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FLEXIBLE SIGMOIDOSCOPY PREPARATION INSTRUCTIONS (FLEX SIG)

Below, you will find important information to help you prepare for your flexible sigmoidoscopy.

MEDICATIONS NEEDED TO COMPLETE THE PREPARATION: Two (2) FLEET Enemas.
These enemas are available at any pharmacy.

THE DAY BEFORE THE TEST

1. Eat a regular diet the day before the test.
2. Nothing to eat or drink after midnight, please

THE MORNING OF THE TEST

1. Upon waking, **give your self one Fleet Enema two hours before the test.** Hold it for five minutes, then expel it. **Repeat with the second Fleet Enema one hour later.** If you live out of town, use enemas one and two hours before leaving home.
2. If you find it *extremely difficult* to do your enemas at home, please notify our office so we can let the GI Lab know they will need to assist you in this manner. Please bring your enemas with you.
3. You may take your *blood pressure/heart medications* with water. **Insulin dependent diabetics take regular dose of your morning insulin.**

AFTER YOU ARRIVE AT THE HOSPITAL

1. After arriving at the hospital, you are to check in at the hospital registration. They will inform the GI Lab you have arrived.
2. You will be instructed to change into hospital attire and will be taken to the room where the flex sig will be performed unless you have to wait. The procedure takes apx. 5 minutes. You will need to sign a consent form authorizing the Dr. to perform the examination.
3. Before you leave the GI Lab, you will receive information about the result of your exam as well as instructions regarding activity, diet and follow-up.

If you have any questions concerning the flexible sigmoidoscopy or prep, please do not hesitate to call our office at **(573) 876-1788** or call the GI Lab at the hospital where you will be having the procedure. **Columbia Endoscopy Center (573)449-3500 or Boone Hospital GI Lab (573) 815-6344.** After hours have the GI Nurse on Call paged.

Within two (2) days of your procedure the results of any pathology (i.e. polyps, biopsies, etc.) will be forwarded to our office. You may call then for your results and Dr. Pineda will return your call. A copy of your flex sig report and any associated pathology will be forwarded to your referring physician.

YOUR FLEX SIG HAS BEEN SCHEDULED AS FOLLOWS:

NAME: _____

DATE: _____

TIME: _____

HOSPITAL: _____