**Arun Srivatsa, MD**

**Annamalai Veerappan, MD**

**Zaid Imam, MD**

2557 Mowry Avenue, Suite 10

**Gastroenterology** Fremont, CA 94538

Phone: 510-248-1843

**SIGMOIDOSCOPY PREPARATION INSTRUCTIONS**

**Your Colonoscopy has been scheduled with Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_am/pm**

**Day Month Date Arrival Time**

**At:**

**Washington Hospital Washington Outpatient Surgery Center**

**Admitting Department First Floor**

**2000 Mowry Avenue 2299 Mowry Avenue**

**Fremont, CA Fremont, CA**

**510-797-1111 510-791-5374**

**If you need to cancel or reschedule your procedure please call our office 3 days prior to the procedure at 510-248-1843.**

**Recommended List for Prep:**

* **2 – FLEET ENEMAS** *(available over the counter)*

**Recommended List for Clear Liquid Diet:**

* **Water Bouillon (clear broth) Jell-O gelatin** (not pudding)
* **Popsicles Carbonated Soda Ginger Ale**
* **Black Tea Black Coffee Gatorade**
* **Crystal Light Coconut Juice Sugar and Sugar Substitutes**
* **Honey Syrup Clear Hard Candy**
* **Clear Fruit Juices** *(white grape, apple, lemonade)*

**Avoid solid foods, dairy products, fruit juices with pulp, and all red, orange, purple, and blue colored liquids.**

**Recommended List for Comfort:**

* **Desitin, A&D Ointment, Vaseline** *(apply to anal area to relieve discomfort)*
* **Baby Wipes** *(use instead of toilet paper to reduce irritation)*

**IMPORTANT: There are Medications which MUST be Stopped Prior to your Sigmoidoscopy.**

* **Refer to the “Medication Instructions” on last two pages.**
* **Always discuss medication concerns with your doctor.**

**THREE DAYS PRIOR TO THE SIGMOIDOSCOPY:**

**DO NOT EAT:**

* + **Legumes Peas Carrots**
  + **Corn Tomatoes Watermelon**
  + **Nuts**

**IF YOU NEED TO CANCEL OR RESCHEDULE YOUR PROCEDURE PLEASE CALL OUR OFFICE TODAY AT 510-248-1843.**

**DAY BEFORE THE SIGMOIDOSCOPY:**

* **DIET:** 
  + **Light Breakfast and Lunch**
  + **Dinner - Clear Liquids Only** *(as described on the first page of these instructions)*
  + **Any combination of liquids is allowed**
  + **Be creative for “meals”**

**Stay hydrated! YOU NEED TO DRINK AT LEAST 3 LITERS OF FLUIDS!**

**Drink enough fluids to avoid dehydration while undergoing the sigmoidoscopy prep**

* **SIGMOIDOSCOPY PREP:**
  + **At 5:00pm:**
    - **Take 1 Fleet Enema (use as directed on package)**
  + **Within a few hours you can expect frequent bowel movements and diarrhea**
  + **Until Bed Time:**

**IMPORTANT: Continue your Clear Liquid diet to prevent dehydration and ensure good urine output by drinking 2 to 3 liters of clear liquid.**

**DAY OF THE SIGMOIDOSCOPY:**

* **1 Fleet Enema 2- 3 HOURS PRIOR to your Sigmoidoscopy scheduled time (use as directed on package)**
* **IF THERE IS ANY STOOL OR DISCOLORATION STILL REMAINING:**
  + **Fill the enema bottles with tap water and repeat until the fluid you are passing out clear**
* **Take any oral medications approved by your physician**

**THIS COMPLETES YOUR BOWEL PREP**

**DO NOT EAT OR TO DRINK UNTIL YOUR SIMOIDOSCOPY IS COMPLETED**

**WHAT TO EXPECT AFTER THE BOWEL PREP IS COMPLETE:**

* **More diarrhea**
* **Passing of clear, colored liquid**
* **IFyour stool is brown and murky, please inform the nurse upon admission**
  + **Poor bowel preparation may result in having to reschedule your procedure and a more extensive prep**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dark and murky**  **NOT OK** | **Brown and murky**  **NOT OK** | **Dark Orange and semi-clear**  **NOT OK** | **Light orange and clear**  **ALMOST THERE** | **Yellow and clear, like urine**  **YOU’RE**  **READY!** |

**AFTER THE COLONOSCOPY:**

* **You may resume your normal diet**
* **Continue drinking enough liquids until bedtime to prevent dehydration and ensure good urine output**
* **You MUST have a responsible driver pick you up and a responsible caregiver at home with you for 4 hours after discharge.**

***PLEASE CALL THE OFFICE IF YOU HAVE ANY QUESTIONS AT (510) 248-1843***

**MEDICATION INSTRUCTIONS**

**Please discuss with your health care provider or cardiologist specific instructions prior to discontinuing any medications.**

**ANTI-PLATELET – Discontinue 5 Days Prior SIGMOIDOSCOPY, unless otherwise specified by your physician**

**Clopidogrel (Plavix) Ticagrelor (Brilinta) Prasugrel (Effient)**

**Ticlodipine (Ticlid) Eptifibatide (Integrilin)**

**ANTI-COAGULANT – Discontinue 4 Days Prior to SIGMOIDOSCOPY**

**Warfarin (Coumadin)**

**ANTI-COAGULANT – Discontinue 2 Days Prior to SIGMOIDOSCOPY**

**Rivaroxaban (Xarelto) Dabigatran (Pradaxa) Apixaban (Eliquis)**

**ANTI-COAGULANT – Discontinue 1 Day Prior to SIGMOIDOSCOPY**

**Heparin Enoxaparin (Lovenox)**

**ANTI-COAGULANT – Ask the Prescribing Doctor When to Discontinue**

**Edoxaban (Savaysa) Fondaparinix (Arixtra)**

**OTHER MEDICATIONS – Discontinue 5 Days Prior to SIGMOIDOSCOPY**

**Fish Oil Iron Supplements Vitamin E**

**Gingko Metamucil Hydrocil**

**Other Bulk Preparations Turmeric (Curcumin)**

**FOR 5 DAYS PRIOR TO SIGMOIDOSCOPY – You may take TYLENOL if needed.**

**ROUTINE PRESCRIBED MEDICATIONS – Continue taking as prescribed.**

**FOR 3 DAYS PRIOR TO SIGMOIDOSCOPY – Stop JARDIANCE**

**DIABETES MEDICATIONS – Discuss with your Endocrinologist, however normally:**

* **The plan would be:**
  + **Day Before SIGMOIDOSCOPY: take half the normal dose of Diabetes Medication and/or Insulin**
  + **Day of the SIGMOIDOSCOPY: DO NOT take your diabetes medication**

**Please review the guidelines from American Society of Anesthesiologists regarding preoperative holding of glucagon-like peptide receptor agonists:**

**Dulaglutide (Trulicity)**

**Exenatide (Byetta)**

**Exenatide extended-release (Bydureon)**

**Liraglutide (Victoza)**

**Lixisenatide (Adlyxin)**

**Semaglutide injection (Ozempic)**

**Semaglutide tablets (Rybelsus)**

**Tirzepatide (Mounjaro)**

**Wegovy (Semaglutide)**

**If they are given by WEEKLY INJECTION, these medications SHOULD BE HELD 1 WEEK BEFORE procedure.**

**If they are given ORALLY on a DAILY basis, they SHOULD BE HELD on the DAY BEFORE procedure.**