

Flexible Sigmoidoscopy Instructions (With Sedation)

Please read these instructions carefully and call the office if you have any questions

Flexible Sigmoidoscopy is a common outpatient procedure in which the inside of the lower part of The large intestine (also called the sigmoid colon) is examined with a lighted scope. Your rectum And lower bowel must be empty for the exam to be accurate and complete.

FIVE DAYS PRIOR TO YOUR PROCEDURE:

- All aspirin and anti-inflammatory medications including ibuprofen, Motrin, Aleve, Naproxen, Naprosyn, sulindac, piroxicam, Feldene, indomethacin, diclofenac, and Voltaren **are to be continued**. Tylenol is also safe to continue.
- If you are taking Coumadin, Plavix (clopidogrel), Pradaxa or other blood thinners please contact our office to determine if and when you need to stop these medications. An office visit is required prior to procedure to discuss these anticoagulants.
- Stop all fiber supplements including Metamucil, Citrucel, Benefiber, FiberChoice and flax seeds.
- If you are diabetic and use insulin, please contact our office for insulin instructions.
- PLEASE call our office if you have any questions about which medication you should or should not take.
- 3 days prior to your exam please avoid nuts and seeds.

THE DAY OF THE PROCEDURE:

- No food eight (8) hours prior to the procedure. You may have clear liquids until 4 hours prior to your procedure then nothing by mouth.
- To prepare the bowel for the procedure, take 2 enemas 1 to 1 ½ hours prior to leaving the house. Try to hold the enema for at least five minutes before releasing it. Wait 15 minutes between each enema. On occasion, the doctor may have you drink an oral laxative as well.
- Take your usual prescribed medications. If you are on anti-inflammatory medications or blood thinners please see instructions above.
- **Please bring a list of your current medications and correct dosages to your appointment.**
- **NO DRIVING** – Because of the sedatives that you will be given **you cannot drive for the remainder of the day**. You may use a taxi after the procedure (Unless scheduled at St. Luke's. Their facility will not allow use of cabs for this purpose). You must have someone present to drive you home after the procedure or we may cancel your exam.
- **We cannot be responsible for your valuables. Please leave them at home.**

You are scheduled with Dr. _____ Date: _____ Check in time: _____
_____ Boise Endoscopy Center, 425 West Bannock Street, Boise
_____ Meridian Endoscopy Center, 2235 East Gala Street, Meridian
_____ St. Luke's Boise Regional Medical Center (Patient Registration), 190 E. Bannock St.
_____ St. Luke's Meridian Regional Medical Center, 520 E. Eagle Rd., Meridian-Hospital
(Use Eagle road entrance. Check-in at outpatient registration in main level lobby.)

Please check with your insurance company regarding pre-certification. Bring all insurance cards with you.