

## INSTRUCTIONS FOR FLEXIBLE SIGMOIDOSCOPY

Procedure Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

*The facility will call you with the instructions and arrival time 2 business days before your procedure.*

FACILITY	ADDRESS	PHONE #
WELLNESS AVENUE SURGERY CENTER	2863 Wellness Ave.   Orange City, FL	386-297-7239
CURRENCY CIRCLE SURGERY CENTER	835 Currency Circle, Suite 1021   Lake Mary, FL	407-544-6643
FHC PLANS SURGERY CENTER	2777 Enterprise Rd.   Orange City, FL	386-481-6289
ADVENTHEALTH FISH MEMORIAL	1055 Saxon Blvd.   Orange City, FL	386-917-5000
LAKE MONROE HOSPITAL	1401 West Seminole Blvd.   Sanford FL	888-894-2106

Follow-up Appointment Date and Time: \_\_\_\_\_

OFFICE	ADDRESS	PHONE #
ORANGE CITY	2884 Wellness Avenue, Suite 100   Orange City, FL	386-668-2221
LAKE MARY	835 Currency Circle, Suite 1001   Lake Mary, FL	407-749-6656
DELAND	929 N Spring Garden Ave, Suite 150   DeLand, FL	386-339-2692

### INSTRUCTIONS

- Continue taking routine medications, including blood pressure and heart medications.
- If **diabetic**, take ½ of your usual dose of insulin the morning of your procedure.
- **Before stopping any blood thinner**, contact your prescribing provider.
- **7 days before** your procedure, **hold/do not take** Mounjaro, Ozempic, Rybelsus, Trulicity, or Wegovy
- **5 days before** your procedure, **hold/do not take** the following medications:
  - Coumadin, Plavix, Effient, or Brilinta
  - Aleve, Motrin, Naproxen, or Ibuprofen [Tylenol is safe to use]
  - Iron supplements, vitamins, or herbal supplements
- **2 days before** your procedure, **hold/do not take** Pradaxa, Eliquis, or Xarelto.
- **5 days before** the procedure, follow a low fiber diet.
  - Avoid: Raw vegetables, whole grains, nuts, seeds, corn, beans, oatmeal, and brown rice
  - Allowed foods (not limited to): Cooked or canned fruits & vegetables, white bread/rice/pasta, tender meats, and potatoes without skin
- You must have a friend or family member drive you to and from the facility. No form of taxi or ride-sharing service is permitted.

### PURCHASE AT THE PHARMACY/GROCERY STORE

- Gatorade, 32-ounce bottle or Crystal Light (Recommended for diabetics) (No dark colors)
- Miralax, 119g bottle
- Fleet Enema (one bottle needed for day of procedure)

### ACCEPTABLE CLEAR LIQUIDS

- **Soups:** Broth (chicken, beef, or vegetable)
- **Juices:** White grape juice, apple juice, etc.
- **Desserts:** Jell-O, Italian ice, Popsicles, etc.
- **Sports Drinks:** Powerade, Gatorade, Propel
- **Beverages:** Tea, Kool-aide, water, black coffee

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#### **DAY BEFORE PROCEDURE**

- **Do Not Eat Any Solid Food the Entire Day Before the Procedure.**
- Have a clear liquid diet throughout the day. Avoid liquids that are red or purple in color such as red grape or cranberry juice. Avoid all dairy products and juices with pulp such as orange or grapefruit juice.
- Until **3 hours before** your procedure time, you may drink **clear liquids (NO RED/DARK COLORS)**. You may also take any necessary **medication** with a small sip of water. **At the 3-hour mark, take nothing by mouth including water.**

1. At 6:00 PM, mix a 119g bottle of Miralax with a 32-ounce bottle of Gatorade or Crystal Light.
2. Shake until powder dissolves.
3. Drink 8 ounces of the solution every 10-15 minutes until fully consumed.

#### **DAY OF PROCEDURE**

- **Do Not Eat Any Solid Food the Day of the Procedure.**
- Until **3 hours before** your procedure time, you may drink **clear liquids (NO RED/DARK COLORS)**. You may also take any necessary **medication** with a small sip of water. **At the 3-hour mark, take nothing by mouth including water.**

2 to 3 hours prior to your procedure, give yourself one Fleet enema.
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#### **CANCELLATION FEES**

**I understand that missed or cancelled appointments are subject to the following fees:**

Surgical Center or Hospital Procedure with less than 72 hours' notice.....	\$75
In-office Procedure with less than 24 hours' notice .....	\$50
Office visit with less than 24 hours' notice .....	\$25

In addition, I understand that missed appointments or appointments cancelled without required notice may result in a fee charged by the applicable Surgical Center, Hospital, or other facility. I understand that there is a charge for returned checks for any reason (check with your office's staff for specific fees charged). Failure to remedy the returned check may result in legal action. Additionally, there may be a fee charged for completing forms (check with your office's staff for specific fee charged) and copying medical records in accordance with state laws.

_____ Name	_____ DOB	_____ Signature	_____ Date
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**Please call our office if you have any questions or concerns.**

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