

Flexible Sigmoidoscopy Instructions (With Sedation)

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:

- **Do not eat any solid food for eight (8) hours prior to the procedure.** Take only clear liquids by mouth. This includes clear juices (apple, grape, strained orange, strained lemonade), tea, coffee (no milk or creamer), soft drinks, sports drinks (Gatorade, Powerade), clear broth or bouillon, Jell-O and Popsicles. **You may have clear liquids until 4 hours prior to your procedure** then nothing by mouth. **Diabetics: please call the office to obtain special instruction regarding your medications**
- 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 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. _____

Report at _____ on _____ to:

- _____ Boise Endoscopy Center, 425 West Bannock Street, Boise
- _____ Meridian Endoscopy Center, 2235 East Gala Street, Meridian
- _____ St. Luke's Boise Regional Medical Center, 190 E. Bannock Street, Boise
(Main hospital entrance. Out-patient Registration)
- _____ St. Luke's Meridian Medical Center, 520 S. Eagle Road, Meridian
(Eagle Road entrance. Out-patient Registration)
- _____ St. Luke's Nampa Medical Center, 9850 W. St. Luke's Drive, Nampa
(Main hospital entrance. Out-patient Registration)

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

For questions, call 343-6458 for the Boise office or 887-3724 for the Meridian office.