSIBILITY TO CHECK THEIR INSURANCE FOR COVERAGE PRIOR TO THE PROCEDURE**

PLEASE DO THE BEST YOU CAN IN PREPARATION FOR YOUR COLONOSCOPY. PLEASE **DO NOT** CALL THE DOCTOR AFTER HOURS UNLESS IT IS AN EMERGENCY.

Visit our website: [www.giconsultgr.com](http://www.giconsultgr.com) for additional information and FAQ's.

**PREPARATION FOR COLONOSCOPY  
(SUTAB Bowel Prep)**

**5-7 DAYS PRIOR TO PROCEDURE**

Obtain SUTAB Bowel Prep from your pharmacy. A prescription was sent to \*\*\*. Michigan state law now requires all prescriptions to be electronically filed with a pharmacy. Because of this legal requirement, all prescriptions, including colonoscopy preparation prescriptions, must be requested during business days office hours Monday through Friday 9am-4:30pm and prescribed electronically to your pharmacy. The after hours or on-call doctor will not be able to prescribe any prescriptions for you. If this medication is not covered by your insurance provide the pharmacy with the enclosed copay card. This will allow you to pay as little as \$40 for the medication. Copay cards can also be found at [www.sutab.com](http://www.sutab.com) which can be printed or saved to your phone. This is a brand name pill bowel prep - if you would prefer a generic liquid bowel prep (which may be cheaper) please contact our office at 616-828-5727 so we can change it for you.

**Additional SUTAB notes:**

- Do not drink alcohol.
- Do not take other laxatives while taking SUTAB.
- Do not take oral medications within 1 hour of starting each dose of SUTAB. Medication take by mouth may not be absorbed properly when taken within 1 hour before the start of each dose of SUTAB.
- If taking tetracycline or fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB.
- The most common adverse reactions after administration of SUTAB were nausea, abdominal distension, vomiting, and upper abdominal pain.

- Contact your healthcare provider if you develop significant vomiting or signs of dehydration after taking SUTAB or if you experience cardiac arrhythmias or seizures.

#### **DAY PRIOR TO PROCEDURE**

**Start and keep a clear liquid diet ALL DAY.** Continue clear liquids until 4 hours prior to the procedure. Fluids are considered clear only if they can be seen through when held up to a light. The following are allowed to have: Jell-O, popsicles, coffee (no cream), tea, beef or chicken broth, and any juices or pops you can see through. Do not consume anything red or purple liquids since that can mimic blood and may affect test results.

#### **DAY PRIOR TO PROCEDURE**

**5:00PM:** Begin taking SUTAB preparation (Do not follow instructions on package). Step 1: Open 1 bottle containing 12 tablets. Step 2: Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water, and drink the entire amount of water over 15 -20 minutes. Step 3: Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes. Step 4: Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes. Continue with the clear liquids. If you have problems such as vomiting, discontinue it for one hour and then restart.

**MORNING OF PROCEDURE: 5-8 hours prior to procedure and no sooner than 4 hours from starting Dose 1** open the second bottle of 12 tablets.

**YOU MUST BE FINISHED WITH THE REMAINDER OF PREP AT LEAST 2 HOURS PRIOR TO PROCEDURE TIME, SO PLEASE PLAN ACCORDINGLY!**

Step 1: Open 2nd bottle containing 12 tablets. Step 2: Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water, and drink the entire amount of water over 15 -20 minutes. Step 3: Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes. Step 4: Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes. If you have problems such as vomiting, discontinue for one hour and then restart. **Note:** If your procedure is scheduled for early morning, you will need to get up during the night to finish the prep. The correct timing for this dose is essential!

**\*\*You will know that you are fully "cleaned out" once you see yellow or clear in the toilet\*\***

**4 HOURS PRIOR TO PROCEDURE:** Discontinue all oral intake, including all clear liquids (**except for the remainder of the prep**).

**DISCLOSURE OF PROCEDURE TO BE SCHEDULED**

Your doctor has recommended that you have a Colonoscopy.

There are 2 kinds of colonoscopies:

A **SCREENING COLONOSCOPY** is a procedure performed on a patient who is totally **WITHOUT** signs or symptoms and has no findings during the procedure.

A **DIAGNOSTIC COLONOSCOPY** is a procedure performed on a patient that has signs or symptoms either **BEFORE or DURING** the procedure that could indicate the presence of a malignant neoplasm, pre-malignant condition or other abnormality of the colon.

A procedure on a patient that has no signs or symptoms **PRIOR** to the procedure but has findings **DURING** the procedure **IS BILLED as a DIAGNOSTIC COLONOSCOPY.**

It is important that as a patient you understand that our office cannot quote benefits covered by your insurance policy. There are plans that will cover both types of procedures. Many plans will cover your procedure only if it is a screening colonoscopy, while others will only cover it if it is a diagnostic colonoscopy. Please contact your insurance carrier and inquire about coverage of this procedure and any financial responsibility you may have.

