Preparation for Flexible Sigmoidoscopy

(PM Procedure)

1 THE DAY BEFORE YOUR PROCEDURE

- **After 5pm, 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)***

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
- **Stop** Trulicity, Byetta, Saxenda, Victoza, Ozempic, Wegovy, Rybelsus, and Mounjaro **ONE WEEK PRIOR** to your procedure.
- **Stop** Canagliflorzin, Dapagliflozin, and Empagliflozin, **THREE DAYS PRIOR** to your procedure.
- 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.**

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****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 earlier than your arrival time to your appointment

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.