

**Harbour View Office**  
5839 Harbour View Blvd  
Suite 200

**Harbour View Outpatient**  
5818 Harbour View Blvd  
One Story Bldg., Suite B-1

**Lakeview Medical Center**  
2000 Meade Parkway  
ASC Window

**Maryview Medical Center**  
3636 High Street  
Patient Registration 1st Floor



## **UPPER ENDOSCOPY AND FLEXIBLE SIGMOIDOSCOPY-FLEETS PREP**

1. **PURCHASE 2 FLEETS ENEMAS OVER THE COUNTER**
2. If you are on blood thinners, we will contact your prescriber and let you know when to stop it. **PLEASE DO NOT STOP IT BY YOURSELF.** You may continue to take Aspirin.
3. If you are taking blood pressure or heart medication you may take these on the morning of your procedure with a small amount of water.
4. **ON THE DAY OF THE PROCEDURE:**
  - a. **NO SOLID FOOD AFTER 12:01 A.M.**
  - b. Clear liquids mentioned below are ok to take after midnight; you may take these **up to 6 hours prior to the procedure:**
    - i. **Water, sports drinks, carbonated beverages, kool-aid, black tea/black coffee**
  - c. **DO NOT TAKE ANYTHING OTHER THAN THE LIST MENTIONED ABOVE**
  - d. **NO GUM/CANDY/ to be taken on the day of the procedure**
  - e. Administer one fleets enema when you wake up on the day of the procedure
  - f. Administer the second enema 1 hour before leaving home for your procedure
  - g. **NO SMOKING THE DAY OF THE PROCEDURE**
5. **6 HOURS PRIOR TO YOUR PROCEDURE \_\_\_\_\_: NOTHING CAN BE CONSUMED FROM THIS POINT FORWARD**
6. **IF YOU DO NOT FOLLOW THESE INSTRUCTIONS EXACTLY, YOUR PROCEDURE COULD GET CANCELED OR DELAYED**

Report to \_\_\_\_\_

Date \_\_\_\_\_ Arrival Time \_\_\_\_\_ for Procedure @ \_\_\_\_\_

You are required to have a responsible adult accompany you to your procedure, stay in the building during your procedure, and take responsibility for you after your procedure. You should NOT drive before and may NOT drive after your procedure. Please understand that our office, as well as the hospitals, are unable to accept responsibility for your valuables; we ask that you bring your identification with you and leave all other valuables at home or with your responsible adult during your procedure. If you have any questions or concerns, please call our office, (757) 483-6100.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (PLEASE PRINT)

\_\_\_\_\_  
MA Initials

\_\_\_\_\_  
Account#