

Flexible Sigmoidoscopy Bowel Preparation Instructions

Items necessary to purchase:

- ✓ One bottle of Magnesium Citrate (10 ounces)
- ✓ Two 5mg Dulcolax laxative formula pills
- ✓ One Fleets Enema (SO NOT use mineral oil-based enema)

5 days prior to your procedure, please avoid seeds and nuts as much as possible.

The day before your procedure:

- **NO SOLID FOODS ALL DAY LONG.** Consume only a clear/transparent liquid diet.
 - Water, Soda, Gatorade, black coffee, tea, popsicles, Jell-O, Broth/bouillon,
 - apple juice, white grape juice, white cranberry juice
- **AVOID RED AND PURPLE LIQUIDS**
- You may take your usual medications as prescribed by your physician

Prep Times:

1. Prior to your evening meal drink one bottle of Magnesium Citrate
2. During your evening meal take 2 Dulcolax laxative formula pills

NOTHING TO EAT OR DRINK AFTER MIDNIGHT

You may take your usual medications as prescribed by your physician

For a sore bottom try ointments such as A&D, Preparation H, or Vaseline to area as needed

Special Instructions

Please contact the office at 314-529-4900 option 4 if you have any items below:

- An implanted defibrillator and/or pacemaker
- You have had a cardiac stent placed in the last 12 months
- You are taking an antiplatelet medication with aspirin
- You are currently taking blood thinners such as Coumadin, Jantoven (warfarin), Pradaxa (dabigatran), Xeralto (rivaroxaban), Eliquis (apixaban), Clopidogrel (Plavix), Prasugrel (Effient), Ticagrelor (Brilinta)
- You are currently taking any diabetic or weight loss medication such as; Farziga, Jardiance, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza, Wegovy or Zepbound

Insulin: Please contact your prescribing physician and inform him/her that you cannot eat or drink after midnight before your procedure, then ask for instructions on how to adjust your insulin dosages

Herbal Medication: It is best to stop any herbal remedies 5 days before the procedure as many of them can thin the blood and increase risk of bleeding during or after the procedure.

SOMEONE WILL NEED TO DRIVE YOU TO AND FROM THE ENDOSCOPY CENTER THE DAY OF YOUR PROCEDURE

- Driver needs to stay at the facility during your procedure. Plan on staying for around 2 hours.
- You will not be able to drive or drink alcohol for 24 hours following your procedure.

Medication Reconciliation Form

Allergies (Examples: food, medications, latex, etc)

Medication Name	Reaction	Medication Name	Reaction

- List **ALL YOUR MEDICATIONS** including, eye drops, over-the-counter and alternative medicines such as vitamins, herbals, supplements and THC (cannabis).
- It is extremely important for your care and safety, that you provide complete and accurate information

Medication List

Medication Name	Dose	How often do you take it?	Why are you taking this medication?	Date of last dose taken
1.				
2.				
3.				
4.				
5.				
6.				
7.				

It is suggested that you provide a copy of this list to your Primary Care Provider.

OFFICE USE ONLY

Reviewed By RN _____
Signature Date/ Time

- No Changes to Medications; Resume home medications
- Changes

New Medication Name	Dose	Frequency	Purpose of Medication

- Patient education regarding medication changes

Medications Reconciled by RN _____
Signature Date/ Time