Instructions for Sedated Flexible Sigmoidoscopy Oral Prep

A flexible sigmoidoscopy is a simple procedure used to view the rectum and lower colon. This portion of your colon is called the sigmoid colon. A flexible, fiberoptic tube is allowing the doctor to examine it thoroughly. A biopsy can be taken during the examination, through the instrument if necessary. This means the doctor will take a small pinch of tissue to be sent to the laboratory for analysis under a microscope.

The reasons for this procedure include:

Changes in bowel habits
Diarrhea/constipation
Abdominal pain
Family history of colon cancer or other bowel disease
Blood in the stool
Abnormal bowel x-ray
Cancer screen

Special Instructions

7 days before your procedure:

- Do not take any injectable or pill medication classified as a GLP-1 for weight loss or diabetes.
- *Examples: Ozempic, Wegovy, Trulicity, Mounjaro, etc*

3 days before your procedure:

- Do not take any oral medication classified as a SGLT2 for weight loss, diabetes, heart failure, or kidney failure.
- *Examples: Farxiga, Jardiance, etc.*
- ***Failure to hold these medications may result in the cancellation of your procedure.***

Instructions for day before procedure:

This test will take approximately 1-1/2 hours.

Drink ONLY clear liquids all day (breakfast, lunch and dinner) before procedure.

Examples: tea, coffee, water, apple juice, cranberry juice (contains no red dye), clear broth, carbonated beverages, popsicles, Jell-O, Hi-C, Gatorade, Crystal Light. Do NOT drink any red liquids. No solid food or milk products.

6:00 pm - take 2 pills Bisacodyl tabs 5mg each, day before procedure.

7:00 pm - 1 bottle (non red) Magnesium citrate 10 ounce. Continue drinking clear liquids- Gatorade, apple juice, tea, coffee, water, broth, soda, Jell-O, cranberry juice.

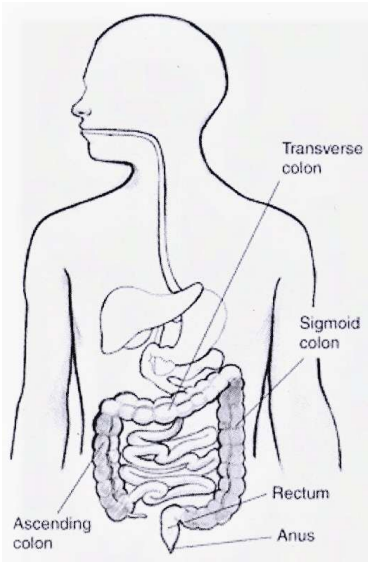
No enemas needed. You may have clear liquids up to 3 hours prior to your arrival time, then nothing after that.

You must have a driver who is able to bring you to the procedure and stay with you for the duration of your visit. If your driver must leave for any reason, your procedure will be canceled.

If you have additional questions, please call 815-397-7340 and ask to talk to one of our nursing staff personnel. After 4:30 P.M. call 815-490-5704.

FLEXIBLE SIGMOIDOSCOPY

What is flexible sigmoidoscopy?
Flexible sigmoidoscopy is a procedure used to see inside the sigmoid colon and rectum. Flexible sigmoidoscopy can detect inflamed tissue, abnormal growths, and ulcers. The procedure is used to look for early signs of cancer and can help doctors diagnose unexplained changes in bowel habits, abdominal pain, bleeding from the anus, and weight loss.



The sigmoid colon is the last one-third of the colon.

The rectum is about 6 inches long and connects the sigmoid colon to the anus. Stool leaves the body through the anus. Muscles and nerves in the rectum and anus control bowel movements.

How is flexible sigmoidoscopy different from colonoscopy?
Flexible sigmoidoscopy enables the doctor to see only the sigmoid colon, whereas colonoscopy, allows the doctor to see the entire colon. Colonoscopy is the preferred screening method for cancers of the colon and rectum; however, to prepare for and perform a flexible sigmoidoscopy usually requires less time.

How is a flexible sigmoidoscopy performed?

Examination of the Sigmoid Colon
During a flexible sigmoidoscopy, patients lie on their left side on an examination table. The doctor inserts a long, flexible, lighted tube called a sigmoidoscope, or scope, into the anus and slowly guides it through the rectum and into the sigmoid colon. The scope inflates the colon with air to give the doctor a better view. A small camera mounted on the scope transmits a video image from inside the colon to a computer screen, allowing the doctor to carefully examine the tissues lining the sigmoid colon and rectum. The doctor may ask the patient to move periodically so the scope can be adjusted for better viewing.

When the scope reaches the transverse colon, the scope is slowly withdrawn while the lining of the colon is carefully examined again.

Biopsy and Removal of Colon Polyps

The doctor can remove growths, called polyps, during flexible sigmoidoscopy using special tools passed through the scope. Polyps are common in adults and are usually harmless. However, most colon cancer begins as a polyp, so removing polyps early is an effective way to prevent cancer. If bleeding occurs, the doctor can usually stop it with an electrical probe or special medications passed through the scope.

During a flexible sigmoidoscopy, the doctor can also take samples from abnormal-looking tissues. Called a biopsy, this procedure allows the doctor to later look at the tissue with a microscope for signs of disease.

Tissue removal and the treatments to stop bleeding are usually painless. If polyps or other abnormal tissues are found, the doctor may suggest examining the rest of the colon with a colonoscopy.

Recovery
A flexible sigmoidoscopy takes about 20 minutes. Cramping or bloating may occur during the first hour after the procedure. Bleeding and puncture of the large intestine are possible but uncommon complications. Discharge instructions should be carefully read and followed.

Patients who develop any of these rare side effects should contact their doctor immediately.

- Severe abdominal pain
- Fever
- Bloody bowel movements
- Dizziness
- Weakness

DRIVER MUST STAY

For your safety, Rockford Gastroenterology Associates requires that patients who have had sedated procedure be discharged in the company of a responsible adult.

The expectation is that your responsible adult remains in the facility throughout your procedure.

An individual that you have identified will be responsible for getting you home by car, taxi, or bus.

If ordered by your physician, a responsible adult will also need to stay with you for up to 12 hours after the procedure.

If your responsible adult should need to leave our facility for any reason, please be advised that your procedure may be canceled.

Please communicate and share this information with the individual you have chosen. We understand that this may be difficult to arrange, however, your safety is our priority.

Thank you for your cooperation in this matter.

MOST OFTEN ASKED QUESTIONS FOR SEDATED PROCEDURES

1. **Can I take my regularly prescribed medications before my procedure?**

   Yes. You may take your prescription medications including blood pressure medicines and aspirin. You should have received specific instructions if you take Coumadin, Plavix, Pradaxa, Xarelto, Pletal, Arixtra, Effient or diabetic medications.

   For **7 days prior** to a **colonoscopy**, you should not take vitamins containing iron, fish oil, Vitamin E and castor oil.

2. **What if the colonoscopy prep makes me nauseated (sick) or I begin to vomit?**

   Stop drinking the prep for 1 to 1 1/2 hours to help your stomach relax. Then start drinking it again. **The doctor cannot see the lining of the colon well if you do not drink ALL of the prep - so it is very important for you to DRINK ALL OF THE PREP.**

3. **How soon after taking the prep can I expect results?**

   Typically you will see results within 1-4 hours; however, some individuals do not see results until starting the 2nd dose of prep. If you are experiencing solid stool in the AM day of procedure, please call and request to speak to a nurse.

4. **What if I am still having liquid stools?**

   It is normal to have greenish-yellow liquid stools on the day of procedure; this may continue after arrival for procedure.

5. **I will have my menses (period) when I have my procedure; can I wear a tampon?**

   Yes, this will not interfere with your exam.

6. **What can I do if my bottom gets sore as I get ready for the colonoscopy?**

   This is very common. You can use fragrance free (non-alcoholic) baby wipes, Vaseline, A&D ointment, or Paladin ointment to make you more comfortable. You can apply these ointments before you start drinking your prep to prevent soreness.

7. **Can I drive myself home after the procedure?**

   No. Your driver MUST be present throughout the appointment. You may take public transportation in the company of a responsible adult.

8. **When can I return to work?**

You can return to work the day after the procedure. The medication we give you for sedation will be in your system for 12 hours. We will be glad to give you a work excuse for the day of the procedure.

MOST OFTEN ASKED QUESTIONS REGARDING BILLING COVERAGE

Please contact your insurance company to verify your benefits before testing.

Verify that both Rockford Gastroenterology and Rockford Endoscopy Center are in network with your insurance plan.

Federal Tax ID#: 36-3081482

NPI # from RGA: 1447207741 NPI # for Rockford Endoscopy: 1871536763

Colonoscopy Categories

Diagnostic/Therapeutic Colonoscopy

Patient has present gastrointestinal symptoms, polyps, or gastrointestinal disease.
Diagnosis Codes: varies depending on condition - not covered under preventative/screening benefits.

Surveillance/High Risk Screening Colonoscopy

Patient is asymptomatic (no gastrointestinal symptoms), **has a personal history of gastrointestinal disease, colon polyps**, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years).

Preventative Colonoscopy Screening

Patient is asymptomatic (no gastrointestinal symptoms), over the age of 50, has no personal or family history of gastrointestinal disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years. Diagnosis Code: Z12.11

Your Primary Care Physician (PCP) may refer you for a "screening" colonoscopy; however, you may not qualify for the "screening" category. This is determined in the pre-procedure process. Before the procedure, you should know your colonoscopy category.

Rockford Gastroenterology Associates will bill your insurance company for our services as a courtesy to you. Please be aware that your individual health insurance policy is a contract between you and your insurance company and we are not a party to that contract. Some of our services may not be covered by your insurance policy and we will not be aware of your unique situation when we order testing or procedures for you. By presenting for care, you agree that you are responsible for all services and charges, regardless of your insurance status. If any services are rendered that are not covered by your insurance, we are not able to alter your claim, change your diagnosis, or report a service other than what was performed for the sole purpose of obtaining insurance payment. You will be responsible for payment of any balance not covered by insurance.

Because we are a specialty clinic, some insurance plans may require that you have your PCP submit referrals through them for approval (this is not a doctor to doctor referral). Your PCP will send a request directly to your insurance company for approval that will allow you to be seen at our office. This process is not required by all insurance companies.

Please check your plan requirements and proceed as follows:

- Call your insurance company to find out if you need a PCP referral
- If you do need a PCP referral, call your PCP and request that they submit a referral directly to your insurance company, referring you to our office.
- Upon approval, your insurance company will notify your PCP and Rockford Gastroenterology Associates.
- Without an approved PCP referral, your insurance company may deny payment and you will be responsible for any charges incurred.

If you have further billing questions, please contact our Patient Accounts Dept. at 815-484-7975.
For scheduling questions, please contact our Scheduling Dept. at 815-397-7340.

You will receive separate bills for pathology and/or anesthesia administered services.