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Your procedure is scheduled on WHAT IS THE DATE OF THE PROCEDURE with Dr. at. Please arrive at WHAT TIME SHOULD THE PATIENT ARRIVE TO THE CENTER for your procedure which starts at WHAT IS THE TIME OF THE PROCEDURE.

**STOP:** If you take Curcumin or Turmeric herbal supplement, please stop taking 5 days prior to procedure.

Please contact our office if you start a blood thinner or a weight loss medication between the time you scheduled to the day of your appointment.

Please contact our office if you develop Covid or upper respiratory infection between the time you scheduled to the day of your appointment.

**Purchase from your pharmacy: A quantity of four Dulcolax 5mg tablets; one 4.07 oz bottle of miralax and two disposable Fleet enemas**

#### **Day before flexible sigmoidoscopy**

1. You may follow a normal diet until 4p.m. Beginning at 4p.m. you should consume clear liquids for the remainder of the day.

#### **Clear liquids are:**

\*Clear fruit juices (white grape and apple juice)

\*Water, Tea, or Coffee (without cream)

\*Kool-Aid or PowerAde

\*Clear soup, broth or bouillon

\*Popsicles

\*Hard candies

\*Soda Pop (7-Up, sprite, regular or diet Pepsi/Coke, Ginger Ale, Orange Soda)

2. At 4:00p.m.--Take all four Dulcolax tablets with a glass of water

3. At 6:00p.m.--You will take 3 doses of Miralax (which would be three capfuls) and mix with 24 oz of water. **\*\*NO ALCOHOL OR RECREATIONAL DRUG USE the day of procedure.**

**Day of flexible sigmoidoscopy:**

1. You will need to use two Fleet enemas per packet instructions 30 minutes before leaving home.
2. If you take morning medications, please take them with a few sips of water by 6am. Do not eat or drink anything eight hours before your procedure. NO ALCOHOL - NO RECREATIONAL DRUG USE- NO CHEWING/SMOKELESS TOBACCO PRODUCTS.
3. You must have a driver to take you home if you and your doctor have decided you will be sedated. Ideally, it is preferred that you have someone drive you to the facility, WAIT while you have your procedure, and then accept responsibility for your dismissal upon leaving the facility. During the check-in process, you will be expected to validate your responsible driver in the event your drive does not present at check-in. If this validation process cannot occur, your procedure will be canceled. PUBLIC TRANSPORTATION IS NOT AN ACCEPTABLE FORM OF TRANSPORTATION FOLLOWING YOUR PROCEDURE UNLESS ACCOMPANIED BY A RESPONSIBLE ADULT WHO HAS A VALID DRIVER'S LICENSE. If you are scheduled at a hospital please know individual hospital policies may require you to have a responsible party stay with you for twenty-four hours.
4. Bring insurance cards, completed medical history forms and a photo ID. Wear comfortable, loose fitting clothing. Wear flat shoes or tennis shoes. Please leave jewelry and valuables at home.
5. If you are of child-bearing potential, please contact your doctor to arrange for urine pregnancy test 7 days prior to your procedure. If you are certain you could not be pregnant, and prefer to refrain from prescribed testing, you may sign a pregnancy waiver the day of the procedure confirming you could not be pregnant. Special instructions necessary for this procedure include WHAT SPECIAL INSTRUCTIONS ARE NECESSARY FOR THIS PROCEDURE.

**If you have any additional questions, please contact our office at 402-397-7057.**

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