



INSTRUCTIONS FOR YOUR PROCEDURE

WHAT: Flexible Sigmoidoscopy

PENROSE HOSPITAL 2222 N NEVADA 719 – 776 – 8010 PRE-REGISTRATION AND SCHEDULE A PRE-OP	MEMORIAL HOSPITAL CENTRAL 1400 E BOULDER ST 719 – 365 – 5543 CHECK IN AT THE NORTH ENTRANCE	MEMORIAL HOSPITAL NORTH 4050 N BRIARGATE PKWY 719 – 364 – 1773
ST. FRANCIS HOSPITAL 6001 E WOODMAN RN 719 – 776 – 8010 PRE-REGISTRATION	CASTLE ROCK ADVENTIST HEALTH CAMPUS 2350 MEADOWS BLVD CASTLE ROCK, CO 720 – 455 – 0150	

WHEN: **DATE:** _____ **CHECK IN TIME:** _____ **PROCEDURE TIME:** _____

WITH:

DR. PATEL	DR. KRISHNAN	DR. LEE	DR. ROSE
DR. KOWALCZYK	DR. SIDHU	DR. MOORE	DR. HARMON
DR. NGUYEN			



Failure to adhere to the following instructions may result in cancellation of your procedure.

IMPORTANT INSTRUCTIONS
1. Please wear loose, comfortable clothing. Bring your insurance cards, a photo ID, and a co-pay if needed.
2. If on anticoagulants, follow the protocol prior to your procedure. Please check with your prescribing physician.
3. Diabetics: The day of your procedure, please hold oral diabetic medications and short acting insulin until after the procedure. Please check with your prescribing physician.
4. Continue to take your, cardiac, blood pressure and seizure medications as normal, but NOT WITHIN 4 HOURS OF THE PROCEDURE.
5. You MUST be accompanied by a responsible adult to drive you home. Buses and taxi services are not permitted unless you are accompanied by an adult.
6. If you cannot keep this appointment for any reason you must call the office at 719 – 636 – 1201. 48 hours' notice is required, or you will be subject to a \$250 fee.
7. Absolutely nothing to drink 4 hours prior to procedure.
8. If your procedure is scheduled after 12:00 noon, you may have CLEAR LIQUIDS until 4 hours prior to your CHECK IN time.

Please be advised

Every procedure will incur three of four separate fees that you will receive a bill for:

1. Facility fee – Facility where the procedure is performed.
 2. Physician's fee – Peak Gastroenterology Associates, P.C.
 3. Anesthetist's Fee
 4. Pathology Fee – From the outside laboratory that performs tests on any biopsies taken during your procedure.
- Unless you are self-pay, insurance should cover most of these expenses.



How to Prepare for your Flexible Sigmoidoscopy

1. Two to three days before you start your prep:

- Purchase 2 bottles of Magnesium Citrate
- Purchase 2 Enemas (Fleets or Tap water)
- Follow the low-residue/low-fiber diet. See the attached guide.

2. The day before your procedure:

- You MAY drink: water, lemon/limeade, Gatorade[®], Sprite[®], 7 UP[®], Ginger Ale, coffee and tea (without creamer, sugar and sweetener are ok), clear broth, bouillon, popsicles and Jell-o[®] that are not red or purple.
- You may not EAT anything!
- You may not drink anything red or purple!
- You may not consume milk/dairy!
- You may not consume alcoholic beverages!
- You may not consume dark sodas!
- You may not consume any fluids 4 hours prior to your procedure.

Please follow these directions unless otherwise directed by your gastroenterologist

3. **The day before your procedure:** At 5pm drink two bottles of Magnesium Citrate. Perform the first enema before bedtime the night before your procedure.

4. **The day of your procedure:** Two hours prior to your check in time, perform the second enema.

Helpful Hints

- BABY WIPES ARE KINDER THAN TOILET PAPER
- PETROLEUM JELLY SOOTHES SORE AREAS
- KEEP SMILING! 😊