Procedure Reminders
Colonoscopy/Flexible Sigmoidoscopy

Appointment Date: _____ Arrival Time: _____

Your arrival time is 45 minutes prior to your procedure time. This allows for check-in, health history review, and pre-procedure evaluation. Please be aware that we may contact you in the days leading up to your procedure, as your arrival time is subject to change.

Follow all instructions carefully, as improper preparation may result in your procedure being rescheduled. Please contact our office at 336-448-2427 if you have any questions about your prep of if there are any changes in your medical history between the day of scheduling and the appointment date.

- **Transportation:** Due to the sedation you will receive, someone 18 years of age or older **MUST** bring you to your appointment and drive you home afterwards. A taxi, bus, Uber, Lyft, or similar services are NOT an acceptable form of transportation unless you have a responsible adult to escort you home. **If you arrive without a driver, your procedure will be rescheduled**. If you have any questions about whether a method of transportation is acceptable, please contact our office.

- **Service Animals:** If you have a service animal, please contact the office in advance. You will need a responsible adult (18 years of age or older) during your procedure to stay with the animal and assume responsibility.

- **Alcohol Consumption:** Do not consume any alcohol during your procedure preparation.

- **Tobacco Use:** Do not use any tobacco products before procedures (cigarettes, chewing tobacco, snuff, or vapes).

- **Jewelry/Valuables:** We do not provide a secure area for these items.

- **Medications:** Take necessary medications at least 4 hours prior to your arrival time with a small sip of water.

Diabetes and Weight Loss Medications: Stop taking the below medication for the recommended time period prior to your procedure. For any injectable diabetic medication not listed below, please contact the prescribing physician regarding instructions for the day before and the day of the procedure. DO NOT TAKE oral diabetic medication the day of the procedure.

Do not take any of these oral medications the day of the procedure:	**Do not take any of these daily injections the day of the procedure:**	**Stop any of these weekly injections 1 week prior to procedure:**	**Stop taking 1 week prior to procedure:**
• Adlyxin (Lixisenatide) • Byetta (Exenatide IR) • Rybelsus (Semaglutide) • Saxenda (Liraglutide) • Victoza (Liraglutide) • Wegovy (Semaglutide)	• Victoza (Liraglutide) • Adlyxin (Lixisenatide)	• Bydureon BCise, Byetta (Exenatide ER) • Ozempic, Wegovy, Rybelsus (Semaglutide) • Mounjaro (Tirzepatide) • Trulicity (Dulaglutide) • Zepbound	• Phentermine

- **Blood Pressure Medications**: DO NOT SKIP any doses of your blood pressure medication.

- **Iron Medications**: STOP taking iron 5 days before your procedure.

- **Inhalers and Nebulizers:** May be used up to the time of your procedure.

- **Medications for Diarrhea(i.e. Imodium, Colestipol/Colestid, Cholestyramine/Questran, Lomotil/Diphenoxylate Atropine)**: DO NOT TAKE these medications during the course of your prep.

- **Blood Thinner Medication:** You may remain on aspirin unless otherwise instructed. **For prescription blood thinners, contact the physician who prescribes that medication to make sure it is okay to stop taking it for the recommended time period prior to your procedure**. If you are on a blood thinner that is not listed, contact the prescribing physician for instructions.

Aggrenox/Plavix: 5-7 days
Arixtra: 24 hours
Brilinta/Coumadin/Jantoven: 5 days
Effient: 7 days
Eliquis: 48 hours
Pletal/Persantine: 48 hours
Pradaxa: 48 hours
Savaysa: 1-3 days
Xarelto: 24-48 hours

Sedated Flexible Sigmoidoscopy
Patient Preparation Instructions

Items to Purchase:
- One 119-gram bottle of Miralax Powder
- One fleet enema
- Your choice of following clear liquids (NO RED):
  - Option 1: Hydralyte drink mix with 32 ounces of water (view hydralyte.com/where-to-buy for retailers)
  - Option 2: 32 ounces of Gatorade or Powerade (NO red)
  - Option 3: Crystal Light powdered drink mix with 32 ounces of water (NO red)
  - Option 4: 32 ounces of Propel or Vitamin Water
  - Option 5: 32 ounces of Apple or White Grape Juice

Day Before Procedure

4:00pm: You may have NO SOLID FOODS after this point.

Please start a clear liquid diet. Clear liquids may include water, soft drinks, coffee or tea without cream, popsicles, broth/bouillon, Jell-O, non-pulpy juice, etc.





DO NOT consume anything red in color OR dairy products.

6:00pm – 7:00pm: Mix the 119 grams of Miralax powder with the 32 ounces of drink solution until dissolved. Consume the full amount. Continue clear liquids.

Day of Procedure

- Continue a clear liquid diet.
- **4 hours prior to arrival time:** ABSOLUTELY NOTHING ELSE BY MOUTH AFTER THIS TIME! (This includes water.)
- **3 hours prior to arrival time**: Take a fleet enema by rectum. Try to hold the enema for 5 minutes.

ABSOLUTELY NOTHING ELSE BY MOUTH AFTER THIS TIME
Not even water, chewing gum, or hard candy.

Frequently Asked Questions
Colonoscopy/Flexible Sigmoidoscopy

FAQ

Who is Manifest Rx?
Manifest Rx is a nationwide pharmacy located in South Carolina offering home delivery for prescriptions. GAP has partnered with Manifest Rx to get your prep at a discounted price. Manifest Rx has a pharmacist on site 24/7 that can answer your prep questions at (888)-770-4009.

What food should I avoid in the days leading up to my procedure?
Beginning 3 days prior to your procedure up until the day you begin your prep, you should avoid foods high in fiber, raw fruits and vegetables, salads, nuts, seeds, popcorn, whole grain foods, beans, and lentils. These foods take longer to pass through the colon and may cause difficulty in getting a clear view. This may result in the need for an earlier rescreening. If you have eaten a lot of these types of foods during the days leading up to your procedure, contact us.

What types of food are "low fiber"?
Examples are white bread, white rice, pastas made with white flour, cooked fruits and vegetables, chicken, fish, dairy, and eggs.

Do I continue the clear liquid diet after I start drinking the prep solution?
Yes, continue the clear liquid diet up until 4 hours prior to your arrival time. At this time, you should have nothing else by mouth.

Why do I have to wake up so early for the 2nd dose of my prep?
A split-dose prep has proven to be the most effective for a successful colonoscopy. It is crucial that you follow the directions provided to you by GAP.

What is a "clear stool"?
A clear stool can have a slight yellow, green, or brown tint but is completely transparent without any solid particles.

I have not had a bowel movement yet, what should I do?
Bowel movements can take up to 5-6 hours after drinking your first dose of prep solution. Be patient and continue to drink clear liquids. If you have not had a bowel movement by the morning of your procedure, contact us for further instructions.

Can I brush my teeth the morning of my procedure?
Yes, but do not swallow any liquid.

Can I use tobacco products the day of my procedure?
No, do not use any tobacco products prior to your procedure (cigarettes, chewing tobacco, snuff or vapes).

Can I have mints, hard candy, or gum the morning of my procedure?
No, as they can stimulate gastric juices.

What if I become nauseous during my prep?
If you experience nausea or vomiting, slow down the rate at which you are drinking the prep solution. Try taking a 45-minute break then resume drinking the prep. You must finish drinking the solution, even if you take breaks and it takes longer to complete. If vomiting continues, contact us for further instructions

What can I do if I become cold or chilled while consuming my prep?
Drink warm clear liquids such as chicken broth, coffee without creamer, or tea.

Can I continue to take a fiber supplement during my prep?
No, Fiber supplements (Metamucil, Benefiber, etc.) are designed to add bulk to stool and can interfere with the effectiveness of the bowel prep by making it more difficult to clear the colon. You should stop this 3 days prior to your procedure.

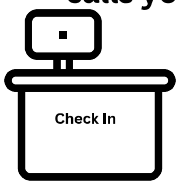
If you have additional prep questions or concerns please contact the office at ***336-448-2427***

Created: 09/20/25 Revised: 09.10.26

What to expect the day of your procedure

1 Check-In

- Welcome to GAP! Our mission at GAP is to provide comprehensive, state of the art, patient-centered care in gastroenterology and hepatology in a compassionate, timely, and cost-effective manner.
- When you arrive to our facility, you and your driver will check-in to the front desk where we will verify your information, sign any necessary paperwork, and obtain the information of your driver.
- Once check-in is complete, you will wait in the lobby until a member of the prep team calls you back.

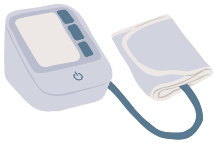




2 Prep

- You will use the restroom and then proceed to the prep room.
- The prep team will review your complete medical history, medications, and allergies.
- Your vital signs (blood pressure, heart rate, temperature, etc) will be taken.
- The consent forms for procedure and anesthesia administration will be reviewed with you, and you will have an opportunity to ask questions before signing.
- You will be asked to change into a gown.
- You will rest comfortably on a stretcher while we start your IV.





3 Procedure

- After speaking with the MD and the CRNA, you will be taken to the procedure room where you will be introduced to the team taking care of you.
- You will be hooked up to equipment that will allow us to continuously monitor your blood pressure, heart rate/rhythm, and oxygen levels.
- You will be started on oxygen.
- A time out will occur. This is a safety measure to verify your name, date of birth, procedure, allergies, etc.
- You will turn on your left side.
- Anesthesia administration will begin.





4 Recovery

- Once the procedure is complete, you will be taken to recovery.
- The recovery team will continue to monitor your vital signs along with recovery progress.
- You will be offered a cold drink and have your IV removed.
- A staff member or family member will help you get dressed.
- The physician will meet with you to review the procedure findings.
- The nurse will review your discharge instructions.
- A copy of your discharge instructions will be provided to you.
- You will be discharged with your driver.





Created: 09/20/25 Revised: 09.10.26

Consent for Procedure(s)
Flexible Sigmoidoscopy

Flexible Sigmoidoscopy / Biopsy / Polypectomy

Description of Procedure:
You will lie on your left side. A flexible tube with a small camera (called a sigmoidoscope) will be inserted into your rectum or stoma. This will allow your doctor to see up to approximately two feet inside of your colon. Because the flexible sigmoidoscopy only examines the lower portion of the colon, a polyp or cancer located further up may not be seen. Photos may be taken as considered advisable or necessary by the doctor. Your doctor will insert air into your colon so that they can have a better view. You may experience bloating after the procedure because of this, but this will be relieved by passing gas.

Your doctor may take a small sample of tissue or remove abnormal growths (called polyps) for testing. Polyps may be removed because they may contain cancer or pre-cancerous cells. Any tissues that are removed may be reviewed by a pathologist.

Sedation:
I consent to the administration of moderate or deep sedation/anesthetics (by mouth or through a needle placed in a vein in my arm or hand) as considered necessary or advisable by the physician, certified registered nurse anesthetist, and/or registered nurse under supervision of the physician. I understand the alternatives, the risks involved, and possible complications of sedation.

Teeth in poor condition and dental prosthetics may become loose, broken, or dislodged during the protective procedures related to anesthetic. While every effort is made to protect teeth, such damage is a recognized risk. Gastroenterology Associates of the Piedmont will not accept responsibility for damage to teeth or dental prosthetics.

Potential Risks:
- Irritation of veins (5%)
- Excessive sedation (1%)
- Allergic reaction to medication (<1%)
- Aspiration (If you vomit and it gets into your lungs, pneumonia can occur) (<1%)
- Perforation (a hole or tear in the colon)
  - Risk increases to 1% if polyps are removed.
  - Rarely, blood transfusions or surgery may be required to treat these conditions.
- GI Bleeding (<1%)
  - Risk increases to 1% if polyps are removed or if patient is currently taking a blood thinning medication.
  - Rarely, blood transfusions or surgery may be required to treat this condition.
- Rectal irritation
- Infection
- Death
- There is a small chance that other organs (spleen, liver, kidneys) could be damaged during the procedure.
- Risks may increase if patient uses steroids or has significant respiratory, liver, kidney or brain impairment.

After the Procedure:
- I understand that if I am scheduled for a procedure with sedation, I must have an adult (age 18+) available to accompany me home or an approved medical transportation service. This adult may be given my discharge instructions.
- I agree not to drive or operate machinery until the next day after my procedure.
- I agree not to drink alcohol, take tranquilizers, or take sedatives until the day after my procedure.

Additional Information:
- Procedures that are presently unknown may be performed that are different from or in addition to those planned in the case that the doctor or his/her associates or assistants consider them advisable or necessary.
- Doctors in training may be present and participate during the procedure(s).
- We do not honor living wills or Do Not Resuscitate Orders (DNR) at this facility due to the fact that a terminal, incurable, vegetative state is not anticipated in this outpatient setting.
- Gastrointestinal endoscopy is generally a safe and effective way to examine the gastrointestinal tract. It is not 100 percent accurate in diagnosis. No guarantee has been given by anyone as to the result of the procedure(s). It is not guaranteed that all polyps will be seen or removed during the procedure. Other options are available, including (but not limited to) radiologic studies, surgery and medical treatment.