

Sigmoidoscopy Preparation Instructions

How do I plan for the procedure?

- A sigmoidoscopy requires two enemas before the procedure to clean out the lower part of the colon.
- If your travel time is more than 2 (two) hours, ask at the time of scheduling if you can do the prep (enemas) in the endoscopy suite.
- **You must have a licensed driver, aged 18 or older,** present at check in and discharge. If you do not have a driver with you at check in, we will need to reschedule your appointment. This person must remain in the unit during your entire visit so that they are available as soon as you are ready to be discharged. You will not be discharged unless this person is in the unit. Because your judgment may be impaired after this procedure, you will not be released to take public transportation, a taxicab, or even walk home without another responsible adult present to accompany you.
 - The entire procedure appointment may take at least 3 to 4 hours to complete. Please advise your driver that they will need to remain in the facility for the duration of the procedure.
- **Please leave all jewelry and personal items at home.** If you bring jewelry to your appointment, we may have to ask you to remove it.
- **Please do not wear contact lenses.**
- **View the video describing risks and benefits of Sigmoidoscopy**
Visit: <http://michmed.org/EOrJk>
- If you have diabetes, ask your health care provider for diet and medicine instructions.
- If you must cancel or reschedule your appointment, please call the Endoscopy Call Center as soon as possible at:
 - (734) 936-9250 or toll-free: (877) 758-2626

What supplies do I need to prepare in advance?

Purchase 2 (two) sodium phosphate enemas at your local pharmacy. You will not need a prescription. One common brand is Fleet®. Be sure to use an enema product, not an oral or liquid laxative. Follow the instructions below carefully to ensure a successful exam.

What are my instructions for taking medicines and preparing for my procedure?

7 days before your sigmoidoscopy:

- If you take aspirin or NSAIDs, such as Advil®, Motrin®, Celebrex®, or ibuprofen, you may continue to take them as usual.
- If you take a blood thinner, such as Plavix®, Pradaxa®, Clopidogrel®, Coumadin®, warfarin, Effient®, Prasugrel®, or Lovenox®, ask your health care provider for specific instructions.

Day of your sigmoidoscopy:

Stop eating all solid foods 8 hours before your procedure. Clear liquids are acceptable to drink.

Allowed Clear Liquids: <ul style="list-style-type: none">• Gatorade®, Pedialyte® or Powerade®• Coffee or tea (no milk or non-dairy creamer)• Carbonated and non-carbonated soft drinks• Kool-Aid® or other fruit-flavored drinks• Apple juice, white cranberry, or white grape juice• Jell-O (gelatin) or popsicles	Non-Clear liquids – Not allowed <ul style="list-style-type: none">• Chicken, beef or vegetable broth• Red or purple items of any kind• Alcohol• Milk or non-dairy creamers• Juice with pulp• Hard candy• Any liquid you cannot see through
---	---

- You may take all of your morning medicines (except for oral diabetes medicine - pills) as usual with water up to 4 hours before your procedure.
- If you take oral diabetes medicine (pills) for your diabetes: **do not** take the medicine the morning of your procedure.

2 hours before your procedure:

- Stop chewing gum
- Stop drinking everything, including all clear liquids

90 minutes before you leave home for the procedure:

Administer the two enemas. Follow these insertion directions:

1. Lie on your left side.
2. Remove the cap from the tip of the enema bottle.
3. Insert the tip of the enema bottle gently into your rectum, about four inches.
4. Slowly squeeze the entire contents of the bottle into your rectum.
5. Hold the fluid inside of you for about 15 minutes, if possible.
6. Sit on the toilet and expel the fluid.
7. Immediately repeat steps 1-6 for the second enema.

Bring a list of all of your current medicines with you, including any over-the-counter medicines.

When should I call the call center?

If you have been ill and have had any of the following symptoms within 48 hours of your appointment, please call the call center at (734) 936-9250:

- Fever greater than 100.6
- Productive cough (where your cough is producing phlegm)
- Diarrhea
- Vomiting (not related to taking the bowel prep)

→ Turn the page to learn about the benefits, risks and alternatives for sigmoidoscopy

What are the Benefits, Risks and Alternatives for a Flexible Sigmoidoscopy?

Before starting the procedure, a member of our team will ask you to sign an informed consent indicating that you understand the procedure, its benefits and risks, and the alternatives for a flexible sigmoidoscopy. Read this handout or view the video at: <http://michmed.org/EOrJk> to understand your informed consent.

What is the purpose of a flexible sigmoidoscopy?

Flexible Sigmoidoscopy is a procedure in which a doctor uses a flexible, narrow tube with a light and tiny camera on one end, called a sigmoidoscope or scope, to look inside your rectum and lower colon. The lower colon is also called the sigmoid colon and descending colon. Flexible sigmoidoscopy can show irritated or swollen tissue, ulcers, polyps, and cancer.

What are the benefits of a flexible sigmoidoscopy?

A flexible sigmoidoscopy can help a doctor find the cause of symptoms, such as:

- bleeding from your anus
- changes in your bowel activity such as diarrhea
- pain in your abdomen
- unexplained weight loss

Doctors also use flexible sigmoidoscopy as a screening tool for colon polyps and colon and rectal cancer. Colon polyps are abnormal tissue growths that may turn into cancer with time. If a polyp is found during the procedure, you may have to have a subsequent colonoscopy to have it removed. Flexible sigmoidoscopy can also find cancers at earlier stages. This greatly improves the chances for treating colorectal cancer successfully and reduces the chance that a person will die from colorectal cancer.

What are the risks of a flexible sigmoidoscopy?

The risks of complications from a flexible sigmoidoscopy are low, but may include:

- A reaction to the sedating medication, including breathing or heart problems.
- Bleeding. Occurs in less than 1 out of 100 patients (less than 1%).
- Perforation: a tear or a hole in bowel. Occurs in less than 1 in 100 patients (less than 1%).
- Infection. Occurs in less than 1 out of 100 patients (less than 1%)
- Aspiration: stomach contents may get into the lungs leading to a lung infection (pneumonia). Occurs in less than 1 in 100 patients (less than 1%)

Rarely blood transfusion or surgery are needed to treat these conditions.

Risks are higher in in people taking steroids or anti-coagulation medicines, or in people that have certain serious diseases. There is also a risk that cancer or polyps will not be detected.

What are the alternatives?

There are other screening tests (barium enema, CT scan, or MRI) that may detect abnormalities in the colon and rectum but these procedures do not have the option of taking a sample tissue during the procedure. This reduces the need for additional tests and surgeries. Colonoscopy, which examines the entire colon, is an alternative as it allows the doctor to take sample tissues and remove polyps at the time of the procedure.

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Patient Education by [Michigan Medicine](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License](#). Last Revised 11/2019