



# MDTEC

## Procedure Instruction Packet

**READ this instruction packet completely at least 7 days prior to your procedure!!**

*\*\*Your procedure may be cancelled if these instructions are not followed.*

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

Procedure Scheduled: \_\_\_\_\_

Required Arrival Time: \_\_\_\_\_

- We ask all patients to arrive 1 hour prior to the estimated start time of their procedure.

Estimated Start Time of Procedure: \_\_\_\_\_

- *Note: The exact time for each procedure varies from patient to patient. Our physicians give each patient outstanding care and undivided attention.*

### **Please print this packet out if you are receiving it by email.**

It is important that you read the instructions a few times before your procedure. We recommend you set a reminder on your calendar 7-10 days prior to your procedure to ensure you are prepared and understand your restrictions.

***Important:*** If you are scheduled for a colonoscopy, *follow our instructions **ONLY**. Do **NOT** follow the instructions within the colonoscopy prep kit you receive at the pharmacy.*

**Following the instructions within this packet is very important. We want to ensure your procedure will be performed with success.**

You will receive a confirmation call or text 72 hours prior to your scheduled procedure.

A copy of these instructions may also be found online at: [www.mdtecmd.com](http://www.mdtecmd.com)

## Flexible Sigmoidoscopy Prep Instructions with 2 Fleets Enemas

**Strict compliance with these instructions is necessary to avoid missed lesions and ensure a safe and complete exam.**

**About your prep:** Fleets enemas are taken to clean your colon prior to your procedure. These items do **not** require a prescription. Purchase 2 fleets enemas. If you have questions, please call our office at 410-224-3636, and ask to be connected with the procedure coordinator.

**Medication / Diet / Tobacco Instructions:** It is very important you read this section carefully. If you have any questions regarding your medications please call the MDTEC procedure coordinator at 410-224-3636.

- **10 days prior** to your procedure (at a minimum): you must stop taking Phentermine, or any medication containing Phentermine, such as Qsymia, Qnexa, Adipex-P, Suprenza, Fastin or Phentercot.
- **7 days prior** to your procedure: Begin a low fiber diet; You must stop taking all iron supplements, vitamins, minerals, herbal supplements, discontinue fiber supplements such as Metamucil, Citrucel, Fibercon, etc. Avoid fish oil, corn, seeds, nuts and popcorn.
- **Blood Thinner Medications:**
  - **Stop** taking ibuprofen, Advil, Aleve and NSAIDs at least 5 days prior to your procedure
  - **You MAY continue to take:** once daily aspirin (81mg or 325mg daily)
  - **If you take Coumadin, Plavix, Pradaxa, Xarelto, Eliquis or other blood thinners:** You must obtain permission to withhold this medication prior to your procedure. This permission must come from the doctor that prescribes this medication for you. **Contact our pre-operative nurse for concerns or questions at 410 224-3636 Option"2"**
  - You may take Tylenol as needed.
- **1 day prior** to your procedure: **See dietary restrictions on page 2.**
- **No smoking the day of procedure.**
- **Blood Pressure and Heart medications:** Continue to take these medications as directed. Take them the day of your procedure with a **small sip of water** no less than 2 hours before procedure.
- **Acid Reflux medication:** Continue to take your acid reflux medication as directed. Take your this medication the day of your procedure with a sip of water no less than 2 hours before procedure.
- **Diabetic medication:**
  - If you are taking diabetic medication by mouth, cut your dose in half the day before the procedure.
  - If you are taking insulin, reduce your insulin dose(s) to half the normal amount the day before the procedure.
  - If you have an insulin pump, please check with the prescribing physician (PCP or endocrinologist) for specific instructions.
  - Do not take any diabetic medication or insulin on the day of your procedure.
- **Bring a complete list** of your medications **and** your blood pressure medicine with you on the day of your procedure.

  
Important!!

## ***Flexible Sigmoidoscopy Prep Instructions with 2 Fleets Enemas***

### **Instructions:**

#### **The day before your procedure:**

You may have a small breakfast.

After breakfast, clear liquid diet until your procedure.

**Do not consume** anything that is red, blue, or purple in color. Do not consume any liquids you cannot see through. Do not consume alcohol the day before your procedure.

**Acceptable clear liquids** include: water, clear broth, apple juice, white cranberry juice, white grape juice, soda, gelatin (Jello), popsicles, coffee, and tea (no milk or creamer).

#### **Day of Your Scheduled Procedure:**

1. **You may have small sips of water up to 4 hours prior to the procedure.**
2. Following the instructions provided with the Fleets Enemas
  - Take first Fleets Enema **2 hours prior to your scheduled arrival time.**
  - Take second Fleets Enema **1 hours prior to your scheduled arrival time.**
3. You may take allowed medications with a **small sip of water** up to 2 hours before your procedure.
4. **No** chewing gum, throat lozenges, candy or mints are allowed the day of your procedure.

**Please be aware:** Your stools should be light yellow to clear with no solid particles prior to coming to MDTEC. If you have any questions or concerns regarding this prep, please call the procedure coordinator at 410-224-3636 for further guidance. If you call before we arrive for the day, please leave a message, and we will call you back as soon as we are able.

### **You must have a responsible driver who is 18 or older to accompany you and drive you home if you are receiving sedation.**

A taxi or shuttle is not an approved means of transportation **unless you have** a family member or friend with you. You may not drive until the day after your procedure. If you do not arrive with a driver, your procedure will be rescheduled, and you may be charged a cancellation fee.



# MDTEC Medication Record Form

- This form must be **completed** prior to your procedure.
- Please list all prescriptions, over the counter medications, vitamins and supplements taken in the last month.
- Please remember to review medication instructions provided on page 1 of your procedure instructions.
- *If you have questions regarding your medications prior to your procedure, please call 410-224-3636 and ask to speak with our procedure coordinator.*

Medication Name	Dose	Frequency and Time(s) Taken	<u>Date / Time of Last Dose</u>

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

