

Preparation for Flexible Sigmoidoscopy (AM PROCEDURE)

1 WHAT YOU WILL NEED

- 2 Fleet Enemas and 1 Bottle of Magnesium Citrate

1. THE DAY BEFORE YOUR PROCEDURE

- **You may ONLY have CLEAR LIQUIDS.**
 - Acceptable clear liquids include:
 - Beef or chicken broth
 - Jell-O or popsicles (**NO RED, PURPLE OR ORANGE**)
 - Sprite
 - 7-UP
 - Ginger Ale
 - Apple juice
 - Water
 - Tea or coffee (**PLAIN, NO CREAM OR SUGAR**)
- At **8 PM**- Drink the Magnesium Citrate

2. THE MORNING OF YOUR PROCEDURE

- **An hour prior to leaving your house** - use 2 Fleet Enemas (*One after the other*)

3. Arrange to take the day off of work since anesthesia will be administered. You **MUST** have a responsible adult driver present at the time of arrival and during your recovery. We cannot start the procedure without your driver present in the building. You will NOT be able to drive yourself home after the procedure. **Uber, Lyft, Taxi, bus or other forms of “public transportation” are NOT acceptable means of returning home after the procedure.** If you do not have an acceptable mode of transportation home after the procedure, your appointment will be cancelled and rescheduled to a different date.

4. All body piercings **MUST BE REMOVED** prior to arrival.

5. MEDICATION MODIFICATIONS

- **Stop** Aspirin and Coumadin 5 days prior to the procedure
- **Stop** Pradaxa, Xarelto and Eliquis 2 days prior to the procedure
- **Stop** Plavix 7 days prior to the procedure
- **Stop** any anti-inflammatory medication 1 day prior to the procedure (including ibuprofen)
- **Stop** any arthritis medication 1 day prior to the procedure
- **DO NOT TAKE** insulin or any other oral diabetic medications the morning of the procedure. Be sure to check your blood sugar 4 hours prior to your appointment time. If your blood sugar is low, drink a glass of apple juice
- Please take ½ dose Lantus the night before the procedure (*if you are prescribed this*)
- **Continue to take any other prescription medications that are not listed above. They must be taken no later than 3 hours prior to your appointment time.**

****IF YOU ARE NOT SURE IF YOUR MEDICATIONS FALLS UNDER ANY OF THESE CATEGORIES, PLEASE CONTACT YOUR PHARMACY FOR FURTHER ASSISTANCE. ****

Your exam is scheduled on _____ at _____ am / pm

At _____. Please arrive no later than _____ am / pm

-Please arrive no later than your arrival time to your appointment time

YOUR PROCEDURE MAY BE CANCELLED AND RESCHEDULED IF YOU ARE LATE!

*******PLEASE BE FLEXIBLE. YOUR PROCEDURE TIME MAY VARY DEPENDING ON NUMEROUS FACTORS (cancellations, procedural delays, etc) *******

Important: It is important that you contact your insurance company **5 DAYS PRIOR** to your procedure date. You may have a co-payment the day of your procedure and are responsible to verify with your insurance in advance. Patients calling to cancel less than 2 business days due to a high co-payment may be subject to a \$150.00 cancellation fee.