

Tower Medical Center 3261 MT. Vintage Way, Ste. 221, Silverdale, WA 98383 Phone: (360) 479-1952  
[DDECenter.com](http://DDECenter.com)

## Flexible Sigmoidoscopy/Rectal Endoscopic Ultrasound (EUS) Instructions

Procedure Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

<b>Procedure location:</b>	<input type="checkbox"/> <b>Digestive Disease &amp; Endoscopy Center</b>	<input type="checkbox"/> <b>St. Michael Medical Center– Harlow Entrance</b>
	3261 Mt. Vintage Way, Suite 221	1800 Myhre Rd.
	Silverdale, WA 98383	Silverdale, WA 98383

Time given above is your arrival time, your procedure typically starts within 1 hour of arrival. **Expect to be here 2-3 hours.** If you need to cancel or reschedule, call (360) 479-1952, cancellation notice must be at least 48 hours prior to your procedure date.

## PREPARING FOR YOUR PROCEURE:

- **FOLLOW ONLY THESE INSTRUCTIONS FOR PREPARATION.**
- Pay close attention to the **MEDICATION INSTRUCTIONS** on the back of this page. You may be making medication changes up to 7 days prior to your procedure.
- Failure to follow these instructions limits the value of this procedure and your examination may need to be repeated or rescheduled.
- The Surgical Center nurse will call you 24-48 hours before your procedure to perform a pre-procedure interview. Please allow approximately 10 minutes for the phone call and have an updated medication list ready.

**INSURANCE NOTIFICATION:**

- If precertification is required, it will be obtained by our referral coordinator. Contact your insurance company prior to your procedure to make sure that this has been done.
- If you have changed your insurance since the last time you were seen in office, you must notify us of this change.
- Charges you will see will include facility, anesthesia and gastroenterologist fee.
- If biopsies are obtained or if polyps are removed, pathologist, pathology/laboratory fees will be incurred. For pathology billing questions please call, Gastro Health at 888-851-0105

### ARRANGE FOR A DRIVER:

It is our office policy that patients must have a driver if sedation is going to be given for their procedure. Drivers are required to be 18 years or older and must be with the patient at check-in. Drivers will need to stay on site during your procedure. Patients will not be allowed to drive themselves home or leave the facility alone. TAXI, BUS or UBER types of service are ONLY allowed if you are accompanied by a family member or friend (age 18 or older). **If you do not have a driver, your procedure will be cancelled.**

**FLEX/ EUS PREP SOLUTION:**

- ☐ Pick up your prep solutions over-the-counter from your local drug store or grocery store. (No prescriptions are needed)

### Two Bottles— Fleet or Saline Laxative Enemas

# Standard Flexible Sigmoidoscopy/Rectal Endoscopic Ultrasound (EUS) Instructions

## MEDICATION & DIET INSTRUCTIONS: ONE WEEK BEFORE EXAM: \_\_\_\_\_

- **AVOID** smoking, chewing tobacco, alcohol, marijuana (THC) for one week before exam.
- **STOP ALL SUPPLEMENTS** containing Turmeric, Iron, Fish Oil or Fiber. (ex. Metamucil, Citrucel and Multivitamins with iron)
- **STOP Blood Thinning Medications:** Confirm with your cardiologist or prescribing physician before stopping any medication.

*\*The guide below is for patients with normal kidney function. Patients with decreased kidney function should check the after visit clinic summary for details\**

STOP 7 DAYS BEFORE EXAM	STOP 5 DAYS BEFORE EXAM	STOP 3 DAYS BEFORE EXAM	STOP 1 DAY BEFORE EXAM
<ul style="list-style-type: none"><li>• Brilinta (Ticagrelor)</li><li>• Effient (Prasugrel)</li><li>• Plavix (Clopidogrel)</li><li>• Ticlid (Ticlopidine)</li><li>• Ibuprofen (Motrin)</li></ul>	<ul style="list-style-type: none"><li>• Aggrenox</li><li>• Aspirin (Only if taking 325mg)</li><li>• Coumadin (Warfarin)</li><li>• Persantine (Dipyridamole)</li></ul>	<ul style="list-style-type: none"><li>• Eliquis (Apixaban)</li><li>• Pradaxa (Dabigatran)</li><li>• Xarelto (Rivaroxaban)</li></ul>	Lovenox– Last dose is on the morning of the day before procedure.

- Diabetic Medications: See the attached Diabetic Medication Instruction sheet.
- Continue to take your medications for High Blood Pressure, Lung, Seizure or Psychiatric medication each day as normal.
- Tylenol is to take as needed for pain.

## DAY OF EXAM: 6 hours prior to procedure: \_\_\_\_\_

- ☐ **No Food or Liquids 6 hours prior to your procedure.**
- ☐ 3 Hours Prior to your appointment, start your fleet/saline laxative enema. Follow the package instructions EXCEPT hold for a minimum of 10 minutes, 15 minutes if possible.
- ☐ Wait 20 minutes then repeat with the second enema, Follow the package instructions EXCEPT hold for a minimum of 10 minutes, 15 minutes if possible.
- ☐ Take your blood pressure, lung, seizure medications at least 3 hours prior to your procedure with small sips of water. If you use an inhaler on a regular basis, please use your inhaler the morning of your procedure and bring it with you.
- ☐ If necessary, 2 warm water enemas can also be taken. If stool is not clear after completing enemas, please call our office ASAP.
- ☐ Wear comfortable, loose fitting clothing that is easy to step into, short sleeve top and flat shoes or tennis shoes. Do NOT wear lotions, perfume/cologne or jewelry.
- ☐ Bring Photo ID, insurance cards and reading glasses, If applicable.