# **Sigmoidoscopy Preparation**

# MILFORD GASTROENTEROLOGY ASSOCIATES

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#### **Reminders:**

- Please bring with you to your procedure a list of all your current medications.
- If your insurance changes, you must notify the office at 508-478-6363 prior to your procedure. You will be rsponsible for any charges due to lack of correct insurance information.

ATTENTION: If you are taking Coumadin, Plavix or Aggrenox, please check with the office for instructions PRIOR TO YOUR PROCEDURE.

## Before your examination:

- 1. Purchase 2 Fleet enemas at any pharmacy.
- 2. If it is necessary for you to cancel this appointment after 5 p.m., please call 508-473-1190, ext. 2860.
- 3. If you have diabetes and take oral agents or insulin, you will receive a separate sheet of instructions regarding these medications.

## Day of examination:

- 1. Take all blood pressure and heart medication with a small amount of water.
- 2. Take 2 Fleet enemas 1 1/2 to 2 hours before the procedure, 1/2 hour apart.
- 3. Empty bowels completely. Do not eat or drink anything after you take the enemas.
- 4. Please bring to the hospital a list of medications that you are taking, including the name of the Medication, dosage, and how you are taking it. Also, please bring a list of your allergies and the attached completed patient database.

#### Report to:

- 1. This test is done in the Hill Health Center of the Milford Regional Medical Center. Please report to the Hill Outpatient Desk 45 minutes before your scheduled appointment.
- 2. Total time at the hospital will be approximately 30 to 60 minutes. Please keep in mind that this is an estimated appointment time. Because the time involved in each procedure is often unpredictable, and procedures are scheduled to follow each other consecutively, there are occasions when the schedule runs

behind. Your patience and understanding are appreciated.

3. You will be able to drive yourself to and from the hospital.

### Day after examination:

You can expect to resume normal activities again unless otherwise indicated. After the procedure, you
will be given instructions about diet and medications.

**NOTICE:** A 48 hour cancellation notice is required for all Office Appointments or scheduled Endoscopic Procedure Appointments. A missed Office or Endoscopic Procedure (Colonoscopy/Upper GI Endoscopy etc.) appointment will incur a \$50 charge. This \$50 fee is NOT covered by your health insurance.

Milford GI Associates strives to schedule all patients for Office Appointments or Procedures as promptly as possible. Because of the great need for GI services in our community, these Appointments are very important and a Missed Appointment without prior notification adversely impacts other patients who may be waiting for an appointment.

These Appointments require the careful coordination of the schedules of our Patients and the Physicians and Nurse Practitioners of Milford GI Associates. In the case of scheduled Endoscopic Procedures, the Endoscopy Unit and Nurses at the Milford Regional Medical Center require additional consideration. Please help us, our Hospital and all members of our community by providing a 48 hour cancellation notice.