

FLEX SIGMOIDOSCOPY PREP SHEET

PATIENT: _____

DOCTOR: _____ LOCATION: _____

PROCEDURE DAY: _____ DATE: _____

ARRIVAL TIME: _____ PROCEDURE TIME: _____

PLEASE PURCHASE THE FOLLOWING OVER THE COUNTER SUPPLIES AT YOUR LOCAL PHARMACY:

Two (2) Fleets enemas (green box)



AT LEAST A WEEK BEFORE YOUR PROCEDURE: Check with your prescribing doctor to make sure it is safe to hold prescription blood thinners, such as Coumadin, Plavix, Pradaxa, Xarelto, Warfarin, Eliquis, or iron supplements. Please get permission to stop these **4 days prior** to your procedure.

NPO STATUS: During your procedure you will be administered either general anesthesia or heavy sedation. For your safety, it is essential you follow these guidelines:

- **NO GUM, CANDY, MINTS, CIGARETTE SMOKING or TABACCO USE 2 hours prior to your arrival time.**
- **NOTHING TO EAT OR DRINK AFTER _____.**

If your procedure is in the afternoon, **NO FOOD after midnight but you may have clear liquids only until _____.** You must remain fasting after this time.

THE DAY OF YOUR PROCEDURE:

- If you take insulin or oral diabetic medication, you are advised to **HOLD** and **DO NOT TAKE** on the day of your procedure. Bring it with you.
- Take any routine heart, blood pressure or seizure medications with a **SMALL** sip of water. At least two hours before your procedure.
 - Use **ONE** Fleets enema 2 hours prior to leaving your home.
 - Use the **SECOND** Fleets enema 1 hour prior to leaving your home.

YOU MUST HAVE WITH YOU:

- A responsible adult to drive you home. This individual must be present when you, check-in and stay at the facility during the procedure or your procedure will be **CANCELLED**.
- A list of all medications you are now taking, including over-the counter products and herbal supplements.
- A list of any allergies you have.
- If you have a Pacemaker/AICD please bring in your Pacemaker/AICD card.

All aspects of your procedure, including your doctor’s reasons for ordering the examination, the method used for performing the procedure, possible risks, and complications (bleeding, perforations, infection, etc.), and benefits of the examination have been explained to you. You have been given a consent form to sign and will be placed in your chart.

Overland Park Regional
10500 Quivira Road
Overland Park, KS 66215

Overland Park Surgery Center
10601 Quivira Suite 100
Overland park, KS 66215

Shawnee Mission Medical Center
9100 W. 74th Street
Shawnee Mission, KS 66204

Providence Medical Center
8929 Parallel Parkway
Kansas City, KS 66112

Saint Luke's South Surgery Center
12541 Foster Suite 120
Overland Park, KS 66213

Westglen Endoscopy Center
16663 Midland Drive
Shawnee, KS 66217

North Kansas City Hospital Pavilion
2790 Clay Edwards Drive GI Lab 7th Floor
North Kansas City, MO 64116

Surgery Center at Liberty Hospital
2529 Glenn Hendren Drive Suite 160
Liberty, MO 64068

Any questions, please contact us at:

WESTGLEN GI: 913-962-2122

KC NORTH GI: 816-221-9898