



## Sigmoidoscopy Prep Instructions – 2 fleets Enema and 1 dose of Milk of Magnesia

YOUR BOWEL PREP IS VERY IMPORTANT- Please read immediately and review instructions carefully! Only follow these MDTEC instructions for your prep. If you do not follow these instructions and you are not prepped properly for your procedure, a cancellation fee will apply.

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Prior to your procedure:		<mark>1 Day Prior</mark>	Procedure Day			
Purchase 2 fleets enemas and Milkf of	Avoid consuming all food	You may have a light breakfast	Clear liquid diet until 4 hours prior to			
Magnesia from the pharmacy.	with seeds, corn and nuts <u>5</u>	before 8am.	your procedure.			
	days prior to your					
You will need to arrange for a responsible	procedure.					
adult to drive you home. You cannot	Stop taking all NSAIDS.	You will begin a clear liquid diet				
drive until the day after your procedure.	Ibuprofen, Advil, Aleve, etc.	after breakfast.	Take 1 <sup>st</sup> Fleets Enema 2			
A taxi, ride share, or shuttle is not an	<u>5 days</u> prior to your		hours prior to your			
approved means of transportation unless	procedure. You may take	Acceptable clear liquids	scheduled arrival time.			
you have a family member or friend with	Tylenol as needed.	include: water, clear broth,				
you.		apple juice, white cranberry	Take 2 <sup>nd</sup> Fleets Enema 1			
If you take Phentermine: stop taking this	Inhalers and Nasal Spray-	juice, white grape juice, soda,	hour prior to your			
10 days prior to your procedure.	Continue as prescribed.	jello, popsicles, coffee, and tea.	scheduled arrival time.			
<del></del> -	Please bring with you on day	You may have any transparent				
If you take weekly injections for weight	of procedure.	liquid. Nothing with milk or				
loss or Diabetes: do NOT take this within	<b>Blood Pressure and other</b>	creamer.				
7 days of your procedure.	essential medications:		You cannot have ANYTHING AT ALL			
	Continue as prescribed. Take	Nothing red, blue or purple in	by mouth for at least 4 hours prior to			
If you take iron, dietary, herbal or fiber	these medications on the	color are allowed	scheduled procedure time. This			
supplements: stop taking these 7 days	day of your procedure with a		includes ice, water, gum, hard candy			
prior to your procedure.	SMALL sip of water at least 2	No alcohol the day before or day	and mints.			
, ,	hours before procedure.	of your procedure.				
If you take a blood thinner:						
Please contact the prescribing doctor to	If you wear contacts: please	If you are taking <u>diabetic</u>				
obtain a blood thinner hold order. The	remove them at home or	medication, cut your dose in	No smoking the day of procedure.			
office can fax this order to us at 410-972-	bring your contact lens	half this day and do not take				
2698.	supplies with you if you don't	any diabetic medication day				
If you see a specialist: We will need to	have glasses to wear.	procedure.				
review the notes from your most recent	Please leave jewelry and		Please remember to bring your:			
office visit, labs, and test results prior to	other valuables at home.	8pm: Take 4 tablespoons of	-Current Medication list with the last			
your procedure. You can call their office to		Milk of Magnesia followed by	dose for each medication taken			
request these be faxed to us at 410-972-	Contact our pre-operative	32 ounces of water over one	-Insurance Cards			
2698.	department with any	hour.	-Driver's License/Photo ID			
If you develop any covid, flu, or cold like	questions at 410 224-3636		-Any co-insurance fees that are due.			
symptoms within 2 weeks of your	Option 2.	If you are unable to tolerate	,			
procedure date, please call us at 410-224-		the prep, please call 410-224-				
3636		4887 to speak to the on call				
3030		doctor				



- This form must be <u>completed</u> prior to your procedure.
- Please list all prescriptions, over the counter medications, vitamins and supplements taken in the last month.
- Please remember to review medication instructions provided on page 1 of your procedure instructions.
- If you have questions regarding your medications prior to your procedure, please call 410-224-3636 and ask to speak with our procedure coordinator.

Medication Name	Dose	Frequency and Time(s) Taken	Date / Time of Last Dose

Patient Signature	Date



Patient Signature

Date