

Stella G. Quiason, MD Ashok Attaluri, MD Mohammad A. Titi, MD Anita Kish, PA-C Gastroenterology & Liver Diseases Phone: 913-393-9898 Fax: 913-393-9893 Flexible Sigmoidoscopy



Why have I been scheduled for a flexible sigmoidoscopy? You have been scheduled for a flexible sigmoidoscopy for the purpose of examining your rectum and colon. Please plan on being at the hospital for 3-4 hours total.

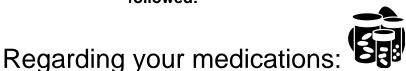
When am I scheduled?

Procedure: Date:_____Time:_____am/pm Check in :_____am/pm Follow-up visit for results: Date:_____Time:____am/pm



This is important information that may result in your procedure being rescheduled if not followed:





1. You may take aspirin and non steroidal medication(Ibuprofen, Aleve, Naproxen)

2. Iron supplements and fish oil- please stop taking these 5 days prior to test.

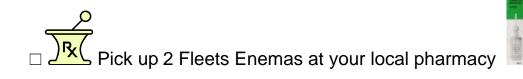
3. Plavix, Coumadin, Heparin, Lovenox, Pradaxa (blood thinners only).

** It is your responsibility to notify your cardiologist or primary care doctor that you are having a GI procedure and need to be directed on what to do with your blood thinners. If your doctor wants you to remain on the blood thinners please notify the office before the procedure.

4. <u>Diabetic Patients</u>: Please speak with your physician that treats your diabetes regarding any possible change in the dosage of your insulin or oral hypoglycemic agents on prep day and procedure day.

5. Body Weight: Please notify the office is you weigh 350 pounds or more

PREP INSTRUCTIONS:



Call the customer service number on your insurance card to check with your insurance company to see what your coverage is going to be. Our office will attempt to pre-certify your procedure but it is your responsibility to contact your insurance company and acquire authorizations. This will minimize financial surprises as each insurance company and plan pays for this procedure differently. *If you do not have insurance you will need to contact the office to arrange for payment prior to the procedure. Please call Billing at 913-393-5267 to make payment.



NOTHING TO EAT OR DRINK AFTER MIDNIGHT.

THE DAY OF THE PROCEDURE:

Patients on heart, lung, blood pressure, or seizure medicine need to take their daily medication with a sip of water per their regular routine. NOTIFY THE NURSE IN THE GI LAB WHAT MEDICATIONS YOU HAVE TAKEN TODAY.



Use the first Fleets enema two (2) hours before leaving for the hospital.



Use the second Fleets enema one (1) hour before leaving for the hospital.



Check in to Olathe Medical Center Patient Registration by the Emergency room on the back side of the hospital one and one half (1 ½) hour prior to your procedure time. Please do not come to the doctor's office. You will have a long walk to get to registration and will be late checking in. Please plan on being at the hospital for 3-4 hours total.

 $\hfill\square$ There may be a fee for all no shows and cancellations made less than 24 hours prior to the scheduled procedure. This fee is not covered by insurance.