



Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Date of Procedure: \_\_\_\_\_ Time to Arrive: \_\_\_\_\_  
Location: \_\_\_\_\_

## Pre-Procedure Instructions for Flexible Sigmoidoscopy with Sedation

Welcome to the MGH GI Endoscopy Unit. We would like to make your stay as pleasant and safe as possible. Please read these instructions carefully before your sigmoidoscopy. You will find additional information on our website

<http://www.massgeneral.org/GASTROENTEROLOGY/clinical/preps.html>

Please plan to spend about 3 hours in our unit for your procedure. We will do everything possible to avoid a delay in your procedure, but emergencies may interrupt the schedule. Please check the location of your procedure; we now have two sites (MGH-Blake 4 and Charles River Plaza-165 Cambridge Street, 9<sup>th</sup> floor).

What you need to do BEFORE you start to prepare for your procedure:

1. Call 1-866-211-6588 to update your registration (if not done within 6 months).
2. You must have an adult escort to take you home after the procedure. You will be receiving sedation and you should not drive for 8 hours after the procedure. Your escort does not have to come with you when you check in but must meet you in the endoscopy unit when you are ready to go home. You are still required to have an adult escort if you plan to take the T or a taxi home. If you don't have an escort on the day of your procedure, your procedure will be CANCELLED and rescheduled.

3. Be sure you have an insurance referral, if required by your insurance company.
4. If your procedure is scheduled at Charles River Plaza, and you use a CPAP for sleep apnea or have an implanted defibrillator, please call the doctor's office at the phone number above immediately to reschedule your procedure for Blake 4.

## **Sigmoidoscopy Preparation**

**(HalfLyte: 2 liter container and 2 pills)**



- **FIVE DAYS before your procedure:**
  1. Plan to purchase **HalfLyte** with the enclosed prescription.
  2. Please review and complete your patient medication list (see enclosed).
  3. If you take COUMADIN or PLAVIX, we recommend that you stop these medications. (You will receive instructions when to restart these medications). However, if you had a coronary stent placed in the past year, you should continue to take Coumadin and/or Plavix.
  4. If you have diabetes and take medication to control your blood sugar, contact your primary care physician or diabetes doctor for instructions about how to take your diabetes medication while preparing for this procedure.
  5. Stop taking iron or multivitamins with iron. Iron may darken your colon.
  6. Start a low fiber diet and do not eat corn, raw vegetables, or take fiber supplements (Metamucil). You may re-start your regular diet again after the procedure.
- **TWO DAYS before your procedure:**
  1. Be sure you have the HalfLyte from your pharmacy.
  2. If you are usually constipated or sometimes use a laxative, take 2 tablespoons of Milk of Magnesia at 8:00 pm.

- **ONE DAY before your procedure:**

1. Have a light breakfast before 9am.
2. At 9 am begin a clear liquid diet.
3. At 2:00 pm take the 2 bisacodyl delayed-release tablets with water. Do NOT chew or crush the bisacodyl tablets. Do not take the bisacodyl tablets within 1 hour of taking an antacid.
4. Drink the HalfLyte between 4:00 pm and 6:00 pm.
5. A clear liquid diet includes any liquids you can see through such as water, tea, black coffee, clear broth, apple juice, Gatorade, white grape juice, soda, Jell-O. Do not eat or drink anything red. Do not drink milk or other dairy products.
6. You should try to drink the whole bottle before midnight. You may want to use a straw to sip the solution.
7. **If you are scheduled to arrive after 12 noon**, please take ½ of the HalfLyte at 6:00 pm on the evening before your procedure and ½ to be finished by 9:00 am on the morning of your procedure.

- **ON THE DAY of your procedure:**

1. Take all of your usual medicines with a sip of water. Take Coumadin and/or Plavix if necessary. If you take insulin, we recommend that you take ½ your usual dose. We will check your blood sugar prior to the procedure.
2. If you have a medical condition requiring antibiotics before or after procedures, we will determine whether they are needed for your colonoscopy.
3. **STOP CLEAR LIQUIDS 4 HOURS BEFORE YOUR PROCEDURE** (except for small amounts of water with medications). **DO NOT EAT OR DRINK ANYTHING UNTIL AFTER YOUR PROCEDURE.**
4. Wear loose-fitting, comfortable clothes.
5. Read the consent form. You will be asked to sign the form before your procedure.

- Please bring these things with you to your procedure:

1. Your completed Medication List
2. Your blue MGH identification card
3. The name and phone number of your escort.

- **AFTER your procedure:**

1. You will be monitored in the Endoscopy Unit recovery area for approximately one hour.
2. You will receive diet and medication instructions after your procedure.
3. You may return to work the day after the procedure.

## Helpful hints for patients undergoing sigmoidoscopy

1. If you have questions about your procedure, call the Patient Information Line at (617) 726-0388 and leave a message. A registered nurse will return your call.
2. Answers to frequently asked questions are available on our website at:  
<http://www.massgeneral.org/GASTROENTEROLOGY/clinical/faq.html>
3. You may add one of the flavor packs to the 2 liter container.
4. Have a lollipop or chew gum between drinks
5. Drink chilled HalfLytely prep with a straw. Take a break if you feel nauseated.
6. Use moist wipes (baby wipes) instead of toilet paper.

## **FLEXIBLE SIGMOIDOSCOPY**

Please read this so that you understand the procedure you are about to have and the risks associated with it. Please call if you have any questions about this examination.

### **INTRODUCTION:**

Your doctor has scheduled an examination of your lower colon (rectum and sigmoid colon) using a flexible tube with a tiny TV camera on the tip (colonoscope). Please read this form so that you understand the procedure and the risks associated with it. Please ask questions about anything on this form you do not understand.

### **PROCEDURE:**

You are about to have an examination of your lower gastrointestinal tract (sigmoid colon). Using a flexible sigmoidoscope, the lower part of your colon will be examined in detail. Additional procedures may be performed, including taking samples of tissue (biopsies), removing polyps, and injecting or cauterizing bleeding sites. Intravenous conscious sedation may occasionally be used to make the examination more comfortable. In certain situations, such as if you have an artificial heart valve, antibiotics may be given.

### **RISKS:**

Flexible sigmoidoscopy is a very safe procedure when done by a specially trained physician. However, there are some risks associated with the procedure and with the sedation used. The risks associated with the procedure range from minor problems to significant medical problems. Minor problems may include bloating, abdominal cramps, or reaction to the medications used for sedation, such as inflammation of the vein at the IV site, temporary slowing of the heart rate or breathing, or fall in blood pressure. Occasionally, pain relief is incomplete.

Significant complications occur rarely. Perforation is a potentially serious problem resulting from a tear in the wall of the colon. If this occurs, it is generally treated with hospitalization and antibiotics or surgery. If a polyp is removed, the risk of perforation increases, and bleeding may also occur. With bleeding, blood transfusions as well as other treatments may be needed to stop the bleeding. Rarely, significant bleeding can occur after a biopsy. Other very rare complications can occur, including death.

The sigmoidoscope will usually be passed through the rectum and sigmoid colon. However, at times, only a more limited examination will be done depending on clinical circumstances. Although this is a very sensitive and accurate examination, it is possible that an abnormality that is present will not be detected.

### **ALTERNATIVES:**

Alternatives to flexible sigmoidoscopy include x-ray studies and surgery. Flexible sigmoidoscopy may provide information that cannot be obtained by x-ray and offers the possibility of immediate treatment such as removal of polyps. Surgery to remove polyps carries a considerably higher risk.



**PROCEDURE CONSENT FORM**

PATIENT:

UNIT NO:

PROCEDURE: COLONOSCOPY WITH POSSIBLE BIOPSY OR POLYPECTOMY

I have explained to the patient/family/guardian the nature of the patient's condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches. I have discussed the likelihood of major risks or complications of this procedure including (if applicable) but not limited to drug reactions, hemorrhage, infection, complications from blood or blood components. I have also indicated that with any procedure there is always the possibility of an unexpected complication.

I have given the patient written teaching materials to help inform him/her.

Conscious sedation is being used for this procedure and I have explained that risks include suppressed breathing, low blood pressure and occasionally incomplete pain relief.

The following additional issues were discussed.

**Colonoscopy is a procedure for examination of the colon through which biopsies may be taken and polyps removed. Although colonoscopy is generally safe, some infrequent and possibly serious complications may occur. The most common problem is a reaction to one of the drugs given for the purpose of providing sedation. Some of the complications of conscious sedation include low blood pressure, low oxygen levels, and changes in heart rhythm. More serious complications of colonoscopy are hemorrhage and perforation which may require hospitalization, blood transfusion, or surgery. These complications are more frequent following polyp removal, but the serious problems usually occur in less than one percent of patients.**

All questions were answered and the patient/family/guardian consents to the procedure.

\_\_\_\_\_  
(Physician/Licensed Practitioner Signature)

Date: \_\_\_\_\_

\_\_\_\_\_ has explained the above to me and I consent to the procedure. I understand that Massachusetts General Hospital is an academic medical center and that residents, fellows and students in medical and allied disciplines may participate in this procedure. In addition, I understand that tissue, blood or other specimens removed for necessary diagnostic or therapeutic reasons may subsequently be used by the Hospital or members of its Professional Staff for research or educational purposes.

\_\_\_\_\_  
(patient's/health care agent's/guardian's/family's signature\*)

\*(if patient's signature cannot be obtained, indicate reason in