

**SIGMOIDOSCOPY  
(Enema Prep Only)**

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. 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.**

**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. TWO Fleet enemas need to be given the day of the procedure. The first one is to be given TWO hours before you leave your home for the appointment and the second should be given ½ hour after the first one. Please purchase the Fleet enemas at any pharmacy without a prescription.
4. Please phone RGAL if you have any questions at 544-3400.

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: \_\_\_\_\_

