

Colonoscopy Prep Instructions: 2-day extra MiraLAX

The GI lab will contact you 1-3 days prior to your procedure with an exact check in time.

M T W TH F	Procedure Date: _____	For any scheduling concerns please call 801-387-5620, option 1, then option 1.
Provider:	Location:	
Dr Eric Eliason	ASC McKay Dee Endoscopy Center	
Dr Kyle Eliason	3903 Medical Drive, STE 400 Ogden, Utah 84403	
Dr Luke Townsend	McKay Dee Hospital	
Dr Taylor Frost	4401 Harrison Blvd, Ogden, UT 84403	
Dr. John Morris	Layton Hospital	
	201 W Layton Parkway Layton, Utah 84041	

No shows, late cancellations or rescheduling within 5 days, may be charged a no-show fee.

What do I need to do to get ready?

You will need all of the following items. They can be found at most grocery or drug stores in the laxative section.

- One 238-gram bottle of PEG 3350 powder (MiraLAX or generic)
- 64 ounces (2+ bottles) of Pedialyte, Gatorade, Powerade, or Crystal Light.
- **NO red or purple.**
- Four bisacodyl 5 mg (Dulcolax) tablets.
- Four simethicone (Gas-X) chewable tablets or soft-gels
- 1-Bottle, 10 oz liquid of Magnesium Citrate.

You will need to follow a clear liquid diet.

Clear liquids include the following:

- Water or glucose water
- Fruit juices without pulp (such as apple juice)
- Carbonated soft drinks
- Sports drinks (WITHOUT protein)
- Clear tea, black coffee (No creamer)
- Bullion or beef, chicken or bone broth
- Jell-O
- Slurpee's
- **NO Alcohol, orange juice, yogurt, milk or creamer, smoothies**
- **No Red or purple colors**

Please follow all instructions carefully

3 days before your exam

- **Stop eating the following:** nuts, seeds, whole wheat bread, beans, corn, raw vegetables, or fruits with seeds or skin.
- **Discontinue any blood thinners, (with physician approval) this includes:**
 - Coumadin (Warfarin) -Apixaban (Eliquis)
 - Clopidigrel (Plavix) -Dabigatran (Pradaxa)
 - Prasugrel (Effient) - Rivaroxaban (Xarelto)as well as any nonprescription blood thinners, Aspirin, Ibuprofen, or any type of NSAIDS.
- **Don't take any Iron supplements.** They can make it harder to get a successful prep.

2 days before your exam

- **Start your clear liquid diet:** This include apple juice; water; Sprite; Jell-O; coffee or tea (no creamer); clear chicken, beef or vegetable broth; clear sports drinks, or Crystal Light. **Avoid anything that contains red or purple dye.**
- **Do not drink milk or juice with pulp.**
- **At 7:00 pm:** Drink the full 10 oz. bottle of Magnesium Citrate.

1 day before your exam

- **Drink only clear liquids.** You can have clear broth for lunch. Do not eat any solid foods or chew gum until after the procedure or until your doctor says it's okay.
- **Keep drinking water or other fluids to stay hydrated.** Do not have any red or purple liquids.
- **At 12:00 (noon):** Take the four 5mg bisacodyl/Ducolax tablets
- **At 5:00 pm:**
 - **Take 2 of the Simethicone (Gas X) Tablets**
 - Mix the entire 238 gm bottle of MiraLAX with a total of 64 OZ of your electrolyte drink until dissolved.
 - Drink 32oz of the MiraLAX / electrolyte solution within a 2-hour window.
 - Refrigerate the remaining 32 oz of prep until the day of procedure

On the day of your exam

- **6 hours prior to your procedure:** Take 2 Simethicone (Gas X) tablets and consume the remaining 32 OZ of your MiraLAX mixture within a 2-hour period.
- **Discontinue any clear liquids 2 hours** prior to your procedure check in time.
- You may take any necessary Blood pressure, heart, Parkinson's and/or seizure medications with a small sip of water up to 3 hours prior to your procedure.

What should I bring to my appointment?

- Bring the following items with you:
 - Your insurance card and photo ID
 - Any completed forms, if assigned
 - Your glasses, hearing aids, and inhaler, if you use one
 - A current list of all medications you are taking and the dosages. Include all prescriptions, over-the-counter medicines, patches, inhalers, injections, herbal remedies, and vitamin supplements.
- Leave your valuables at home. This includes all jewelry (including wedding rings) and tongue piercings.
- Wear comfortable clothing that is easy to take on and off.

If you are a female of child-bearing age, you may be asked to provide a urine sample to check for pregnancy. If you are pregnant, talk with your provider about whether you need this procedure.

How do I know if my prep was successful?

You will know that your prep was successful if your bowel movements are watery and clear like urine (pee). If they continue to be brown or they still contain solid matter within 2 hours before your appointment, call the clinic.



Dark and murky
NOT OK



Brown and murky
NOT OK



Dark orange and semi-clear
NOT OK



Light orange and clear
ALMOST THERE



Yellow and clear
YOU ARE READY

Helpful Information:

- The GI lab will reach out 1-3 days prior to your procedure with an exact check in time.
- If you are diabetic, please contact your Primary Doctor or Endocrinologist for medication/insulin instructions while taking your prep, and to advise you of any diabetic medications that you would need to take the day of your procedure.
- Please arrange to have a responsible person drive you to and from your exam. You will not be allowed to use any rideshare services (Uber/Lyft).
- Expect your appointment time to last 2-3 hours

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When is a colonoscopy considered a “Screening Colonoscopy”?

Generally, there are two reasons a colonoscopy is considered a “screening colonoscopy”:

- Patient’s first colonoscopy is performed at the age of 45 or older and the patient presents with the absence of symptoms. **Patient has zero GI complaints/issues/symptoms.**
- Most recent colonoscopy had no abnormal findings, no biopsy (the removal and examination of tissue) was performed, and the recommended time interval has been met.
- Typically, the standard time interval is 10 years. Some payers (Select Health, DMBA) reimburse for a screening colonoscopy every 5 years. Please check your individual insurance policy.

When is a colonoscopy considered a “Diagnostic Colonoscopy” instead of a “Screening Colonoscopy”?

There are three reasons a colonoscopy is considered a “diagnostic colonoscopy”:

- Patient’s first colonoscopy is performed under the age of 45, typically the presenting problem is a condition that needs to be treated.
- Most recent colonoscopy had abnormal findings or required a biopsy
- *Once a polyp (growth) is found and biopsied/removed in a previous colonoscopy, subsequent colonoscopies are no longer “screening”.*
- If a doctor recommends a colonoscopy due to a medical condition such as diarrhea, constipation, abdominal pain, blood in stools (blood when wiping), excessive gas/bloating, or any other abnormal gastrointestinal condition.
- **A diagnostic colonoscopy may result in a balance owed by the patient. Diagnostic colonoscopies cannot be inaccurately changed to “screening” for coverage purposes.**

Frequently asked questions:

1- Does this mean if I come in at age 45 for my initial “screening colonoscopy” and the doctor has to remove something found and sends it to pathology, that my colonoscopy will no longer be considered “screening”?

No If you are age 45 and this is your first colonoscopy, it will be considered a “screening colonoscopy”, no matter the findings. If your doctor finds something abnormal, you will be scheduled for a follow-up diagnostic colonoscopy in three to five years (depending on the pathology results).

2- If something is found/biopsied on the follow up colonoscopy, will I ever be billed for a “screening colonoscopy” again?

Maybe If something is found/biopsied on any colonoscopy, depending on the payer policy, the next colonoscopy may be considered a “diagnostic colonoscopy” because we will be following up on a “diagnosis”. Some payers that follow this rule: Select Health, United Health Care, Blue Cross, DMBA

If/when you have a colonoscopy that comes back normal with nothing to biopsy, your next routine colonoscopy will be considered a “screening colonoscopy,” as long as the recommended time interval (5 or 10 years) has been met. For more specific guidance please contact your insurance carrier.

3- Can I ask the doctor to not take any biopsies if he finds something, or can the doctor simply not document biopsies were performed, so my colonoscopy will be billed as “screening”?

No If something is found, the next colonoscopy will still be a diagnostic colonoscopy whether the biopsy is done or not. Your doctor may not ignore findings and should be given permission to remove anything suspicious to provide the best medical treatment for you. Your doctor is required to report his or her care and treatment as accurately as possible. The medical standard of care does not permit a doctor to withhold information.

4- Can the doctor change his notes on my procedure and re-submit the billing to my insurance?

Maybe Your doctor’s notes are an important part of your medical care. If there is an error in the notes, the notes can be amended. Otherwise, the notes cannot be changed. Changing documentation after a claim has been submitted to a payer is considered fraudulent.

5- Can you change the coding so my insurance company will cover the procedure?

No Accurate coding is essential. Medical codes enable doctors to efficiently communicate with payers the medically necessary services that you were provided. Only the precise code should be used, as entering incorrect codes poses a risk to the provider and may result in legal repercussions.