

A program of The Miriam Hospital Lifespan. Delivering health with care.™

Center for Women's Gastrointestinal Medicine (401) 793-7080

Instructions for Sigmoidoscopy without sedation

| Dear | , | |
|------------------------------------|---|---|
| | | eed. Please contact your insurance company prior to your leductible. Note: This is a hospital-based Endoscopy Unit |
| You will have your proce | dure at: | |
| Women's Medicine (| Collaborative, 146 West River Street, Providence, R | I – 3 rd Floor, Suite 11-D |
| Wayland Surgical Cer | nter, 17 Seekonk Street, Providence, RI | |
| Miriam Hospital, 164 | Summit Avenue, Providence, RI - 1st Floor, Endosc | opy Unit |
| Rhode Island Hospita | ll, 593 Eddy Street, Providence, RI - Main Building, | 9 th Floor, 9B Endoscopy Unit |
| Date: | Appointment Time: | Arrival Time: |
| With: Dr | | |
| Note: You may drive | yourself to and from your procedure. | |
| Purchase from the Ph | armacy Two (2) Fleet enemas | |
| <mark>mportant</mark> : Have nothi | ing to eat or drink for 6 hours before your arri | val time. No gum or candy. |
| Morning of Sigmoidos | copy | |
| | leet enemas as instructed below: | |
| * The | first enema is to be taken two (2) hours before | e your appointment time. |

* The second enema is to be taken one (1) hour before your appointment time.

<u>Medications</u> may be taken with <u>sips</u> of water on your regular schedule until **4 hours** before your arrival time.

<u>Diabetic patients</u>: Please check blood sugar level before your procedure.

On the day of your procedure please bring photo ID and a list of ALL your medications and dosages.

Please call the office if you have any questions 401-793-7080.

Information about your procedure can be found on our website at www.womensGIRI.org