



Lifespan Physician Group, Inc.

Gastroenterology

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401-606-4260

Instructions for Sigmoidoscopy without sedation

Dear _____,

Due to unexpected emergencies, your procedure time cannot be guaranteed. Please contact your insurance company prior to your procedure to understand your responsibility for any co-payment and/or deductible. Note: This is a hospital-based Endoscopy Unit to which you may be subject to a copay.

You will have your procedure at:

___ Blackstone Surgical Center, 1526 Atwood Ave, #300, Johnston, RI 02919

___ MOC Building, 2 Dudley St, Providence, RI 3rd FL

___ Miriam Hospital, 164 Summit Avenue, Providence, RI - 1st Floor, Endoscopy Unit

___ Rhode Island Hospital, 593 Eddy Street, Providence, RI - Main Building, 9th Floor, 9B Endoscopy Unit

___ Wayland Surgical Center, 17 Seekonk St. Providence RI

Date: _____ Performing Dr. _____

Please Note: The office will call 1 week prior to your procedure to confirm your date and official time.

Note: You may drive yourself to and from your procedure.

Purchase from the Pharmacy Two (2) Fleet enemas

Important: Have nothing to eat or drink for **6 hours** before your arrival time. **No gum or candy.**

Morning of Sigmoidoscopy

Take two (2) Fleet enemas as instructed below:

- * The first enema is to be taken two (2) hours before your appointment time.
- * The second enema is to be taken one (1) hour before your appointment time.

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

Diabetic patients: 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 401-606-4260.