



Flexible Sigmoidoscopy/Anorectal Manometry/Rectal Endoscopic Ultrasound

Date Of Procedure: ____/____/____ Time: ____:____ AM/PM

Report to Digestive Health GI LAB (900 W. Nelson) Arrive at: ____:____ AM/PM

Preparation:

- You will need to purchase **2 FLEET enemas** available over the counter at any pharmacy.
 - **The 1st enema** will need to be done **4 HOURS** before your procedure.
 - **The 2nd enema** will need to be done **2 HOURS** before your procedure.
 - Nothing to eat or drink after midnight.
 - If you are on aspirin you may continue to take.
1. It is your responsibility to notify our office with any changes to your insurance at least 3 days prior to the test.
 2. Since you will receive IV anesthesia for this procedure, you may not drive yourself home. Make sure to make arrangements for a ride home.

CANCELLATION FEE:

Due to escalating costs, failure to give cancellation of your procedure will result in a \$100.00 cancellation fee. Notifications must be given 3 days prior to your test

THE HOSPITAL WILL CALL YOU 1 WEEK PRIOR TO YOUR PROCEDURE TO SET UP COVID TESTING. MUST BE DONE 3 DAYS PRIOR YOUR TEST. AFTER GETTING TESTED YOU MUST QUARANTINE UNTIL THE DAY OF YOUR TEST.