

Preparing for your Flexible Sigmoidoscopy

PRINCETON GASTROENTEROLOGY ASSOC. PA

Phone: 609-796-7816 fax: 609-924-7473

Please purchase the following over the counter products:

- Dulcolax 5mg tablets
- 2 Fleet enemas (green and white box)

THE NIGHT BEFORE YOUR PROCEDURE:

- You may eat a normal dinner before 7:00 PM
- At 7:00 PM, take 1 Dulcolax 5mg tablet every 15 minutes for 1 hour (4 tablets total)
- After taking the Dulcolax tablets, **you can only have clear liquids** listed below (**NOTHING RED or PURPLE**).
Approved liquids include the following:
 - Apple juice
 - White grape juice
 - Lemonade
 - White cranberry juice
 - Water
 - Clear soda (7-Up, Sprite, Ginger ale. **NO COLA OR PEPSI**)
 - Gatorade or Powerade
 - Plain Jell-O with **NO** fruit pieces
 - Ice popsicles with **NO** fruit pieces
 - Iced or hot coffee tea (**NO MILK OR NONDAIRY CREAMER**). Any sweetener is allowed
 - Clear broth or bullion
- **DO NOT DRINK ANYTHING RED OR PURPLE IN COLOR.**
- You **MUST** drink plenty of fluids after taking the Magnesium Citrate to prevent dehydration.
- You must stop all liquids at midnight. **NOTHING TO DRINK AFTER MIDNIGHT.**

ON THE DAY OF THE PROCEDURE:

- Take one Fleet enema 3 hours before your flexible sigmoidoscopy.
- Take a second Fleet enema 2 hours before your flexible sigmoidoscopy.
- Be sure to bring your **insurance card & photo ID.**
- Bring a referral for the facility, if your insurance plan requires one.
- **Do NOT drive the entire day.** Someone **MUST** drive you to and from your appointment as you will be receiving sedation which impairs your ability to drive an automobile. You may take a taxi **ONLY if you are accompanied by an escort over the age of 18.** The taxi driver is **NOT** an acceptable escort.
- **NO gum, NO mints, NO cough drops within 6 hours of your arrival time.**
- Please brush your teeth the morning of the procedure, you can use toothpaste, just rinse & spit.
- Do **NOT** wear your contact lenses on the morning of your procedure.
- Please bring the completed 2 page questionnaire & medication reconciliation form to the Princeton Endoscopy Center. If your procedure is at Penn Medicine Princeton Health, bring your completed medication form.
- **If you usually take blood pressure or cardiac medication, take it at your normal time. DO NOT SKIP DOSES.**
Take it at least 4 hours before your arrival time with a small sip of water.

MEDICATION INSTRUCTIONS FOR THE DAY OF YOUR FLEXIBLE SIGMOIDOSCOPY:

****** Please take ALL of your PRESCRIBED medications, INCLUDING blood pressure and heart medication (including aspirin) upon awakening with a small sip of water, except for medications you were specifically told to stop. ******

- If you take a **blood thinner/anticoagulant**:
 - **DO NOT** take _____ for _____ days before the procedure unless you are otherwise instructed.
- If you are **diabetic**:
 - **DO NOT** take oral diabetic medications _____ the day before or morning of your procedure.
 - If you take **Insulin**, obtain specific instructions for the day before and the day of the procedure from your primary doctor or endocrinologist.
- Take all **asthma** and **COPD** medications. **Please bring these medications with you to the Endoscopy Center /hospital.**
- Take vitamins and supplements **AFTER** the procedure.

YOUR PROCEDURE IS SCHEDULED AT:

Princeton Endoscopy Center

Princeton Plaza, Suite 104
731 Alexander Road, Princeton NJ 08542
Telephone: 609-452-1111

Penn Medicine Princeton Medical Center

Medical Arts Pavilion,
5 Plainsboro Rd, 2nd Floor, Plainsboro, NJ 08536
Phone 609-853-7500

The procedure generally takes about **20 minutes**, but you should plan on being at the center for about **1 ½ to 2 hours**.

Nurse's notes: _____

