

# SUFLAVE | Colonoscopy Preparation Instructions

Name: \_\_\_\_\_ Date of Procedure: \_\_\_\_\_ with: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

## Location:

Alaska Digestive Center: 563-1750 4048 Laurel Street STE 103a	ARH: 264-2055 2801 Debarr Rd (Main Entrance)	PAMC: 212-6013 3220 Providence Dr (Entrance 2)	SCOW: 631-3578 3190 E Meridian Park Lp Ste 111
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**\*\*PLEASE DO NOT FOLLOW INSTRUCTIONS ON PREP BOX\*\***

**You must have a responsible adult drive you home. If you do not have a ride arranged, we will not be able to perform the procedure.**

- Call your pharmacy prior to picking up the prep to ensure they have the prescription.
- **Medications**
  - Blood-thinning medications may need to be discontinued. Take your last dose of \_\_\_\_\_ on \_\_\_\_\_
  - **If you are currently taking Diabetes/Weight Loss injections such as Ozempic, Mounjaro, Trulicity, Farxiga, Zepbound or Wegovy; you will need to discontinue taking this medication 1 WEEK PRIOR TO PROCEDURE.**
  - May continue to take regular medications, unless instructed by provider or nursing staff
    - **Stop Taking**
      - Prescription Iron pills
    - **Stop Eating**
      - **Seeds, nuts, tomatoes, berries, corn, popcorn, and breads with seeds or nuts 1 week prior to procedure.**
      - Pick up prep from your pharmacy

## ONE DAY BEFORE COLONOSCOPY

- **Start clear liquid diet as soon as you awake. No solid foods, dairy or non-dairy products, juices with pulp, red or purple colors, and alcohol.**
- Clear Liquids include: Water, Apple Juice, Gatorade, Broth, Jello, Popsicles, soda, etc.
- **At 06:00 pm, open** 1 flavor enhancing packet and pour the packets into 1 bottle.
  - Suflave contains two 32 fl oz. bottles. You will drink one bottle the night before the colonoscopy and the second bottle the morning of the colonoscopy.
  - Start drinking prep at **6:00 pm**
    - Fill bottle 1 to fill line, shake well until dissolved.
    - Drink 8 oz every 15 minutes until the bottle is empty.
    - Drink all the liquid in the container.
    - After finishing the container, you **MUST** drink an additional 16 oz. of water over the next 1 hour.

## Patients that are Diabetic

Evening Dose Only: Take ½ the dose of your diabetic medication(s) the day before your procedure

No dose the day of the procedure

## **DAY OF COLONOSCOPY**

- Continue clear liquid diet–No Solid Food.
- Start drinking prep 5-8 hours prior to procedure time but no sooner than 4 hours after completing dose 1.
  - Follow the prep instructions as listed above.
  - NOTHING TO EAT OR DRINK Three (3) HOURS PRIOR TO PROCEDURE.

**Please note there will be separate fees for the Physician, Facility, Anesthesia, Pathology and/or Laboratory.**

**If a prior authorization is required from your insurance, we will process that. This is not a guarantee your insurance will still cover and pay fully for your procedure.**

**Please note copays/deductibles will need to be paid for the provider and the facility.**

**If a procedure needs to be rescheduled or canceled, please call at least 4 days prior to avoid a \$100 cancellation fee.**

**\* If Tissue samples are obtained during your procedure, the results will be posted to your patient portal, if web-enabled within 2 weeks. If not they will be mailed.**



## Patient Notice Regarding Colonoscopy and Endoscopy Procedure Fees

Dear Patient,

This notice is to inform you that **colonoscopy and endoscopy procedures may involve separate fees** from both the **provider** performing the procedure and the **facility** where the procedure takes place.

These services are billed **independently**, which means:

- **The provider** (gastroenterologist or specialist) will bill for their professional services.
- **The facility** (hospital or outpatient surgical center) will bill for the use of the procedure room, equipment, nursing staff, and related support services.

Depending on your insurance coverage, you may be responsible for **a portion of these charges**, including deductibles, copayments, or coinsurance.

### To obtain an accurate estimate of your out-of-pocket costs:

Please contact **both** of the following:

1. **Your Provider's Office** – to request an estimate of the provider's fees
2. **The Facility or Endoscopy Center** – to request an estimate of the facility fees

Sincerely,

Alaska Digestive & Liver Disease

### FACILITY CONTACT LIST

#### ALASKA DIGESTIVE CENTER

4048 LAUREL STE STE 103A  
ANCHORAGE, AK 99508

**Phone:** [\(907\) 563-1750](tel:9075631750)

**Billing:** [\(949\) 522-6861](tel:9495226861)

PROVIDENCE ALASKA MEDICAL CENTER  
3200 PROVIDENCE DR.  
ANCHORAGE, AK 99508

**Phone:** [\(907\) 562-2211](tel:9075622211)

**Billing:** [\(866\) 747-2455](tel:8667472455)

ALASKA REGIONAL HOSPITAL  
2801 DEBARR RD.  
ANCHORAGE, AK 99508

**Phone:** [\(907\) 276-1131](tel:9072761131)

**Billing:** [\(800\) 370-1983](tel:8003701983)