

Preparation for Flexible Sigmoidoscopy (PM Procedure)

1 THE DAY BEFORE YOUR PROCEDURE

- After 5pm, you may **ONLY** have clear liquids.

- Acceptable clear liquids include:

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| <ul style="list-style-type: none">▪ Beef or chicken broth▪ Jell-O or popsicles (<i>NO RED, PURPLE OR ORANGE</i>)▪ Sprite▪ 7-UP | <ul style="list-style-type: none">▪ Ginger Ale▪ Apple juice▪ Water▪ Tea or coffee (<i>PLAIN, NO CREAM OR SUGAR</i>) |
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2 THE MORNING OF YOUR PROCEDURE

- **What you need:** 2 Fleet Enemas and 1 Bottle of Magnesium Citrate
 - At **8 AM** Drink the Magnesium Citrate
 - 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**

****PLEASE DO NOT STOP TAKING YOUR ASPIRIN****

- **Stop** 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 arrival 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.