

Flexible Sigmoidoscopy Instructions

□ Fleets Enema
□ Tap Water Enema
□ Magnesium Citrate + Fleet Enema
□ PEG Bowel Prep

Online Instructions:
www.eehealth.org/services/gastrointestinal/pati

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**Your appointment is on:** (day of the week)

# **Endeavor Health Gastroenterology**

(arrival time)

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| <ul> <li>□ North Elmhurst Location: 755</li> <li>□ Elmhurst Outpatient Surgery desk.</li> </ul>   | 155 E. Brush Hill Road. Park in Green Lot, East Entrance. 2 <sup>nd</sup> floor Endoscopy registration desk. N. York St. Park in main entrance and register at front desk.  Center/Center for Health: 1200 South York Rd. Park in Purple Lot. Go to 1 <sup>st</sup> floor registration value time the day before your procedure by 3PM, please call the Center for Health |  |
|   | neck with the insurance company to see if pre-certification is required, as well as for any costs. Please see attached Procedural code information.   |  |
| Procedure Code(s):  | Diagnosis Code(s):  |  |
| **READ ALL OF THESE INSTRUCTIONS SEVERAL DAYS BEFORE YOUR SCHEDULED TEST DATE**  >>>Please follow ONLY the CHECKED box for your preparation instructions: |   |  |
| ☐ Fleet Enemas (OVER THE CO   |   |  |
| fruits/vegetables. No solid food  | URE: You may have a general diet for breakfast, lunch and dinner. Avoid seeds, nuts, popcorn, fter midnight.  |  |

(date)

# ☐ Tap Water Enemas (OVER THE COUNTER):

(Follow instructions included with the product).

- <u>DAY BEFORE THE PROCEDURE</u>: You may have a general diet for breakfast, lunch and dinner. Avoid seeds, nuts, popcorn, fruits/vegetables. No solid food after midnight.
- You may have **CLEAR LIQUIDS ONLY** up to 3 hours before procedure time. If you fail to keep your stomach empty for three hours before procedure time, your procedure may be CANCELLED.
- Self-administer one water enema **3 hours** before procedure AT: \_\_\_\_

before procedure time, your procedure may be CANCELLED.
Self-administer one fleets enema **3 hours** before procedure AT:
Self-administer one fleets enema **2 hours** before procedure AT:

Self-administer one water enema **2 hours** before procedure AT:

(Follow instructions included with the product).

# ☐ Magnesium Citrate with Fleet Enema (OVER THE COUNTER):

- If you have any kidney problems, notify our clinic before purchasing the magnesium citrate!
- DAY BEFORE THE PROCEDURE: You may have a general diet for breakfast and lunch.
- After 5pm you may only have CLEAR LIQUIDS (see diet below).
  - o **AT 6PM** Drink ONE bottle of light-colored Magnesium Citrate (10 fluid ounces).
- <u>DAY OF THE PROCEDURE:</u> Self -administer **one fleets enema** (follow-instructions included with the product) **two hours prior** to the arrival time AT: \_\_\_\_\_

# ☐ PEG/Bowel Prep (Prescription): Please contact your pharmacy directly for pick up time and cost.

- DAY BEFORE THE PROCEDURE: You may have a general diet for breakfast and lunch.
- After 5pm you may only have CLEAR LIQUIDS (see diet below).
  - o **From 6PM-9PM:** Drink HALF of the bowel prep (2liters of the bowel prep) until you have clear/yellow liquid stool. You may discard the remaining half.



# MEDICATION(S) → OK TO TAKE BEFORE THE PROCEDURE:

- You may take your usual medications, including Aspirin.
- Statins & Seizure medications → OK to continue
- BETA BLOCKERS → OK to continue
- ACE INHIBITORS, ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) & COMBINATION DRUGS THAT CONTAIN AN  $ARB \rightarrow OK$  to continue

# MEDICATION(S) TO HOLD → DO NOT TAKE BEFORE PROCEDURE (READ BELOW):

- Iron (ferrous sulfate/ ferrous gluconate), Herbal Supplements & Multivitamins → HOLD 7 DAYS (1 WEEK)
  prior to the procedure.
- Ozempic, Wegovy, Mounjaro, Trulicity, Rybelsus, Victoza HOLD 7 DAYS (1 WEEK) prior to the procedure.
- Jardiance, Invokana, Farxiga, Steglatro, Brenzavvy HOLD 4 DAYS (96 hours) prior to the procedure.
- <u>ANOREXIANTS</u> (Weight Loss Medication i.e., <u>Phentermine/Vyvanse</u>) → <u>HOLD 7 DAYS</u> (1 WEEK) prior to the procedure.
- <u>DO NOT TAKE:</u> Any form of <u>Erectile Dysfunction</u> medications for 3 <u>DAYS</u> (72 hours) prior to the procedure <u>UNLESS</u> prescribed for <u>Pulmonary Hypertension</u>.
- DO NOT TAKE: Any form of alcohol and recreational drugs 1 DAY (24 hours) prior to the procedure.

# PATIENTS ON BLOOD THINNERS (ANTICOAGULANTS)

- YOU are responsible for contacting your cardiologist or prescribing provider, regarding recommendations on holding these
  therapies prior to your scheduled procedure.
- o This should be done at least 2 weeks in advance, as some medications will need to be held 5 days prior to your procedure.
- \*IF you forget to stop your blood thinner, your procedure WILL be cancelled and rescheduled\*.

# PATIENTS ON DIABETIC MEDICATIONS (ORAL/INJECTIONS)

- HOLD ORAL diabetic medication(s) the DAY BEFORE and DAY OF procedure OR per MD discretion. \*\*This will be reviewed with you when scheduling procedure\*\*!
- IF YOU TAKE INSULIN
  - YOU will need to contact your **endocrinologist** or **prescribing provider**, prior to your scheduled procedure for recommendations on adjustments to these therapies during the bowel prep process and the day of your procedure.
  - This should be done at least TWO WEEKS in advance.
  - o Bring your insulin with you to the exam.

\*Adjustments to these therapies are to ensure your safety during the bowel prep process and procedure. Failure to contact your providers and make the necessary adjustments to your medications prior to your scheduled procedure date may result in the cancellation of your procedure\*.

### TRANSPORTATION

If your procedure involves sedation, you will need to plan to have someone drive you home after the procedure. You **CANNOT** use public transportation (Uber, Lyft, Taxi). Sedated patients are not allowed to leave unaccompanied, **NO EXCEPTIONS.** Therefore, if you do not have a plan for transportation after sedation, the procedure will be cancelled.

#### WHAT TO WEAR

Wear casual clothes. Please leave jewelry and valuables at home. You may wear your dentures and eyeglasses, however these will be removed prior to the procedure. Please let the staff know that you are wearing dentures before the procedure.

#### WHAT TO BRING

A picture ID, proof of insurance, list of your medications and allergies, and your referral form (if your insurance requires it).

### **QUESTIONS/RESCHEDULING**

If you have any questions, please do not hesitate to call us at **331-221-9003 (office)**. To cancel or reschedule, please contact the office **AT LEAST 7 Business days** prior to your scheduled procedure. Please see attached cancellation policy.

# **CLEAR LIQUID DIET**

#### NOT ACCEPTABLE ACCEPTABLE/ALLOWED LEMON-LIME SODA (SPRITE, GINGER-ALE, 7UP, CLUB SODA) BROTH (VEGETABLE, CHICKEN, BEEF→ LIQUID ONLY, NO SOLID SOLID FOOD FOOD!) ANYTHING THAT IS RED, BLUE, WATER **PURPLE** BLACK COFFEE/TEA (NO CREAMERS, DAIRY/MILK, HONEY) DAIRY/MILK PRODUCTS/HONEY APPLE JUICE, WHITE GRAPE JUICE, LEMONADE ALCOHOL POPSCILES, ITALIAN ICE (NOT RED, BLUE, PURPLE) TOMATO JUICE OR ANY FRUIT JELL-O (NOT RED, BLUE, PURPLE OR MILK-BASED) JUICE WITH PULP GATORADE, PROPEL, POWER-ADE (NOT RED, BLUE, PURPLE)