GASTROENTEROLOGY ASSOCIATES, PC
A member of Northeast Medical Group

NORTHEAST MEDICAL GROUP
YALE NEW HAVEN HEALTH

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Flexible Sigmoidoscopy Instructions
For Out-patient procedure at Bridgeport Hospital

STOP ALL BLOOD THINNERS INCLUDING ASPIRIN, COUMADIN, PLAVIX, ETC. 3 TO 5 DAYS PRIOR TO YOUR PROCEDURE! PLEASE CONTACT THE DOCTOR PRESCRIBING THE MEDICATION TO YOU TO FIND OUT WHEN YOU NEED TO STOP THE MEDICATION.

You will need to purchase the following items (can buy the store brand):

~2 boxes of Fleet's enemas.
~1 bottle of Citrate of Magnesia (10oz. size – Clear only- no cherry flavor).

On _____ the day before your procedure, you may have your regular breakfast and light lunch. Nothing red or orange.

*****No solid foods for the rest of the day*****

Clear liquids consist of chicken/beef/vegetable broth, Jello or popsicles (no red or orange), lemon ice cups, tea and any clear juices. NO coffee or dairy products.

Starting at 5 pm you are to drink the 1 bottle of Citrate of Magnesia. You should EXPECT to have diarrhea after drinking this.

The morning of the procedure you are to take one Fleet's enema (in the green and white box!) at _____ and then another Fleet's enema at _____. Please follow the directions on the box.

You are to go to Bridgeport Hospital, 267 Grant Street Bridgeport, CT

at _____ on _____.

Go to the main entrance off Grant Street. You can go directly to the Endoscopy Suite on the 4th floor. Remember to bring your insurance card(s).

***Do Not wear nail polish the day of your procedure.**

***The medication you are given for the procedure will make you drowsy. Therefore the hospital will not allow you to drive. You MUST have a ride to and from the hospital. You will be at the hospital approx. 2 hrs.**

***Please notify this office if your insurance changes between the time you came for your office visit and the time of your scheduled procedure.**

***You must check with your insurance company regarding what your benefits and outpatient co-pays maybe for the procedure.**

You are scheduled for a ☐ Diagnostic Flex. Sig. with code(s) _____

Reason: _____

The procedure codes used are as follows: 45330 & 45331

My name is _____.

I have your scheduling paperwork. If you have ANY ISSUES when you call your insurance company to check your benefits, please call the office before you have your procedure so that I can try to help with this.

Please call me if you have to reschedule or cancel the procedure I will notify the hospital.

If you have any questions regarding the preparation for the procedure please do not hesitate to call.

203.375.1200