Welcome

At Benefis Gastroenterology, our mission is to serve you with comprehensive, personalized, effective gastrointestinal treatment, and to promote your ongoing health and wellness.

This booklet includes important information regarding your upcoming procedure, such as:

- What to eat and when
- Driving arrangements
- Preparation instructions

Your procedure is scheduled for: _________________.

Please arrive at _________________  a.m. / p.m.

Your provider is ________________________.

Procedure Location:

Benefis Endoscopy
2nd Floor, North Tower
Benefis East Campus
1101 26th Street South
Great Falls, MT 59405

If you need to cancel or reschedule your procedure, please notify us as soon as possible by calling (406) 731-8384.
Preparing for Your Flexible Sigmoidoscopy Procedure

Please carefully follow the procedure prep instructions, which are necessary for the safety of your procedure. If you have any questions, please call (406) 731-8384 and ask to speak to a nurse.

One Week Before Your Procedure

Find a responsible adult driver to take you home after your procedure. Your driver does not have to remain in the building during your procedure. If you do not comply with this requirement, your procedure may be canceled.

Discontinue all fiber supplements (i.e. Metamucil, Citrucel, Fibercon), iron supplements, over-the-counter herbal products, and Vitamin E.

Purchase Over-the-Counter Supplies

- One 64 ounce bottle or two 32 ounce bottles of Gatorade, Propel, Crystal Lite or other noncarbonated clear liquid drink (no red colors). If you have diabetes, you may use sugar-free Gatorade. Refrigerate if you prefer to drink it cold.

- Dulcolax; 6 laxative tablets (not suppository or stool softener).

- Miralax; 238 grams (8.3 ounces) powder or generic polyethylene glycol 3350 (in laxative section).

- One bottle Infants’ Mylicon Liquid: Ask pharmacist for substitute if this brand is not available. You will need 6 full droppers.

- Baby wipes (instead of toilet paper), Vaseline, and/or Desitin as desired.
Contact your insurance company to determine if pre-authorization is required. Do not assume your procedure is automatically covered. You may still be responsible for a deductible or copayment.

If you are taking any of the blood thinning medication listed below, please consult your cardiologist or prescribing provider about stopping your blood thinning medication ahead of time. Please let us know immediately if the timeframes listed below are not acceptable to that provider. You do not have to stop taking your Aggrenox, aspirin, or NSAIDS.

**BRILINTA (TICAGORELOR)**
Stop taking 5 days prior to procedure

**COUMADIN (WARFARIN)**
Stop taking 5 days prior to procedure

**EFFIENT (PRASUGREL)**
Stop taking 7 days prior to procedure

**ELIQUIS (APITABAN)**
Stop taking 2 days prior to procedure

**PLAVIX (CLOPIDOGREL)**
Stop taking 7 days prior to procedure

**PRADAXA (DABIGATRAN)**
Stop taking 5 days prior to procedure

**SAVAYSA (EDOXABAN)**
Stop taking 1 day prior to procedure

**XARELTO (RIVAROXABAN)**
Stop taking 2 days prior to procedure
Preparing for Your Flexible Sigmoidscopy Procedure (continued)

Two Days Before Your Procedure

Eat a low residue diet, including food such as soup, fish, chicken, eggs, white rice, bread, crackers, plain yogurt, pasta, potatoes with no skin, gelatin, broth, and bouillon.

Avoid eating foods such as fresh and dried fruit, vegetables, raisins, nuts, seeds, cloves, any meat aside from what is listed in the group of allowed foods above.

The Day Before Your Procedure

Drink only clear liquids. Consumption of anything other than clear liquids will impair the quality and safety of your colonoscopy. Clear liquids include water, coffee and tea with no cream/milk, clear fruit juice, clear soda, Gatorade and Jell-O, but nothing RED or PURPLE. Drinking plenty of clear liquids before your procedure will help you avoid dehydration.

Avoid all solid foods, milk, milk-based products, and food with red or purple dye. Limit the amount of coffee and tea you drink.

If you are diabetic, use sugar-free drinks while you are taking the prep solution. Monitor your blood sugar closely to prevent low blood sugar, and use an insulin sliding scale if needed for high values.

If you are on insulin, take half of your usual evening dose the day before the procedure.
For procedures scheduled earlier than 12 p.m.

The below medication schedule only applies if you have a morning appointment.

The morning before your procedure, mix 8.3 oz. of MiraLAX with 64 oz. of Gatorade and 6 full droppers of the Mylicon in a pitcher. Stir/shake the contents until entire contents of MiraLAX is dissolved. Chill if desired.

At 1 p.m., take 3 Dulcolax laxative tablets by mouth with water.

At 3 p.m., drink half the Gatorade/MiraLAX/Mylicon solution as follows:

- Drink one, 8-ounce glass every 15 minutes. You may drink it directly or through a straw.
- Some people may develop nausea with vomiting during the prep. The best remedy is to take a break from drinking the solution for about 30 minutes, and then resume drinking at a slower rate. It is important to drink the entire contents of the solution.

At 9 p.m., drink the other half of the solution as follows:

- Drink one, 8-ounce glass every 15 minutes until finished with all the solution.

At 10 p.m., take the other 3 tablets of Dulcolax.
Preparing for Your Flexible Sigmoidscopy Procedure
(continued)

For procedures scheduled for 12 p.m. or later

The below medication schedule only applies if you have an afternoon appointment.

The morning before your procedure, mix 8.3 oz. of MiraLAX with the 64 oz. of Gatorade and 6 full droppers of the Mylicon in a pitcher. Stir/shake the contents until entire contents of MiraLAX is dissolved. Chill if desired.

At 1 p.m., take 3 Dulcolax laxative tablets by mouth with water.

At 6 p.m., drink half the Gatorade/MiraLAX/Mylicon solution as follows:

- Drink one, 8-ounce glass every 15 minutes. You may drink it directly or through a straw.
- Some people may develop nausea with vomiting during the prep. The best remedy is to take a break from drinking the solution for about 30 minutes, and then resume drinking at a slower rate. It is important to drink the entire contents of the solution.

At 6 a.m. the morning of your procedure, drink the other half of the solution as follows:

- Drink one, 8-ounce glass every 15 minutes until finished with all the solution.

At 7 a.m., take the other 3 tablets of Dulcolax with a small glass of water.
The Day of Your Procedure

Drink plenty of clear liquids up until 2 hours before the scheduled procedure time.

Don’t take anything by mouth for 2 hours prior to the procedure unless directed otherwise.

If you take blood pressure or heart medicine, you may take it with clear liquid as long as it is 2 hours before your scheduled procedure.

Wear loose clothing and leave your jewelry and valuables at home.

If you are diabetic, do not take your oral diabetic medications the morning of your procedure. Contact your endocrinologist or primary care provider with questions.
Flexible Sigmoidoscopy
Procedure Information

A Flexible Sigmoidoscopy is a procedure used to see inside the sigmoid colon and rectum. A sigmoidoscope transmits a video image from inside the colon to a video monitor. Doctors can biopsy abnormal looking tissues during the flexible sigmoidoscopy. Polyps can also be removed using special tools passed through the sigmoidoscope. If polyps or other abnormal tissues are found, the doctor may suggest examining the rest of the colon with a colonoscopy.

Additional Resources

Benefis Financial Counselors
(406) 455-3535

Benefis Medical Records
(406) 455-5642

Benefis Native American Welcoming Center
(406) 455-5197
**Circle Problems You are Having**

- Weight gain, weight loss, fatigue, fever, night sweats
- Poor vision, eye pain, red eyes
- Hearing loss, sore throat, hoarseness, dentures, loud snoring
- Chest pain, heart murmur, heart valve, ankle swelling
- Shortness of breath, wheezing, coughing, sleep apnea
- Abdominal pain, loss of appetite, trouble swallowing, indigestion, heartburn, liver problem, constipation, diarrhea, change in bowel movements, nausea, vomiting, rectal bleeding, hemorrhoids, bloating, vomited blood
- Painful urination, frequent urination, urination at night, blood in urine, kidney stones
- Arthritis, back pain, artificial joint
- Rash, hives, breast lump
- Headaches, dizziness, weakness, seizures, numbness or tingling, change in speech
- Anxiety, depression, mood change, difficulty sleeping, crying spells, memory loss
- Thyroid trouble, diabetes
- Anemia, increased bleeding/bruising, enlarged glands

**List Medication Allergies**

1. ____________________ 3. ____________________
2. ____________________ 4. ____________________

Previous reaction to anesthetic or sedative? □ Yes □ No

**List Operations and Approximate Year**

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________

**List Other Diseases and Illnesses**

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________

**List Medications (Include vitamins and supplements.)**

1. ____________________ 5. ____________________
2. ____________________ 6. ____________________
3. ____________________ 7. ____________________
4. ____________________ 8. ____________________

Have you recently used aspirin, Anacin, Alka-Seltzer, Bufferin, Excedrin, Vanquish or arthritis medications such as Advil, Motrin, Nuprin, or Aleve?
□ Yes □ No

Do you take antibiotics for dental work or because of a heart murmur?
□ Yes □ No

**Social History**

□ Single □ Married □ Divorced □ Separated □ Widowed

Occupation: __________________________________________

Employer: __________________________________________

Hobbies: __________________________________________

Who lives with you?: __________________________________

**Family Health** (List Illnesses. If no longer living indicate age and cause of death.)

Father: __________________________________________

Mother: __________________________________________

Brothers: _________________________________________

Sisters: __________________________________________

Children: _________________________________________

Other relatives: ____________________________________

**Family Health** (Indicate which relatives have the conditions.)

Colon Cancer: ______________________________________

Colon Polyps: ______________________________________

Gallstones: ________________________________________

Pancreatitis: ______________________________________

Liver Disease: _____________________________________

Colitis or Chron’s Disease: __________________________

**Provider Comments - ROS** (Level 3 = 2-9 areas, Level 4/5 = 10+ areas)

□ All other systems negative

Provider Signature: __________ Date: __________

Date Reviewed/Updated: Date: __________ Initial: __________

Date: __________ Initial: __________