PREPARATION FOR FLEXIBLE SIGMOIDOSCOPY/WITH ANESTHESIA

Please purchase the following items: Two (2) Dulcolax tablets, one (1) 10oz bottle of Citrate of Magnesia (lime or lemon flavor only), and 2 Fleet enemas (green and white box)

***DAY BEFORE PROCEDURE*:** _____

1. NO SOLID FOODS
2. CLEAR LIQUID DIET
   Nothing red, green, or purple. NO DAIRY!!!!
3. At 2:00 pm take two (2) Dulcolax tablets.
4. At 7:00 pm take one (1) 10 ounce bottle of Citrate of Magnesia.

***DAY OF THE PROCEDURE*:** _____

1. **NOTHING BY MOUTH AFTER 12 MIDNIGHT THE NIGHT BEFORE. This includes: NO WATER, NO MINTS, NO CANDY, NO GUM.** You may brush your teeth. You may take Heart/Blood Pressure meds or Anti-Seizure Meds 3 hours prior to procedure with a SIP of water.
   If this procedure is scheduled for 12 noon or later you may have a clear liquid breakfast **before** 8AM and then nothing by mouth, **NOT EVEN WATER, NO GUM, NO CANDY** until after the procedure.
2. **Complete Fleet enemas 2-3 hours before you leave from home for your procedure until there is no solid return.**
3. Report to: Hillandale Outpatient Surgery Center

Sigmoidoscopy examines the rectum and left side of the colon. A flexible tube with a light on the end of it will be passed into rectum and advanced under direct visualization. This procedure is done to evaluate for causes of certain conditions, such as, bleeding, constipation, and diarrhea. It is also used as on the screening test for colon cancer. The examination is limited to lower third of the colon.

Anesthesia is not necessary for this procedure. You may, however, feel some discomfort, such as cramping or bloating, during the procedure. The examination may last 5-8 minutes without anesthesia. Please decide with your doctor whether or not you will require anesthesia. If anesthesia is used, you will need a driver and should plan for you and your driver to be here for up to 1.5 hours. **Please note that if you have anesthesia, your driver MUST be present at the time of your pre-op check-in and MUST remain in the building through to your discharge.** You may **NOT** take a cab home. **These policies are for your safety**. If you need info on a medical transport service, please let us know in advance. The one we usually use costs $30 one way.

INSTRUCTIONS FOR ROUTINE MEDICATIONS:

Heart/blood pressure meds or anti-seizure meds	Take as you normally would
Insulin	½ evening dose the night before //**NONE** on morning of test
Oral diabetic medications	**NONE on day of procedure**
Blood thinners	Take as you normally would
Iron preparation	Stop 5 days before procedure
ASPIRIN	Take as you normally would
Arthritis Medications	Take as you normally would

Pre-op Arrival Time: _____ **Procedure Time:** _____ **Day**_____**Date**_____

If you have any questions or concerns, please contact us at 770-323-8589. Thank you

CLEAR **LIQUID DIET**

This diet provides fluids that leave little residue and are easily absorbed with minimal digestive activity. This diet is inadequate in all essential nutrients and is recommended only if clear liquids are temporarily needed. **No red, orange, or purple liquids should be consumed!**

Food Group	Foods Allowed	Foods to Avoid
Milk & beverages No red or purple liquids!	Tea or Coffee (**NO** cream), Carbonated beverages	Milk, milk drinks, creamers
Meats & meat substitutes	NONE	ALL
Vegetables	NONE	ALL
Fruit juices	Strained fruit juices: apple, White grape, lemonade	Fruit juices with unstrained fruit
Grains & starches	NONE	ALL others
Soups	Clear broth, consommé	ALL others
Desserts	Clear flavored gelatin, Popsicles (no red, green or purple flavors)	ALL others
Fats	NONE	ALL
Miscellaneous	Sugar, honey, syrup, clear hard Candy, salt	ALL others

Sample Meal

Breakfast	Lunch	Dinner
4 oz. White grape juice	4 oz. Apple juice	4oz. Lemonade
6 oz. Clear broth	6 oz. Clear broth	6 oz. Clear broth
Jell-O	Jell- O	Jell – O
Tea	Tea	Tea

*Plain only, no fruit or toppings