**Sigmoidoscopy / Hemorrhoid Energy Therapy Preparation**

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Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O **Lohman Endoscopy Center** at: 4381 E. Lohman Ave, STE A O **Memorial Medical Center** at: 2450 S. Telshor BLVD

Las Cruces, NM 88011 Las Cruces, NM 88011

575-522-3220 575-522-8641

**Rescheduling Procedure**

Please notify our office at (575-522-7697) at least 2 days prior to your appointment if you need to reschedule in order to avoid a potential $50.00 fee. Though we understand emergencies come up and some circumstances are unavoidable, we often have a waiting list for patients and this allows us to move patients up sooner when able.

**Important Reminders**

\* You **must** have someone to drive you home after the procedure if you have sedation during the procedure.

\* You **cannot** drive for the rest of the day following your procedure if you have sedation during the procedure.

\* Remove **all** nail polish on either pointing finger in order to allow monitoring of oxygen status during the procedure.

\* Wear comfortable, easily removed clothing.

\* Day of procedure, you need to bring your current **Insurance Card**, **List of Medications**, **this form** and your **co-pay**.

\* Please follow all instructions carefully and finish **all** of the preparation. Only a well-prepared colon will allow us to find

all potential abnormalities, improve safety of the procedure and prevent the potential need to repeat the procedure.

**Preparing for your Sigmoidoscopy or Hemorrhoid Energy Therapy procedure**

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| **Medications** | **Diet** |
| Please follow the instructions provided by your doctor  at the time of your office visit.  If you have questions on specific directions related to  your medications, please call (575) 522-7697 for assistance. | Day of the procedure:   * You may have liquids, but **NO SOLID FOOD**, for breakfast the morning of the procedure. * You may **not** have anything colored red, orange or purple for breakfast. * Coffee and tea are acceptable. |

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| **Laxative and Bowel Preparation Instructions** | |
| Day before the procedure | * Take two (2) Dulcolax (bisacodyl) tablets (purchased over the counter at any pharmacy) at 3:00 PM the afternoon prior to your procedure. |
| Day of the procedure | * Use two (2) FLEET ENEMAS (purchased over the counter at any pharmacy) at home, 15 minutes apart, starting two (2) hours before you leave for your appointment. |