

SIGMOIDOSCOPY-CITRATE/DIET

YOUR PROCEDURE WILL TAKE PLACE AT:

ATLANTIC SURGERY CENTER, 1145 MONTAUK HIGHWAY, WEST ISLIP, NY 11795

THE PROCEDURE IS SCHEDULED ON:

Date: _____ Time: _____

- **You MUST arrive 30 minutes prior to your scheduled time.**
- Please read each page of the following instructions completely and carefully.
- Call (631) 669-1171 *immediately* if you are unable to keep this appointment.

IN PREPARATION FOR THIS PROCEDURE, YOU WILL NEED THE FOLLOWING:

1. 24 hour Clear liquid diet
2. CITRATE OF MAGNESIUM (10 OZ BOTTLE)

WHEN YOU RECEIVE YOUR INSTRUCTIONS:

- 1. Arrange for a responsible adult to accompany you. He/she must accompany you to and from the procedure. **YOUR DRIVER MUST PRESENT HIM/HERSELF TO THE RECEPTIONIST AT THE TIME YOU CHECK IN!** Your exam will be canceled if you do not have a driver. No public transportation will be permitted, unless prior arrangements are made and a responsible adult accompanies you.
- 2. If you take **blood thinners** (like Coumadin, Plavix, and Eliquis), you must check with the prescribing physician as to whether or not you can stop these medications and for how long. You may continue taking aspirin.
- 3. **STOP taking iron supplements 7 days prior to your procedure.**
- 4. If you are currently taking any of the **new diabetic/weight loss medications-See list attached**, they will need to be held prior to your procedure. Most common examples include: **Semaglutide (Ozempic, Wegovy, Rybelsus), Dulaglutide (Trulicity) Liraglutide (Victoza, Saxenda), Tirzepatide (Zep Bound, Mounjaro, Jardiance, Rybelsus, Farxiga)**
- 5. Unless otherwise directed by your physician, take all of your medications on the day of your exam with small sips of water at least 2 hours before your procedure.
- 6. If you are a woman of childbearing age or menopausal less than 12 months, you will be required to give a urine sample for pregnancy testing when you arrive.
- 7.. **DO NOT DRINK 3 hours BEFORE YOUR PROCEDURE OR IT WILL BE CANCELED.** This includes sips of water, candy, and gum- except for a small sip of water with medication.

INSTRUCTIONS:

Failure to follow these instructions may result in a repeat exam or cancellation of your exam.

1. **DO NOT EAT** (OR HAVE MILK PRODUCTS) **24 HOURS BEFORE YOUR PROCEDURE.**
2. **DO NOT DRINK** **3 HOURS BEFORE YOUR PROCEDURE.**
3. **AT 5PM, THE NIGHT BEFORE YOUR PROCEDURE, PLEASE DRINK 10 OUNCE BOTTLE OF CITRATE OF MAGNESIUM..**

SPECIAL INSTRUCTIONS FOR DIABETIC PATIENTS:

For people with diabetes, any procedure that causes you to miss a meal or change your usual meal plan will require special planning to safely manage blood glucose. These are general guidelines. Please call your healthcare provider, who manages your diabetes, with questions. If you are taking Ultralente/Lente insulin or if you use an insulin pump, please consult the prescribing physician regarding dosing.

If you check your blood sugar daily, check it more often the day before and the day of your exam. Check your blood glucose level before all meals and at bedtime on the preparation day and on the day of your procedure. Check your blood sugar if, at any time, you have symptoms of low or very high blood glucose. If you have a low blood sugar reading during the prep, you may clear drink fruit juice, regular soda, or take glucose tablets.

THE DAY OF YOUR PROCEDURE:

IF YOU TAKE INSULIN	IF YOU TAKE PILLS BY MOUTH
<ul style="list-style-type: none">• DO NOT TAKE any insulin on the morning of your procedure.• Take half of your NPH/Lente insulin after the procedure, once you begin eating.• DO NOT TAKE any regular insulin.• Do not make up or "double-up" on any missed medications after the procedure.• Take the usual dose of insulin in the evening as long as you are eating.	<ul style="list-style-type: none">• DO NOT TAKE any oral diabetic medication on the morning of your procedure.• Take half of your usual oral dose of diabetic medication after the procedure, once you begin eating.• Do not make up or "double-up" on any missed medications after the procedure.• Take the usual dose of oral medication in the evening as long as you are eating.

ATTENTION: PLEASE BRING YOUR INSULIN AND INSULIN SYRINGES TO THE ENDOSCOPY CENTER ON THE DAY OF YOUR PROCEDURE.

ALL PATIENTS WHEN DISCHARGED AFTER YOUR PROCEDURE:

DO NOT operate any machinery or drive any vehicle for the remainder of the day.
DO NOT return to work/school. Rest for the remainder of the day.
DO NOT drink alcohol for the remainder of the day.
DO NOT assume responsibility for young children or anyone dependent on your care.
DO NOT travel by airplane until 24 hours after your procedure.
DO NOT make any important decisions or sign any legal documents until the day after.

WHEN TO SEEK MEDICAL HELP:

If you experience any of the following symptoms below, call our office at **(631) 669-1171** or go to the nearest emergency room.

1. Fresh bleeding. (Slight blood with the first bowel movement after the exam is normal).
2. Constant abdominal pain, with or without bleeding.
3. Body temperature of 100.4°F or greater.

CLEAR LIQUID DIET 24 HOURS BEFORE; Date: _____

FOOD GROUP	EXAMPLES OF FOODS ALLOWED
BEVERAGES	Water (plain, carbonated or flavored- No red, purple, or blue) Carbonated drinks avoiding dark sodas (no cola, root beer etc.. Nothing red, purple, or blue) Tea or Coffee without milk or cream Sports drinks (no red, purple, or blue)
FRUITS	Clear, pulp free fruit juices (Ex: apple or white grape juice.. No red, purple, or blue) Clear, fruit- flavored beverages (Ex: Lemonade)
DESSERTS	Gelatin (no red, purple, or blue) Ice pops without milk, bits of fruit, seeds or nuts (no red, purple, or blue)
MISCELLANEOUS	Clear, fat- free broth (bouillon or consommé). Honey/sugar artificial sweeteners Hard candy, such as lemon drops or spearmint rounds

Hold 2 to 4 days prior to procedure as stated below:

Rybelsus (Semaglutide) **2 Days**

Invokana (Canagliflozin) **3 Days**

Farxiga (Dapagliflozin) **3 Days**

Kerendia (Finerenone) **3 Days**

Jardiance (Empagliflozin) **3 Days**

Steglatro (Ertugliflozin) **4 Days**

Adipex (Phentermine) **7 Days**

Above combined with another medication:

Glyxambi (Empagliflozin/linagliptin) **3 Days**

Invokamet, Invokamet XR (Canagliflozin/metformin) **3 Days**

Qtern (Dapagliflozin/saxagliptin) **3 Days**

Segluromet (Ertugliflozin/metformin) **4 Days**

Steglujan (Ertugliflozin/sitagliptin) **4 Days**

Synjardy (Empagliflozin/metformin) **3 Days**

Trijardy XR (Empagliflozin/linagliptin/metformin) **3 Days**

Xigduo XR (Dapagliflozin/metformin) **3 Days**

Non-Insulin injectables (hold for 8 days before procedure)

Ozempic, Wegovy (Semaglutide)

Trulicity (Dulaglutide)

Byetta (Exenatide)

Victoza (Liraglutide)

Symlin (Pramlintide)

Mounjaro, Zepbound (Tirzepatide)