



Prep Instructions

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FLEXIBLE SIGMOIDOSCOPY - FLEET ENEMA PREP INSTRUCTIONS

Procedure Details:

Procedure Date:
Procedure Check-In Time:
Procedure Time:
Procedure Location:
Scheduled with Provider:

PLEASE READ ALL INSTRUCTIONS ON THE DAY YOU RECEIVE THEM

Your provider has referred you for a flexible sigmoidoscopy. Bowel preparation (cleansing) is needed to perform an effective procedure. Your provider has ordered you a flexible sigmoid prep.

Contact our office immediately at 402-397-7057 if any of the following instances occur between the time you scheduled your procedure to the day of your appointment:

1. If you start a blood thinner
2. If you start any new medications
3. If you start a diabetic or weight loss medication
4. Develop COVID or upper respiratory infection
5. If you need to RESCHEDULE or CANCEL your appointment

Note: If you are receiving sedation and of child-bearing potential, please contact your primary provider to arrange for a urine pregnancy test seven (7) days prior to your procedure. If you are certain you cannot be pregnant and prefer to refrain from prescribed testing, you may sign a pregnancy waiver the day of the procedure confirming you cannot be pregnant.

FIVE DAYS BEFORE YOUR FLEXIBLE SIGMOIDOSCOPY:

1. Familiarize yourself with flexible sigmoid prep instructions. Contact our office at 402-397-7057 with any questions.
2. Purchase the following over the counter supplies:
 - Fleet Enemas - quantity of two (2)
 - Magnesium Citrate - quantity of one (1) 10-ounce bottle.
3. STOP medications specifically instructed to hold (only applies to patients instructed during the scheduling process).
4. Refrain from eating all types of nuts, popcorn, seeds and granola until after your procedure.
5. STOP all of the following if taking:
 - Herbal supplements
 - Curcumin/Turmeric
 - Vitamins
 - Stool bulking agents (such as Metamucil or Citrucel)
 - Iron supplements
6. DO NOT STOP aspirin if you have been instructed by a physician to take daily.

THE DAY BEFORE YOUR FLEXIBLE SIGMOIDOSCOPY:

1. Follow your normal diet until 4:00 pm.
2. At 4:00 pm, begin CLEAR LIQUID DIET ONLY
3. Clear liquids is described as "a drink you can see through."
4. DO NOT consume liquids that are red, purple or blue in color.
5. Drink clear liquids every hour throughout the day from the following list:
 - Clear fruit juices (white grape or apple juice)

- Water, tea, or coffee (without cream)
- Kool-Aid or PowerAde
- Clear soup, broth, or bouillon
- Popsicles
- Hard candies
- Soda: regular or diet (7-Up, Sprite, Pepsi, Coke, Ginger Ale, Orange).
- Jell-O

Note: If you are a diabetic patient, consume non-sugar-free clear liquids for calorie support in blood sugar management

6. NO SOLID FOOD, ALCOHOL, or RECREATIONAL DRUGS.

7. Drink 10-ounces of Magnesium Citrate between 6:00 pm and 7:00 pm.

THE DAY OF YOUR FLEXIBLE SIGMOIDOSCOPY: Upon Awakening:

1. NO SOLID FOOD, ALCOHOL, OR RECREATIONAL DRUG USE.
2. NO CHEWING/SMOKELESS TOBACCO PRODUCTS.
3. Take your morning medications before 6:00am with a few sips of water.
4. TAKE NOTHING ELSE BY MOUTH (NO EATING, NO DRINKING).
5. Two (2) hours prior to leaving home for your Flexible Sigmoidoscopy:
 - Use two (2) Fleet enemas per packet instructions

RIDE HOME: IF YOU ARE RECEIVING SEDATION

You must have a responsible driver who has a valid driver's license to take you home. It is preferred that you have someone drive you to the scheduled location, wait while you have your procedure, and then accept responsibility for your dismissal upon leaving the facility. In the event that your driver is not present at check-in you will be expected to validate your responsible driver. If check-in staff are unable to validate your responsible driver, your colonoscopy will be cancelled.

IMPORTANT: Public transportation (including rides shares such as Uber or Lyft) is NOT an acceptable form of transportation following your procedure unless accompanied by a responsible adult. If you are scheduled at a hospital, please know individual hospital policies may require you to have a responsible adult stay with you for 24 hours post procedure.

FOLLOWING YOUR FLEXIBLE SIGMOIDOSCOPY:

1. Drink 8-ounces of liquid six (6) times before retiring for the night.
2. Do NOT drive, operate machinery, return to work or make important decisions for the remainder of the day.
3. You may resume normal activities the next day unless your provider states otherwise.

WHAT TO BRING TO YOUR FLEXIBLE SIGMOIDOSCOPY:

1. If you were sent forms through the patient portal, please complete them prior to your visit.
2. Be prepared to provide first and last name of all your providers you want to receive a copy of your procedure report.
3. Responsible adult to drive you home (NO EXCEPTIONS). If no responsible adult driver, your procedure will be cancelled.
4. Insurance card(s)
5. Photo ID

WHAT TO WEAR TO YOUR FLEXIBLE SIGMOIDOSCOPY:

1. Wear comfortable, loose-fitting clothing.
2. Wear flat or tennis shoes.
3. Please leave jewelry and valuables at home.

FREQUENTLY ASKED QUESTIONS:

Q. Does my driver have to stay with me during the procedure?

A. (If having sedation) If your driver does not wish to remain in the lobby, a contact number can be given to the nursing staff. These arrangements must be made during the check-in process, or your procedure will be cancelled. Typically, the driver can return two hours after they drop you off or they can be called prior to your dismissal time. Public transportation can only be used if you are accompanied by a responsible adult.

Q. Can I eat after my procedure?

A. Usually you may resume your normal diet unless otherwise instructed.

Q. Will I be asleep for my procedure?

A. Flexible Sigmoidoscopies can be done with or without sedation based on medical history and personal preference.

Q: Will my insurance pay for my colonoscopy?

A: If you are scheduled for a colonoscopy: Please understand all colonoscopies are not screening/preventative and may be deemed medical based on your medical history. Deductibles, copays and co-insurance may apply. The Facility submits procedural documentation and charges according to the Medicare and Medicaid services and American Medical Association guidelines and is not responsible for determining how benefits are paid by your insurance plan. Please make sure your insurance company allows your procedure at our Facility. If you have questions, please call us at (402) 504-3846 for a more detailed explanation.

To bill for a screening colonoscopy the patient must be without gastrointestinal symptoms, 45 years of age or older, have no personal history of gastrointestinal disease, colon polyps and/or colon cancer. In most cases patients are limited to one screening colonoscopy per ten-year increment.