



Division of Gastroenterology and Hepatology

<u>Date:</u> ***	<u>Arrival Time:</u> ***
<u>Location:</u> ***	Dr. ***
*You may be here for up to 3 hours	

We are pleased that you have chosen UR Medicine for your medical care. Enclosed with this letter you will find the following:

1. **Procedure preparation instructions.** Please review these instructions now to be sure you understand and are able to complete prior to your scheduled appointment. If you should have concerns regarding these instructions or your ability to complete the preparation to its fullest extent, please contact our nursing staff prior to your procedure.
2. **Consent, Cost & Financial Assistance.** There is a sample consent copy available on our website: www.gastro.urmc.edu. The actual consent form will be reviewed with you on the day of your procedure for your written and/or verbal permission (***For screening colonoscopy, please refer to screening or diagnostic reference for important information regarding coverage and out – of – pocket costs***). If you have any questions on the cost of your procedure, please contact our UR Medicine Cost Estimation line at 585-758-7801.
3. **COVID Testing:** Guidance for COVID-19 testing prior to procedure, regardless of vaccination status, continues to be evaluated by NYS DOH. **You will be contacted within 1-2 weeks of your scheduled procedure with instructions regarding current COVID-19 testing protocols.**

Please be advised of our no show or cancellation policy. We have reserved this time for personal attention to your medical care. If you are unable to keep this appointment please notify us within 5 business days so that we can reschedule your procedure and utilize this time to serve other patients. Please contact us at 585-275-4711 with any questions or concerns.

FLEXIBLE SIGMOIDOSCOPY PREP INSTRUCTIONS

Thank you for choosing The University of Rochester Medical Center for your endoscopy procedure. **Please review these instructions more than 1 week before your procedure.**

- You will need to **purchase** three (3) Fleet (sodium phosphate) enemas from your local pharmacy. You do not need a prescription.
- Do not have anything to eat or drink after midnight the day of your procedure.
- Two (2) hours before the scheduled arrival time for your procedure, administer 1 enema every 20 minutes, holding each enema for 10-15 minutes if possible.

GENERAL INFORMATION:

- **Please arrive on time.** Allow extra time in your trip for weather, traffic and parking.
- **Medications:** Unless otherwise instructed, continue to take all of your usual medications on your regular schedule.
- **Please bring a list of all the medications you take** (including dosages and how often each medication is taken) with you to your appointment. Also list any herbal or vitamin supplements you take.
- **Personal belongings:** On the day of your sedated procedure, we strongly recommend that you leave valuables (money/jewelry) at home or give them to a family member or friend for safekeeping.
- **Travel:** While a flexible sigmoidoscopy is generally a safe procedure, there is a small chance of developing complications that may not be identified for up to a week or more after your procedure. We suggest that you do not plan this procedure within a couple of weeks prior to traveling, or an important social event.

REGARDING YOUR MEDICAL HISTORY AND MEDICATIONS:

- If you take any medication for the purpose of being anti-coagulated, keeping your blood thin or preventing blood clots (example: warfarin, Plavix, Coumadin), you must contact our office to speak with a nurse at least two weeks BEFORE your procedure because you may need to stop taking them for a few days before your procedure. Aspirin does not need to be held.
- If you take any insulin OR oral (pill) diabetic medications please refer to the next page.
- Continue all other medications unless otherwise instructed.
- IF YOU ARE UNSURE ABOUT A PARTICULAR MEDICATION, PLEASE CALL AT LEAST 10 DAYS IN ADVANCE TO SPEAK WITH A NURSE.

AFTER YOUR PROCEDURE:

- **REMEMBER:** You may not drive, work, or engage in important decisions (e.g. financial issues) for the rest of the day after your procedure.
- A **responsible person must pick you up** after your procedure to accompany you home and stay with you for the remainder of the day, as you will have been sedated and will not be allowed to drive home. **You can NOT use public transportation - like bus, Lyft, or Uber.**

IF YOUR APPOINTMENT IS IN THE AFTERNOON, YOUR DRIVER MUST BE ON PREMISES BY 4:00PM.

Diabetic Medication Instructions

Oral Medications (pills): The morning of your procedure do not take your oral diabetic pills.

Insulin:

Short Acting/Rapid Acting Insulin: i.e., Novolin R, Novolog, Humulin R, Humalog, Novorapid.

Intermediate/Long Acting Insulin: Lantus, Levemir, Humulin N, Novolin N.

- The evening before your procedure, decrease insulin dose by $\frac{1}{2}$ your normal dose.
- For example: If you usually take Lantus 30 units each evening, you will reduce this to 15 units for the evening *before* the procedure.

Do not take your morning dose of insulin the day of your procedure.

If you are unsure of how to adjust your diabetic medications, or would like to speak to a nurse regarding this, please contact the GI office at 585-275-4711.

If you have questions about these instructions, think you may be pregnant or need to cancel your appointment for any reason please call us at (585) 275-4711 between 8:00-4:30 pm Monday through Friday or reach out to us via MyChart.