

PROCEDURE: Flexible Sigmoidoscopy

Name: _____ Location: _____

Date: _____ Time: _____ a.m./p.m. Arrive: _____ a.m./p.m.

CHECK WITH YOUR INSURANCE COMPANY, as many require pre-certification and/or pre-authorization for this procedure. Procedure code range is 45330-45339.

PURCHASE AT THE PHARMACY: 12 Ounces Magnesium Citrate, 2 Fleet Enemas

5 DAYS PRIOR TO THE PROCEDURE: Stop blood thinners (Coumadin, Plavix...), aspirin and arthritis products. You may take Tylenol only. If you have any questions regarding your medications, please call your pharmacist.

ONE DAY BEFORE THE PROCEDURE:

1. Drink only CLEAR liquids for lunch and dinner. You may drink CLEAR liquids all day. **NO SOLID FOODS OR DAIRY PRODUCTS.**
2. Examples of food for a clear liquid diet are: coffee (black), tea, 7-UP, Sprite, Vernors, apple juice, white grape juice, clear broth or **non-red** popsicles or **non-red** Jell-O.
3. **At 6:00 p.m.**, take 12 oz Magnesium Citrate.

DAY OF EXAMINATION:

1. Nothing to eat or drink 8 hours prior to the procedure time. You may take your routine medications with a small amount of water a few hours before the test.
 2. 2 Fleet enemas – use one 2 hours before your departure time and the other 1 hour before your departure time.
 3. Bring a written list of your medications and allergies with you. Please leave all jewelry and valuables at home.
- **YOU MUST HAVE SOMEONE DRIVE YOU TO THE EXAM.**
 - **YOU CANNOT DRIVE FOR 12 HOURS AFTER THIS PROCEDURE.**
 - **IF YOU DO NOT HAVE SOMEONE TO DRIVE YOU HOME AFTER THE PROCEDURE, THE SIGMOIDOSCOPY WILL NOT BE DONE.**

On the day of your flexible sigmoidoscopy, you will be given a consent form to read and sign. This gives the physician permission to perform this examination. It must be signed before this procedure can be done.

If you have any questions, please call: 269-385-9900 (Kalamazoo) or 269-441-1776 (Battle Creek).