

770-536-8109

FLEX SIGMOIDOSCOPY

SEVEN DAYS (7) PRIOR TO YOUR TEST: You should stop all medications containing **IRON**.
STOP ON _____

You **MUST** bring a patient representative (**age 18 or older**); he/she **MUST** remain at the facility during the procedure and drive you home. Your representative must be able to make medical decisions regarding your care, if needed. Since you will be sedated, you will be groggy after the procedure and care instructions/procedure results will be given to your representative.

PREP INSTRUCTIONS

ON _____, (ONE DAY PRIOR TO YOUR EXAMINATION) FOLLOW THE BELOW PREP INSTRUCTIONS:

You will be on an **ALL DAY** Clear Liquids-**NO** Solid Foods diet. You may only have the following: Chicken broth, beef broth, yellow or green Jell-O, clear grape juice, non-pulpy apple juice, black coffee, tea, yellow or green popsicles, sprite and ginger ale. **DO NOT** ingest any liquids that are **RED** in color. **NO** milk, creamers, or dairy products.

PURCHASE THE FOLLOWING OVER THE COUNTER MEDICATIONS AT YOUR PHARMACY:

- Magnesium Citrate-at least 10 ounces (Clear)
- Dulcolax Laxative Tablets-at least 4

At **4:00PM** the day before your procedure drink 10 ounces of Magnesium Citrate (Clear). Immediately follow with, at least, 10 ounces of clear liquids.

At **8:00PM** the day before your procedure take 4 Dulcolax Laxative Tablets. Immediately follow with, at least, 10 ounces of clear liquids.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT.