Flexible Sigmoidoscopy Preparation

Please read these instructions carefully at least one week before your sigmoidoscopy.

*** If you must cancel your procedure appointment, please notify us at least two weeks in advance so that we can accommodate another patient. ***

Check with your primary care physician (PCP) for further instructions if you have any medical conditions such as diabetes or asthma and if you take Coumadin, heparin, Plavix, Aggrenox, insulin, Tyclid, aspirin or other medicines for diabetes. Your GI doctor/PCP will make adjustments to medications while on a clear liquid diet.

Purchase TWO adult dose Fleet Enemas, a laxative to cleanse your bowel. Available over the counter, no prescription needed/required.

Medication and Diet Instructions

Seven days before the procedure

*** ALL OF THE ADVICE LISTED HERE SHOULD BE FOLLOWED TO MINIMIZE RISK OF SERIOUS BLEEDING IF A POLYP IS REMOVED. ***

1. Stop taking aspirin or other blood thinning medications such as Aleve, Motrin, Advil, ibuprofen and Naprosyn, if you have been instructed to do so by your doctor. Acetaminophen (Tylenol) can be substituted as a pain-reliever for aspirin.
2. Stop herbal supplements, fish oil, vitamin E and iron.

Three days before the procedure

1. Avoid eating nuts, seeds, popcorn, grapes, green peas, beans, tomatoes, salad and other fibrous vegetables. Fibers from these foods can clog the sigmoidoscopy.

Night before the procedure

Drink clear liquids only the night before the procedure. Clear liquids include black coffee (one cup), tea with no milk, soda, Gatorade, Propel, water, clear juices (apple juice, white grape, white cranberry), clear broth, popsicles and lemon JELL-O (no red, blue, green or purple flavors). Do not eat any solid food while on this diet. Do not drink alcohol. No dairy products. Deviating from this diet may prevent adequate preparation for the colon exam.

Bowel preparation on the day of the procedure: Continue to drink clear liquids
Two hours before the procedure use the first enema. Follow the instructions on the box. One hour before the procedure use the second enema. If you are still passing stool with this enema, fill up the empty bottle with lukewarm water and repeat the procedure. Repeat again if still passing stool.

Most medications for high blood pressure, heart disease, lung disease and seizure disorders are safe during a sigmoidoscopy and can be taken the day of the examination.

Consider using petroleum jelly or diaper rash ointment around the anal opening before starting the prep and after each bowel movement to minimize irritation from passing many bowel movements.

**General Information**

1. Your body loses significant amounts of fluid during the bowel preparation. In order to prevent dehydration, it is important to supplement that fluid loss with clear liquids. Drink as much as you can before, during and after the preparation.

**What to expect the day of the procedure**

Prior to the procedure, a nurse will ask you questions to ensure that you understand the procedure and the reason it is planned. The nurse will ask questions to ensure that you have prepared properly for the procedure, and ask you to sign a consent form. A doctor or nurse practitioner will also review the procedure with you.

Flexible sigmoidoscopy usually takes between fifteen and thirty minutes. It is performed while the patient lies on their left side with the legs curled up against the chest. The sigmoidoscope, which is approximately the size of one finger, is inserted into the anus and advanced through the rectum, sigmoid colon and descending colon. The air is needed to permit the doctor to advance the scope and see the lining of the colon. Let the doctor know if there is discomfort since air can also be removed through the scope.

Because the procedure is brief and discomfort is mild, pain medication or sedation are not routinely used. Flexible sigmoidoscopy is a safe procedure and complications are rare (e.g., bleeding or perforation). However, bleeding can occur from biopsies or the removal of polyps, but this is usually minimal and stops quickly or can be controlled.

**After the procedure**

Although patients worry about discomforts of the examination, most people tolerate it very well and feel fine afterwards. Most patients are able to return to normal activities, including eating, after the examination. Occasionally, minor problems may persist, such as bloating, gas or mild cramping, which should disappear in 24 hours or less. If any of these problems persist beyond 24 hours, call the GI nurse during weekdays. After hours contact the GI doctor on call and wait for the operator to answer, or go to Urgent Care if it is the weekend.

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