

FLEXIBLE SIGMOIDOSCOPY Prep Instructions

Date of Procedure: ____/____/____ Check In Time: _____

5-7 days prior ____/____	3 days prior ____/____	2 days prior ____/____	1 day prior ____/____	Procedure Day ____/____
<p>STOP taking iron supplements, blood thinners such as Plavix, Coumadin, Aspirin, Ibuprofen, Aggrenox, etc. Please check with your prescribing doctor to make sure it is safe to stop taking this medication.</p> <p>You MAY take Tylenol or Acetaminophen for pain if needed prior to your procedure.</p> <p>DO NOT STOP BLOOD PRESSURE MEDICATIONS!</p> <p>Stop eating nuts, seeds, corn or popcorn . EX: strawberries, whole grain bread, tomatoes, cucumbers, etc.</p>	<p>PLEASE CALL OUR OFFICE TODAY IF UNABLE TO KEEP YOUR APPOINTMENT. 479-1952</p>	<p>Stop food or drink with artificial red or purple dyes. This includes jello and popcicles.</p>	<p>Please plan to spend approximately 1 1/2 hours at your appointment.</p> <p>Bring to your appointment: insurance card and medication list.</p> <p>Plan to wear comfortable clothing to your appointment that allows you to undress from the waist down.</p> <p>Plan to stop eating 3 hours prior to your appointment or when you start your enema treatment.</p>	<p>3 hrs prior to your appointment, start your Fleet or saline laxative enema. Follow the package instructions EXCEPT hold for a minimum of 10 mins; 15 minutes if possible. Wait 20 minutes then repeat with 2nd enema.</p> <p>If necessary, 2 warm water enemas can also be taken. If stool is not CLEAR after completing enemas, please contact us ASAP. 479-1952</p> <p>The procedure causes usually mild to moderate discomfort with some bloating, pressure or cramping but usually well tolerated. It requires no medication.</p> <p>The procedure usually lasts 5-15 minutes. If biopsies were taken, results are usually available within 2 weeks.</p> <p>Recovery time is minimal and you can resume regular medications and diet unless otherwise specified.</p>

CLEAR LIQUID DIET

TYPE	DO LIQUIDS	AVOID THESE
Soup	<ul style="list-style-type: none"> *Clear Chicken, Beef or Vegetable broth *Consomme 	NO solid foods such as meat, bread, vegetables, fruit, nuts, eggs or cheese.
Sports Drinks	<ul style="list-style-type: none"> *White or Yellow Gatorade *Powerade *Propel *Clear Ensure (not fruit 	NO dairy Products such as milk, creamer, non dairy creamer, ice cream, whipped cream, half and half.
Juice	<ul style="list-style-type: none"> *Apple *White Cranberry *White Grape 	NO cloudy liquids such as orange juice, tomato juice or soup.
Beverages	<ul style="list-style-type: none"> *Water *Lemon Kool Aid *Sprite, 7Up, Ginger Ale, or other soda *Flavored Water *Pedialyte *Coffee/Tea without milk (NO coffee the day 	AVOID LIQUIDS WITH RED, BLUE, PURPLE, GREEN or DARK colored Beverages or Jello.
Other	<ul style="list-style-type: none"> *Jello *Lemon Popcicles 	IF YOU CANNOT see through it, it is NOT a clear liquid

DAY BEFORE PROCEDURE: ____/____ * **DO NOT CONSUME COFFEE THE DAY OF YOUR PROCEDURE!** *

Avoid sedating medications and marijuana. Absolutely NO alcohol of any kind.

If you experience vomiting while taking your prep solution, temporary stop drinking and try to resume in one hour at a slower rate. PLEASE CALL IF UNABLE TO KEEP APPOINTMENT ASAP 479-1952.