

## **FLEXIBLE SIGMOIDOSCOPY: PREPARATION INSTRUCTIONS**

YOU HAVE BEEN SCHEDULED FOR A DIAGNOSTIC PROCEDURE CALLED  
**FLEXIBLE SIGMOIDOSCOPY** TO BE PERFORMED ON:

\_\_\_\_\_ AT \_\_\_\_\_ ARRIVAL TIME \_\_\_\_\_

YOU WILL NEED TO REPORT TO: \_\_\_\_\_ PARKWEST HOSP. ADMITTING  
\_\_\_\_\_ FT. LOUDON HOSP. REGISTRATION (ER/Registartion)

LATE ARRIVALS MAY RESULT IN UP TO A TWO-HOUR DELAY FOR YOUR PROCEDURE.

**PRE-PROCEDURE INSTRUCTIONS:** YOU WILL NEED TO FOLLOW THESE DIRECTIONS TO CLEANSE THE LOWER PORTION OF YOUR COLON:

**1. EAT LIGHTLY THE EVENING BEFORE AND TAKE NOTHING BY MOUTH AFTER MIDNIGHT THE NIGHT PRIOR TO OR THE MORNING OF YOUR PROCEDURE .**

**2. YOU WILL NEED TO PURCHASE 2 FLEETS ENEMAS FROM YOUR PHARMACY.**

- ON THE MORNING OF THE PROCEDURE, YOU WILL USE THE FLEETS ENEMAS. ALLOW 1 HOUR BETWEEN ENEMAS AND 1 HOUR BEFORE YOU TRAVEL.

**3. MEDICATIONS:**

- IF YOU HAVE SPECIFIC MEDICAL PROBLEMS SUCH AS SEVERE HIGH BLOOD PRESSURE OR ANGINA, YOU MAY TAKE YOUR MORNING MEDICATION WITH A SMALL SIP OF WATER EARLY ON THE DAY OF YOUR TEST. IF YOU HAVE ANY QUESTIONS REGARDING OTHER MEDICATIONS PLEASE CALL THE OFFICE.
- IF YOU TAKE IRON SUPPLEMENTS OR ANTICOAGULANT MEDICINE (COUMADIN), PLEASE DISCONTINUE IT AT LEAST 4 DAYS PRIOR TO YOUR TEST.
- AVOID TAKING PRODUCTS CONTAINING ASPIRIN FOR 1-WEEK PRIOR, AND IBUPROFEN OR NAPROXEN FOR 2 DAYS PRIOR TO YOUR PROCEDURE. IF YOU NEED TO TAKE ANTIBIOTICS OR IF YOU HAVE A PROSTHETIC HEART VALVE, PLEASE CONTACT THE OFFICE IMMEDIATELY.

**4. BRING SOMEONE ALONG WITH YOU TO DRIVE YOU HOME.**

- YOU WILL BE SEDATED BEFORE THE EXAMINATION. WHILE MOST OF THE EFFECTS OF THE MEDICINE WILL WEAR OFF PRIOR TO YOUR DISCHARGE, WE CANNOT LET YOU LEAVE UNACCOMPANIED. YOU WILL NOT BE ABLE TO DRIVE A CAR THE REMAINDER OF THE DAY.

IF YOU HAVE ANY QUESTIONS OR HAVE AN EMERGENCY ON THE DAY OF YOUR EXAM SUCH THAT IT MUST BE RESCHEDULED, PLEASE CALL THE OFFICE AT **865-539-5372**

**PLEASE LEAVE ALL VALUABLES AT HOME**