



## Flexible Sigmoidoscopy Instructions Magnesium Citrate

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

PROCEDURE DATE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

### LOCATION:

- MAIN LINE ENDOSCOPY BROOMALL: MAIN LINE HEALTH BUILDING, SOUTH ENTRANCE,  
1991 SPROUL ROAD, SUITE 240, BROOMALL
- MAIN LINE ENDOSCOPY MALVERN: 700 Steel Lane, Suite 100, MALVERN
- LANKENAU GI LAB: 100 E. LANCASTER AVE, APC MAIN ENTRANCE, WYNNEWOOD
- RIDDLE HOSPITAL SPU: OUTPATIENT PAVILLION, 2<sup>ND</sup> FLOOR, MEDIA
- PAOLI HOSPITAL SPU – 255 W. LANCASTER AVE., ENDOSCOPY SUITE, PAOLI

### YOUR MEDICATION INSTRUCTIONS: \_\_\_\_\_ Initial here

- Stop** taking medications with **Iron** 5 days prior to the procedure.
- Stop** taking **Fish Oil** supplements 3 days prior to the procedure.
- Continue all prescribed medications unless otherwise instructed, including aspirin and Plavix.
- Blood thinning medications may need to be stopped prior to your procedure.** Our office staff will be reaching out to your prescribing physician to request permission to stop your medication. If you do not hear from our office with instructions on how to take your blood thinning medications 10 days prior to your procedure, please call the office at 610-644-6755.
- Take your medications 4 hours before your scheduled procedure with a sip of water. If you are not able to take them 4 hours before your procedure, please wait until after your procedure.
- Do not drink any fluid within 4 hours of your procedure or it may be rescheduled. Sips of water for medications mentioned above are allowed.***
- Diabetics:** If you have diabetes, check with your physician to see if changes are needed. **Do not take your usual diabetic medications the morning of your procedure.** Check your blood sugar before arrival. Call the office 610-644-6755 if your blood sugar is 70 or below. Notify the staff immediately upon arrival as well.
- If you're taking or plan on starting a **GLP-1 or SGLT-2** medication, please inform the office as these medications will need to be held. Not informing the office could result in the cancellation of your procedure.
- Do not smoke the day of the procedure.**
- Stop all Cannabis use as follows:**
  - Smoked Cannabis- Stop 12 hours prior**
  - Vaporized Cannabis- Stop 12 hours prior**

- ❑ **Ingested Cannabis- Stop 8 hours prior**
- ❑ **CBD oil ingested- Stop 8 hours prior**

❑ **SPECIAL MEDICATION INSTRUCTIONS:**

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## **What is a Flexible Sigmoidoscopy?**

**A Flexible Sigmoidoscopy is an exam used to evaluate the lower part of the large intestine (colon). During a flexible sigmoidoscopy exam, a thin, flexible tube (sigmoidoscope) is inserted into the rectum. Biopsies may be taken.**

If you choose to receive anesthesia, an intravenous (IV) catheter will be inserted into a vein in your arm to provide hydration and medication to keep you asleep during your procedure.

You will receive nasal oxygen. We will monitor your heart rate, blood pressure and blood oxygen level throughout the procedure.

Air or carbon dioxide and water will be placed into your colon during the exam. It is normal to expel these after the procedure.

You will rest in the recovery room after the procedure until you can tolerate liquids, walk unassisted, and have stable vital signs.

### **THE ENTIRE PROCESS TAKES ABOUT 2 HOURS.**

If the start of your procedure is delayed, we will do our best to keep you informed. Rest assured that during your colonoscopy you will receive the highest quality care. In the event of a medical need, you may require hospital admission.

### **IMPORTANT**

#### **72 HOURS NOTICE IS REQUIRED FOR CANCELLATION.**

**IF YOU CANCEL LESS THAN 72 HOURS BEFORE YOUR PROCEDURE, YOU WILL BE CONSIDERED A “NO SHOW” AND MAY BE CHARGED A \$50 FEE.**

**THIS FEE IS NOT COVERED BY INSURANCE.**

# To Prepare for your Procedure

You will receive anesthesia during the procedure. Anesthesia can make you dizzy, forgetful and or sleepy therefore:

- A responsible adult, 18 years or older, must drive and/or escort you to and from your procedure.
- Bus, taxi, shuttle, or Uber/Lyft drivers **CANNOT** be your responsible driver.
- If you do not have a responsible adult to drive and/or escort you home, your procedure will be rescheduled.

## ❑ Obtain Prep from Pharmacy:

## ❑ General Instructions:

- Please notify office of any change in medical history. Example: chest pains, shortness of breath, arrhythmias, or recent hospitalizations
- Must have a ride to accompany you home, you cannot drive after sedation.
- You will receive text messages/emails to complete paperwork for MLEC/USDH. These will need to be completed electronically prior to your arrival for your procedure.
- Wear comfortable clothes. You may feel bloated after the procedure.
- Leave valuables at home or with the adult accompanying you.
- Remove all jewelry, including body piercings.

## ❑ DO NOT:

Do not eat any of the following foods 2-3 days prior to procedure, as they can remain in your colon after the completion of your prep:

- |           |                |                      |
|-----------|----------------|----------------------|
| ▪ Seeds   | ▪ Whole grains | ▪ Corn               |
| ▪ Nuts    | ▪ Beans        | ▪ Peels of fruits or |
| ▪ Oatmeal | ▪ Peas         | vegetables           |

## PREPARATION: The Day *Before* Your Procedure

<p><b>5pm</b> <b>The day <i>Before</i> the procedure</b></p> <p><b>Do not eat dinner</b></p> <p><b><u>NO SOLID FOOD</u></b></p>	<p>Follow a diet of <b>CLEAR LIQUIDS ONLY:</b></p> <p>Water</p> <p>Coffee or tea, <b><i>without milk or cream</i></b></p> <p>Clear juice – apple, white grape, lemonade (no pulp)</p> <p>Broth, bouillon</p> <p>Gatorade or similar sports drinks</p> <p>Kool Aid, Crystal Light</p> <p>Carbonated soft drinks – Coke, Sprite (regular or diet)</p> <p>Jell-O™ (no added fruit or toppings; not red or purple)</p> <p>Popsicles (not red or purple)</p> <p><b>NO RED OR PURPLE PRODUCTS</b></p> <p><b>NO JUICE WITH PULP</b></p> <p><b>NO DAIRY DRINKS</b></p> <p><b>NO ALCOHOL</b></p>
<p><b>6pm</b> <b>The day <i>Before</i> the procedure</b></p> <p><b><u>NO SOLID FOOD</u></b></p>	<p>Drink 10 OZ. BOTTLE OF Magnesium Citrate</p> <ul style="list-style-type: none"> <li>▪ Drink four 8 oz glasses of clear liquid following completion of Magnesium Citrate.</li> <li>▪ Continue hydrating with clear liquids throughout the remainder of the evening and until 4 hours prior to the procedure.</li> </ul>

## PREPARATION: The Day *of* Your Procedure

<p><b>4 Hours Before your Appointment</b></p> <p><b><u>NO FOOD OR DRINK</u></b></p>	<p>All clear liquids <b>MUST</b> be completed <b>4 hours</b> prior to your appointment.</p> <p>This is the time when morning medications should be taken if directed to do so by your provider or wait until after your procedure.</p> <p><i>Nothing by mouth.</i> No hard candy, chewing gum, cigarettes, or medications.</p> <p>Eating or drinking at this time may result in cancellation or delay of procedure.</p>
<p><b>3 Hours Before your Appointment</b></p> <p><b><u>NO FOOD OR DRINK</u></b></p>	<p>Use 1 Saline Solution Fleet Enema</p>