

DIGESTIVE DISEASE SPECIALISTS, INC.

Midwest City Office
Sikandar A. Mesiya, MD
8121 National Avenue, Suite 303
Midwest City OK 73110
Ph: (405) 737-4464 Fax: (405) 737-7674

FLEXIBLE SIGMOIDOSCOPY

Name: _____

Date of Procedure: _____

Arrival Time: _____

Procedure Time: _____

Procedure Location:

1 Ambulatory Endoscopy Center / North
Building D, 3366 NW Expressway, Ste. 400
Oklahoma City, OK
Check in at ADMISSIONS

2 Ambulatory Endoscopy Center / South
4201 South Western
Oklahoma City, OK
Check in at ADMISSIONS

**3 Midwest Regional
Medical Center**
2825 Parklawn Drive
Midwest City, OK
Check in at DAY SURGERY

4 Edmond Medical Center
One South Bryant
Edmond, OK
Check in at AMBULATORY CARE

**5 St. Anthony Hospital
Outpatient Center**
1000 North Lee
Oklahoma City, OK
Check in at Main Admitting

YOU WILL NEED TO PURCHASE one 10oz bottle of Magnesium Citrate and two Fleet Enemas from your pharmacy prior to preparing for your procedure.

If you are taking **COUMADIN, PLAVIX OR ASPIRIN PRODUCTS**, you will need to **STOP** them three (3) days prior to your procedure.

If you are a diabetic and you are on oral medication, you will not take medication the day before or the morning of your procedure, but you will need to bring your medication with you.

PREPARATION FOR SIGMOIDOSCOPY

Start a clear liquid diet after a light lunch the day prior to your scheduled procedure. A clear liquid diet consists of clear fruit juices such as apple, cranberry, cranapple, and grape, sodas or soft drinks, tea, coffee, broth or bouillon, and Jell-O.

Drink the bottle of Magnesium Citrate by 6 p.m. the evening prior to your scheduled procedure.

10 p.m. the night before your procedure (or at least two hours prior to leaving home the morning of your procedure) you will need to use the Fleets Enemas. Take one enema and try to hold it for about five-10 minutes. After 30 minutes, use the other enema.

Do not have anything to eat or drink after midnight unless your procedure is scheduled for after noon. If your procedure is after noon, you may have a clear liquid drink, six-12 oz, before 8 a.m.

You will need someone with you to drive you home after the procedure, as you may be given a sedative.

If you have any questions or need more information, please feel free to contact my office at 405 737-4464.

******IF YOU ARE A NEW PATIENT OR IF YOU HAVEN'T BEEN SEEN BY YOUR PHYSICIAN WITHIN ONE (1) YEAR, PLEASE PRINT THE FORMS AT THE FOLLOWING LINK: [Pre-Registration Forms](#). PLEASE FILL OUT ALL FORMS AND BRING THEM WITH YOU TO YOUR PROCEDURE. THANK YOU.******

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Clear Liquid Diet

Beverages

Tea or coffee (no cream or milk)

White cranapple, apple, white grape, or white cranberry juice

Fruit flavored drinks

Carbonated drinks

Desserts

Jell-O

Popsicles

Soups

Fat-free chicken or beef bouillon

Fat-free chicken or beef broth

Miscellaneous

Salt

Sugar, syrup, jelly, honey

Plain hard candy in small amounts

NOTHING RED OR PURPLE