



**SIGMOIDOSCOPY
(Magnesium Citrate and Fleet Enema Prep)**

Name: _____ Birthdate: _____

Procedure Date: _____ Time: _____ Place: _____ Report to Facility: _____

**IT IS IMPORTANT THAT YOUR COLON BE CLEAN FOR THIS EXAMINATION.
Please read and follow these directions.**

Day Before Procedure:

1. Eat a normal breakfast, lunch, and dinner.
2. After evening meal, drink a 10 oz. Bottle of Magnesium Citrate.*
3. No solid food after your evening meal. Clear liquids only. **CLEAR LIQUIDS ALLOWED:** Black coffee or tea, water, clear fruit juices like apple, white grape, white cranberry, flavored Jell-O without fruit, broth/bouillon, Hi-C, Kool-Aid, ice pops, Italian ice, Gatorade or any soda (diet or non-diet). Please avoid drinking liquids that are red or purple in color. Green, yellow, blue, and orange colors are acceptable. **NO ALCOHOLIC BEVERAGES.**
4. At bedtime use a plain FLEET ENEMA.*

Day of Procedure:

1. You may have clear liquids only.
2. Your medication instructions are:
 - _____ Take all your medication as usual (including blood pressure and cardiac)
 - _____ No aspirin or aspirin-containing products for _____ days prior to test. Tylenol (acetaminophen) is acceptable.
 - _____ No Coumadin (warfarin) for _____ days prior to test
 - _____ No iron or iron-containing medication for _____ days prior to test
 - _____ No NSAIDS (non-steroidal anti-inflammatory drugs) such as Aleve (Naproxyn), Ibuprofen (Motrin), Advil, or similar meds _____ days prior to test
 - _____ Special diabetic medication instructions: _____
 - _____ Other: _____
3. One hour before leaving your home for the procedure, give yourself one FLEET ENEMA.*
4. Please phone RGAL if you have any questions at 544-3400.

*Fleet Enemas and Magnesium Citrate may be purchased at any pharmacy, without a prescription.

PLEASE BE AWARE THAT ANY VALUABLES YOU CHOOSE TO BRING WITH YOU TO YOUR EXAM WILL BE THE RESPONSIBILITY OF THE PATIENT. YOU MAY BRING READING GLASSES TO READ AND SIGN PREPROCEDURE FORMS. **RGAL/MAGIC IS NOT RESPONSIBLE FOR YOUR VALUABLES.** Photo ID is required at time of check in for patient verification purposes.

Please phone RGAL if you have any questions and notify our office within 72 business hours if you need to reschedule or cancel your procedure (717-544-3400). Failure to cancel your procedure within 72 business hours will result in an additional charge as well as a charge for any non-cancelable ancillary services.

Please allow 14 days before calling for results.

Date: _____

Nurse's Signature: _____

