

# Ultra Low Volume Colonoscopy Preparation-SUPREP

## Gastroenterology & Hepatology

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### Location:

Vail Valley Surgery Center  
320 Beard Creek Road  
Edwards, CO 81632  
(970) 569-7400

Date of colonoscopy: \_\_\_\_\_

Appointment time: \_\_\_\_\_

Check-in time: \_\_\_\_\_

Doctor: \_\_\_\_\_

Please note, procedure time is subject to change up until the day before your scheduled procedure date.

Please read entire packet upon receipt to ensure proper planning and preparation for procedure.

**If you have congestive heart failure, kidney disease, or cirrhosis Sutab is CONTRAINDICATED. Please notify our office at (970) 363-5376 to discuss alternative prep.**

## SUMMARY OF PREPARATION INSTRUCTIONS

Additional information is detailed in the following pages.

### 2 WEEKS BEFORE COLONOSCOPY/UPON RECEIPT OF PACKET

- **READ THIS PACKET IN ITS ENTIRETY.**
- **ARRANGE TRANSPORTATION:** You must have an adult friend or relative accompany you to your procedure and drive you home after your procedure. **You may not go home alone by taxi, bus, or Uber/Lyft.** The average time is 3-4 hours from drop off to pick up.
- **REVIEW MEDICATION GUIDELINES SECTION:** Certain medications will need to be held or temporarily discontinued before your procedure, **including GLP-1 medications** (injection medication for weight-loss and diabetes). Please consult with your prescribing provider and our clinical staff prior to stopping any medications.
- **REVIEW BILLING/INSURANCE SECTION:** Review the "Billing and Insurance" section to understand what to expect with costs associated with procedure, and questions to ask your insurance.
- **COMPLETE MEDICAL PASSPORT:** Review the "Surgery Center" section and complete medical passport.

### 1 DAY BEFORE COLONOSCOPY

- **LIGHT BREAKFAST:** You may have a light breakfast before 10am.
- **START CLEAR LIQUID DIET:** After 10am, you may ONLY consume clear liquids.
- **TAKE FIRST DOSE OF PREP:** Start at 6pm. The prep will cause you to have diarrhea, so plan to be near a restroom while prepping for your procedure.

### DAY OF COLONOSCOPY

- **TAKE SECOND DOSE OF PREP:** 4 hours before procedure time (NOT check in time), consume the second dose of the prep.
- **NOTHING BY MOUTH 2 HOURS BEFORE PROCEDURE TIME.**

## Colonoscopy Shopping List:

- ☐ **SUPREP-** by prescription-pick up at pharmacy
- ☐ **CLEAR LIQUIDS-** (Clear liquids of choice, no red or purple)
- ☐ **WET WIPES AND BARRIER CREAM-** (optional-wet wipes and/or barrier cream such as A&D, Desitin, to relieve irritation)



## DAY BEFORE COLONOSCOPY:

- **You may have a light breakfast before 10am.**
  - Example:
    - Eggs
    - White toast, butter
    - Apple juice
    - Tea/coffee, with creamer of choice (dairy and non-dairy are both okay)
    - Yogurt, plain or vanilla

### Start Clear Liquid Diet: Clear liquids ONLY after 10am

#### EXAMPLES OF CLEAR LIQUIDS

Water, tea/coffee (no creamer-dairy or non-dairy), light colored fruit juices without pulp (e.g. apple, white grape, lemonade, white cranberry), clear broth (chicken, beef, or vegetable), clear carbonated beverages, Jell-O, popsicles.

**NO:** Alcoholic beverages, milk, smoothies, cream, orange juice, grapefruit juice, tomato juice.

**NOTHING WITH RED OR PURPLE COLOR OR DYE. It is important to stay hydrated during your prep.**

**Drink clear liquids throughout the day in addition to the prep mixture.**

### • **Evening 6:00PM**

- **Step 1:** Pour **ONE** (1) 6-ounce bottle of SUPREP liquid into the mixing container.



- **Step 2:** Add cool drinking water to the 16-ounce line on the container and mix.  
**Note:** Be sure to dilute SUPREP before you drink it.



- **Step 3:** Drink **ALL** the liquid in the container.



- **Step 4:** You **must** drink two more 16-ounce containers of water over the next 1 hour.



You will develop significant diarrhea after drinking the prep. Plan to be near a restroom. Most people experience mild bloating and abdominal cramps. This is normal. A successful colon prep will cause you to have clear yellow, liquid stools.  
Please finish your preparation regardless of stool color.

## MORNING OF COLONOSCOPY:

- **FOUR HOURS** before your procedure time (NOT check in time):
  - Repeat Steps 1 through 4 from day before colonoscopy.

**TWO HOURS before your procedure: STOP DRINKING ALL LIQUIDS. NOTHING BY MOUTH**

## Medication Guidelines

**It is your responsibility to discuss the management of ANY medications you take, at least 2 weeks before the procedure, with your prescribing physician.**

### Important Health Considerations:

- **Do you have congestive heart failure, kidney disease, or cirrhosis?** If you have congestive heart failure, kidney disease, or cirrhosis please notify our office at (970) 363-5376. An alternative prep will be provided.
- **If you have an artificial heart valve, pacemaker, internal defibrillator, congestive heart failure, or a diagnosis of A-FIB,** please consult your cardiologist or referring provider, and our clinical team. Clearance may be required.
- **Have you had a joint replacement within the past 6 months?** Please consult with your surgeon regarding specific instructions. Our office will NOT prescribe prophylactic antibiotics. If your surgeon is requesting antibiotics, they will need to prescribe these.
- **Are you on blood thinners or antiplatelet medications?** If you are taking anticoagulants or antiplatelets, please consult with your prescriber to obtain instructions on how to take medication prior to your colonoscopy. **DO NOT stop taking blood thinners or antiplatelets without consulting your doctor.**
- **Do you have insulin dependent diabetes?** Please consult with your prescriber, as your insulin dose may need to be adjusted during your colonoscopy preparation.
- **Do you take a GLP-1 Agonist?** If you take a GLP1-agonist for diabetes or weight loss, please note you MUST stop taking 15 days before your procedure. Please consult with your prescriber prior to stopping medication. **Your procedure will be canceled if you have taken this medication within 15 days of your scheduled procedure date.**

### Medication Considerations:

| APAs (antiplatelets agents)                                                                                                                                      |                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Secondary prevention Aspirin (for patients with stents, CABG, or other vascular disease)                                                                         | Continue as usual unless instructed to stop by your PCP or cardiologist.                                       |
| Clopidogrel (Plavix)                                                                                                                                             | Consult your prescribing provider.                                                                             |
| ANTICOAGULANTS                                                                                                                                                   |                                                                                                                |
| Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Dabigatran (Pradaxa), Enoxaparin (Lovenox), Prasugrel (Effient), etc.                            | Consult Vail Health Anticoagulation Clinic at: 970.471.4948<br><b>OR</b><br>Consult your prescribing provider  |
| DIABETIC MEDICATION                                                                                                                                              |                                                                                                                |
| Humalog, Novolog, Humulin, lantus, levemir, etc.                                                                                                                 | Consult your prescribing provider.                                                                             |
| GLP-1 agonist- Semaglutide (Ozempic, Wegovy), Tirzepatide (Zepbound, Monjour), Dulaglutide (Trulicity), Exenatide (Byetta), Liraglutide (Victoza, Saxenda), etc. | <b>Anesthesia requires this be held for 15 days.</b><br>Consult with your prescribing provider for management. |

| <b>Medications Not Allowed/Hold</b>                                                                                                                                          |                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>GLP-1 AGONISTS (INJECTABLE)</b>                                                                                                                                           |                                                                                                                                                                              |
| Semaglutide (Ozempic, Wegovy), Tirzepitide (Zepbound, Monjour), Dulaglutide (Trulicity), Exenatide (Byetta), Liraglutide (Victoza, Saxenda), etc.                            | Stop 15 days before. If taking for diabetes, please consult with your prescriber for management .                                                                            |
| <b>SGLT2 INHIBITORS</b>                                                                                                                                                      |                                                                                                                                                                              |
| Jardiance, Farxiga, Invokana, Brenzavvy, etc.                                                                                                                                | Stop 72 hours before-consult with prescriber.                                                                                                                                |
| <b>ACE INHIBITORS</b>                                                                                                                                                        |                                                                                                                                                                              |
| Altace (ramipril), Avapro (irbesartan), Benazepril (Lotensin), Enalapril (Vasotec), Lisinopril (Prinivil, Zestril), etc.                                                     | Stop 24 hours before (if taking twice daily, may take AM dose the day before).                                                                                               |
| <b>ANGIOTENSIN II Receptor Blockers</b>                                                                                                                                      |                                                                                                                                                                              |
| Atacand (candesartan), Cozaar (losartan), Diovan (valsartan), Olmesartan, etc.                                                                                               | Stop 24 hours before (if taking twice daily, may take AM dose the day before).                                                                                               |
| <b>BIGUANIDES</b>                                                                                                                                                            |                                                                                                                                                                              |
| Metformin                                                                                                                                                                    | Stop 24 hours before (if taking twice daily, may take AM dose the day before).                                                                                               |
| <b>DIURETICS WITH ACE-1 OR ARBS</b>                                                                                                                                          |                                                                                                                                                                              |
| Hyzaar (HCTZ/losartan), HCTZ/benazepril, etc.                                                                                                                                | Stop 24 hours before.                                                                                                                                                        |
| <b>GLP-1 AGONISTS (ORAL)</b>                                                                                                                                                 |                                                                                                                                                                              |
| Semaglutide                                                                                                                                                                  | Stop 24 hours before.                                                                                                                                                        |
| <b>HERBAL SUPPLEMENTS</b>                                                                                                                                                    |                                                                                                                                                                              |
| Garlic, Ginkgo-biloba, fish oil, etc.                                                                                                                                        | Stop 7 days before surgery.                                                                                                                                                  |
| <b>ANITPLATELETS</b>                                                                                                                                                         |                                                                                                                                                                              |
| Primary prevention Aspirin (patients with no cardiac/vascular history)                                                                                                       | Stop 5 days before.                                                                                                                                                          |
| <b>PHOSPHODIESTERASE INHIBITORS</b>                                                                                                                                          |                                                                                                                                                                              |
| Viagra (sildenafil), Cialis (tadalafil)                                                                                                                                      | Stop 48 hours before surgery, unless taking if for BPH, in which case continue as prescribed.                                                                                |
| <b>Medication Allowed (continue as usual)</b>                                                                                                                                |                                                                                                                                                                              |
| <b>BETA BLOCKERS</b>                                                                                                                                                         | <b>CALCIUM CHANNEL BLOCKERS</b>                                                                                                                                              |
| Atenolol (Tenormin), Bystolic (nebivolol), Coreg (carvedilol), Labetalol, Metoprolol (Lopressor, Toprol-XL), Propranolol (Inderal, Inderal LA), Ziac (Bisoprolol/HCTZ), etc. | Amlodipine (Norvasc), Bystolic (nebivolol), Felodipine, Lotrel (amlodipine, Benazeprilat), Nifedipine (Adalat, Procardia), Verapamil (Calan, Isoptin, Verelan, Covera), etc. |
| <b>ANTIARRYTHMICS</b>                                                                                                                                                        | <b>GERD MEDICATIONS</b>                                                                                                                                                      |
| Amiodarone (Cordarone), Flecainide (Tambocor), Multaq (dronedaron), Sotalol, etc .                                                                                           | Prilosec (omeprazole), Nexium (esomeprazole), Pepcid (famotidine), etc                                                                                                       |
| <b>DIURETICS (STANDALONE)</b>                                                                                                                                                | <b>NSAIDS</b>                                                                                                                                                                |
| HCTZ, Furosemide (Lasix), Spironolactone), etc.                                                                                                                              | Ibuprofen, naproxen, etc.                                                                                                                                                    |
| <b>STATINS</b>                                                                                                                                                               | <b>THYROID MEDICATIONS</b>                                                                                                                                                   |
| Atorvastatin, simvastatin, rosuvastatin, etc.                                                                                                                                | Levothyroxine, Synthroid, etc.                                                                                                                                               |
| <b>MAOIS</b>                                                                                                                                                                 | <b>OTHER MEDICATIONS</b>                                                                                                                                                     |
| Nardil, Emsam, Marplan, etc.<br>***Continue as usual, but notify anesthesia the day of your procedure***                                                                     | Anticonvulsants, antipsychotics, anxiolytics, pain meds, immunosuppressants, Tylenol, suboxone/naltrexone, BPH meds, and asthma meds                                         |

## Billing Information and Insurance Benefits

**You may receive invoices from 4 separate entities associated with your procedure, including:**



**Professional Charges:** This includes billing/fees from the physician performing the procedure. Contact Colorado Mountain Medical (CMM) to discuss the associated fees. Phone: 970-363-5431.



**Facility Charges:** Edwards Surgery Center is a separate entity from CMM, and therefore you must speak directly with them to obtain information regarding facility fees. Phone: 970-569-7400.



**Anesthesia Charges:** Anesthesia services are provided by Anesthesia Partners of Colorado. Please contact them directly to discuss fees associated with anesthesia. Phone: 970-315-3858.



**Laboratory Charges:** If you have a polyp removed or a biopsy, the samples will be sent to Valley View Hospital for analysis. Please contact them directly to discuss fees associated with this analysis. Phone: 970-384-6888.

### Contacting Your Insurance Company

As a courtesy, we will call your insurance to verify your potential benefits and to obtain authorization for your upcoming procedure. Please keep in mind that benefits are not a guarantee of coverage and colonoscopy type can change during the procedure. For all procedures, you should be prepared to pay any amount up to your deductible, plus any applicable co-insurance amounts. We encourage you to contact your insurance company directly, to fully understand your benefits and any out-of-pocket costs for your procedure(s).



**Correct coding of a procedure is dictated by the ordering provider and your medical history. It is NOT dictated by your insurance company or insurance benefits.**

**We cannot change or remove diagnosis codes to get procedures covered under your preventive benefits.**

### Questions to consider when contacting insurance:

- Is the physician, facility, anesthesia, and laboratory in network?
- Is the procedure being processed as preventative, surveillance or diagnostic (see explanations on following page)?
- If a polyp or biopsy specimen is removed during my procedure, will this change my out-of-pocket responsibility?
- What is my deductible and how much have I met?

## Colonoscopy Categories

### ● Preventative/ Average Risk Colonoscopy Screening:

Colorectal cancer screening is recommended at age 45. A colonoscopy is considered screening if you are 45 years old or older; have not had a colonoscopy or ColoGuard test within the last 10 years; no gastrointestinal symptoms; and no personal or family history of colon polyps and/or colon cancer.

**Please note:** A polyp/biopsy removal may change your screening benefit to a medical necessity benefit. Coverage may vary with insurance. Please contact your insurance company to inquire about this possibility prior to procedure.

### ● Surveillance/ High Risk Colonoscopy Screening:

Patients with a personal history of colon polyps and/or colon cancer, family history of colon polyps and/or colon cancer, personal history of Crohn's disease, or ulcerative colitis fall under this category. You may need to repeat a colonoscopy every 2-7 years for surveillance purposes. Not all insurance companies cover 100% of these procedures and may be applicable to your deductible/coinsurance.

### ● Diagnostic Colonoscopy:

Patients with gastrointestinal symptoms, and/or active gastrointestinal disease. It is considered a medical procedure, and not preventative/screening and will be applicable to your deductible/coinsurance.

### ● EGDs:

This is a diagnostic procedure and will potentially be applicable to your deductible/copay.

## Please Note

A good bowel prep is essential for an accurate and successful procedure. Following instructions closely will help maximize the ease, safety, and success of your preparation. A successful colon prep will cause you to have clear yellow liquid stools. If an incomplete/poor bowel prep occurs, your doctor may request to repeat your procedure. **Your insurance most likely will NOT cover a second procedure.**

**If you have any questions regarding scheduling, please call our schedulers at 970-363-5431.**

**If you have any questions regarding the prep, you can call our clinical staff at 970-363-5376.**

## Cancellation Policy

To modify or cancel your appointment, please contact our scheduling team at (970) 363-5431 at least **five days prior to your scheduled procedure** to avoid incurring a **No-Show/Cancellation Fee of \$100**.

Additionally, please ensure that your bowel preparation is complete before arriving at the procedure unit. If the bowel is not adequately cleansed, your procedure will need to be rescheduled to ensure the accuracy and quality of your examination. Contact the surgery center the morning of the procedure if your bowel prep is not complete. Phone: 970-569-7400.

Thank you for your understanding.

## Illness Requirements

Patients must be symptom free from any illness 24 hours prior to their scheduled procedure. If the illness is COVID, we ask that you are symptom free for 10 days prior to your scheduled procedure. Or symptoms free 24 hours prior to your procedure AND test negative.

Additionally, all ride/caregivers entering the surgery center must also be free of symptoms of COVID-19, have no positive tests in the previous 10 days, and may not have a test pending.

## Procedure Results

Results from your procedure(s) will be communicated via Colorado Mountain Medical's Patient Portal (Please note: This is **NOT** the same application as the One Medical Passport through the Vail Valley Surgery Center). If you do not have an account, please set this up by visiting the following link: [www.CMMHealth.org/Portal](http://www.CMMHealth.org/Portal).

- Click "I need to sign up" this will take you through the account set up. **An access code will be required; this will be the year of your birth. Ex: 1970.**

If you have questions or need additional support with CMMs Patient Portal, please contact:

### TECHNICAL SUPPORT

**Support Hotline:** (888) 670-9775

**Email:** [Patientsupport@FollowMyHealth.com](mailto:Patientsupport@FollowMyHealth.com)

**Knowledge Base:** <http://support.followmyhealth.com>

**Hours of Service:** Monday – Friday, 6 AM – 6 PM MST.





**VAIL VALLEY SURGERY CENTER  
EDWARDS**

320 Beard Creek Road  
Edwards, CO 81632  
Ph: 970-569-7400



## Online Patient History Instructions

Welcome to the Vail Valley Surgery Center Edwards. We're very pleased that you and your physician have chosen us to care for you. Our center requests that you fill out your medical history online with **One Medical Passport as soon as your procedure has been scheduled**. Once you do this, a Pre-surgical Planning nurse will be able to access the information you entered and help prepare you for your procedure.

Be sure to have the following information available before starting your Medical Passport:

- Your health insurance information.
- The names, addresses and phone numbers of your physicians.
- A list of all medications you are taking, their dosage and frequency.
- A list of surgical procedures you have ever had and their approximate dates.

**Patients can expect a phone call from a Pre-surgical Planning nurse 1-3 days prior to their procedure to review any pertinent information.**

***If you are not able to complete your history online, please note that you will be required to complete paperwork at registration.***

### **One Medical Passport**

New users log into [www.onemedicalpassport.com](http://www.onemedicalpassport.com) , create an account, user name and complete your health history.

If you have already registered or have an account go to [www.onemedicalpassport.com](http://www.onemedicalpassport.com).

Enter the username you created when you registered and click 'NEXT'. Enter your password and click 'NEXT'.

Select the 'Medical Facility and Physician' option and click 'NEXT'. Your previous medical history will populate the form.

Continue to follow the prompts until completed

### About [One Medical Passport](#)

Completing a *One Medical Passport* medical history online is easy. For most patients, filling out the entire questionnaire takes less than 30 minutes. Please fill out the questionnaire accurately, and be assured that all of your information is kept confidential and will be thoroughly reviewed by your medical team. At any time, you can quit filling out the questionnaire and come back and complete the unfinished portion at a more convenient time.

*One Medical Passport* is a website that allows you to enter your information at any time from anywhere. You can also print out a copy of your medical history after you create it online and keep it with you or with your other health care documents, as well as have access to it online anytime you need it or want to update it