

CLENPIQ COLONOSCOPY INSTRUCTIONS

PROCEDURE LOCATION:

✓
____ **MANHATTAN ENDOSCOPY CENTER** 535 Fifth Avenue, 5th Floor
(Entrance is located on 44TH Street between 5th Ave and Madison) **Tel: (212) 682-2828**

____ **Other site:** _____

APPOINTMENT DATE: _____ **ARRIVAL TIME:** _____

APPOINTMENT TIME: _____ **PICK-UP TIME:** _____

Your pharmacy will receive a prescription for a Clenpiq Prep kit within 5 days prior to your procedure. You will also need to purchase 2 Dulcolax or Bisacodyl (5mg) laxative tablets over the counter at any pharmacy.

7 DAYS before your procedure: Stop taking aspirin, Advil, Aleve, ibuprofen, Motrin, Bufferin, Excedrin, etc. Only Tylenol is suggested for pain management. Also stop taking Vitamin E, Iron supplements, herbal preparation and any fish oils. Many of these medications may cause bleeding if biopsies are done. You may continue to take aspirin if you are required to for cardiac reasons, but please inform our staff in advance of your procedure.

5 DAYS before your procedure: We advise that you begin a diet of easily digestible foods such as; white rice, white bread, pasta, fish, chicken, pork, eggs, potatoes, wellcooked vegetables, fruits without the skin, yogurt and cheese. **AVOID:** High fiber/high roughage foods, whole wheat bread products, red meat, foods with seeds (tomatoes, strawberries, grapes, and oranges), yogurt with fruit mixed in, nuts, olives, beans and corn (foods with a skin).

3-4 DAYS before your procedure: Please stop taking Coumadin (warfarin) only if approved by your cardiologist (or whoever prescribed this medication to you). If you must continue to take this medication, please inform our staff prior to your procedure.

Please bring a copy of your vaccination record to the center. If you are not vaccinated you are required to have the Covid-19 PCR test 5 days prior to your appointment.

TWO DAYS PRIOR TO YOUR SCHEDULED PROCEDURE:

8:00 PM – Take 2 Dulcolax (bisacodyl) tablets with 8oz of water or clear beverage. Swallow the tablets whole. Do not crush or chew.



Be sure to drink at least 2 or more 8 oz glasses of approved clear liquid to flush the laxative through your system.

This added measure is recommended for patients with slower systems, or that experience constipation.

It is designed to promote bowel movements in advance of your prep day. You may begin to have bowel movements before bedtime. However, it may take several hours for a bowel movement to occur.

THE DAY BEFORE YOUR PROCEDURE: You may have a light breakfast of easily digestible foods before 9am if your app. is between 7-12noon. If your app. is between 12:15-4pm you may have light solid food until 12noon. This will be the last solid food you will be eating until after your procedure. After this meal, you will start a clear liquid diet.

You may consume clear liquids up to 4 hours before your procedure. Allowable liquids include: White cranberry juice, apple juice, lemonade, clear sodas, Snapple, Gatorade, tea (without milk or creamer), clear chicken broth, Jell-O and ice pops. Please avoid liquids that are heavily colored, such as red cranberry juice, cherry Gatorade, grape soda etc. as these dyes will affect the color of the stool. Please also avoid other “milks” such as coconut, soy or almond, as well as fruit juices that contain pulp. **4 hours prior nothing by mouth not even water.**

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If your appointment is between 7am and 12:15pm:

Step 1 – 5:00pm the day before your procedure, Drink 1 bottle of Clenpiq to completion. Follow with five (5) 8oz glasses of water or any clear liquid (see attached list of approved clear liquids). Individual responses to laxatives varies. This prep often works within 2030 minutes, but might take longer. Remain close to a toilet as you will likely experience multiple bowel movements with urgency.

Step 2 – 8:00pm the evening before your procedure, Drink the second bottle of Clenpiq to completion. Follow with three (3) 8oz glasses of water or any clear liquid (see attached list of approved clear liquids).

If your appointment is between 12:30pm and 4:00pm:

7:00pm the evening before your procedure: follow Step 1 above.

5 hours prior your scheduled procedure time: follow Step 2 above.

DAY OF YOUR PROCEDURE: You may consume only clear liquids until up to 4 hours prior to your procedure. After that, you must not consume any liquids. You may take essential medication on the morning of your test with a small amount of water. If you are diabetic, please do not take insulin before your procedure. Following the procedure, you should eat and take half of your regular morning dose. If you take a pill for diabetes, do not take it before your procedure. **Following your procedure you should eat and then take your diabetes medication. Please remember that it is required that someone picks you up after the procedure as anesthesia will be administered.**

CANCELLATION POLICY: If you must cancel, please call the office at least 2 business days before the date of your procedure so we may offer your appointment to one of our other patients on our waiting list. Please note that there will be a **\$175 cancellation fee** for any appointment cancelled **less than 4 business days** before the procedure.

THANK YOU!

24 HOUR CLEAR LIQUID LIST

FOR PATIENTS HAVING A COLONOSCOPY/ UPPER ENDOSCOPY; IT IS VERY IMPORTANT TO DRINK AT LEAST 2 LITERS OR QUARTS OF CLEAR LIQUIDS THROUGHOUT THE DAY TO PREVENT DEHYDRATION.

(This would be in addition to the laxative you will be drinking if you are scheduled for a colonoscopy).

(You must avoid items that are Red or Purple in color.)

- ☐ Tea without milk. Sweeteners are OK
- ☐ Broth; Clear Chicken Broth, Vegetable or Beef Broth
- ☐ Juices; Apple, White grape, White cranberry, White pear
- ☐ Snapple drinks; Orange colored, Light pink, Iced Teas, Lemonade
- ☐ Gatorade/G Series; these beverages are highly recommended on your clear liquid diet. - Lemonade, Lemon Lime, Citrus Cooler
- ☐ Vitamin Water; Essential, Energy
- ☐ Coconut Water; Zico or Vito Brand Coconut water (no pulp)
- ☐ Crystal Light , Lemon Lime
- ☐ Jell-O; Orange, Lemon, Peach, Pineapple, Green
- ☐ Ice pops; Lemon or Lime Bars
- ☐ Italian Ices; Lemon
- ☐ Soda Sprite, 7up, Colas, Ginger ale, Sprite, Sierra Mist
- ☐ **NO VEGGIE JUICES**

BILLING INFORMATION

Dear Patient:

You have been scheduled for a procedure at The Manhattan Endoscopy Center. Our billing department will be contacting your insurance carrier to obtain necessary authorization, and to verify coverage and benefits. **Please be aware that you may have responsibilities for any in-network deductibles, co-insurance, or copayments as indicated by your insurance carrier.** Coverage and benefits may vary **based on your individual policy.**

If you are scheduled for a screening colonoscopy and you have a past medical history which would be considered high risk, your insurance provider may consider the colonoscopy to be a surveillance exam, or diagnostic procedure, and not a routine screening colonoscopy. There may be different coverage guidelines that apply.

High risk diagnoses for colonoscopy include but are not limited to the following: personal history of colonic polyps, personal history of inflammatory bowel disease (ulcerative colitis, Crohn's disease) and history of Colon cancer.

If your **procedure** is being performed **for specific symptoms (not screening)** or if you are under age 50, it **will be considered DIAGNOSTIC and a deductible, coinsurance and/or copay will be applied,** please review your personal insurance benefits information.

If you are scheduled for an **Upper Endoscopy**, this procedure will be **considered a DIAGNOSTIC test.**

Please be aware that a PRE-AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT, only until the claim is received, payment will be subject to your eligibility and your individual contract information at the time of the procedure. Deductible and co-insurance as part of your insurance contract might apply.

Billing contact phone information:

In the event that you do receive a **bill from our office**, please contact our billing company, Scale Healthcare Billing at 866-240-0800 x 1207.

If you receive a bill from **Manhattan Endoscopy Center**, or the **anesthesiologist** please call their billing Dept. at: **Before the procedure:** 866- 844-6695.

After the procedure: **Facility billing:** 866 840-6226

Anesthesia billing: 866 688 9704

Sincerely,

Carl McDougall, MD