Digestive Health Center
FLEXIBLE SIGMOIDOSCOPY INSTRUCTIONS

Appointment Date: _______________________________     Arrival Time: ___________________

**Plan to spend about 1 ½ – 2 hours in the GI Lab (3 – 3 ½ hours if with sedation)

Physician: ________________________________

Location
☐ 259 E Erie St, Lavin Pavilion, 16th floor, Chicago, IL
☐ 675 N Saint Clair St, Galter Pavilion, 4th floor, Chicago, IL

Please keep your original appointment. If you need to re-schedule your procedure, you MUST give at least a seven-day notice.

For scheduling-related matters, please call: 312.926.0628
For clinical concerns/questions, please call: 312.695.5620

Procedure Preparation

SEVEN DAYS BEFORE THE PROCEDURE

• If you are taking a blood thinner (Coumadin, Plavix, Eliquis, etc.) other than aspirin, please contact the prescribing physician about discontinuing or bridging this medication prior to the procedure. You may continue to take aspirin.

• If you are taking diabetic medication, please contact the prescribing physician to discuss dosage adjustments to avoid low blood sugar.

THREE DAYS BEFORE THE PROCEDURE

• Please contact your insurance company to verify coverage and if you will have any out-of-pocket costs or precertification requirements. Please see the insurance/billing section in this document for more information.

• **Note this procedure is often performed without sedation. If your physician indicates that you will be receiving sedation, please see the transportation and parking section for transportation requirements.

• You may complete pre-procedure forms ahead of time by visiting: https://www.nm.org/conditions-and-care-areas/digestive-health.
  - Scroll to the bottom of the page and locate Related Resources. Select GI Lab Patient Questionnaire and Medication List.
Medications

- If you are taking a blood thinner (Coumadin, Plavix, Eliquis, etc.) other than aspirin, please contact the prescribing physician about discontinuing or bridging this medication prior to the procedure. You may continue to take aspirin.
  - Do NOT wait until the day before your procedure to have this discussion, as some blood thinners need to be held several days prior to the procedure.
  - Aspirin, NSAIDs and fish oil are okay to continue taking.
- If you are taking diabetic medication, please contact the prescribing physician to discuss dosage adjustments to avoid low blood sugar.
- You may take your other normal medications up until four hours prior to arrival time.

THE DAY OF YOUR PROCEDURE

Bowel Preparation
It is very important to follow the bowel preparation instructions carefully. The rectum and the lower portion of your colon must be completely emptied of stool so your physician can view the lining of the colon. You will need to purchase four Fleet Enemas (a liquid solution that washes out the intestine) which are available over the counter (no prescription is needed).

Note: if you have chronic kidney disease/failure, please discard the enema solution and fill bottles with warm tap water instead as this will be easier on your kidneys.

Prior to the Sigmoidoscopy (approximately one to two hours before your arrival time) begin your bowel preparation. Please complete this prior to arriving for the procedure. Follow the instructions on the enema box:

- Lie on your left side on a flat surface
- Draw your knees up toward your stomach
- Remove the top of the enema
- Insert the enema tip fully into the rectum
- Squeeze the enema contents into the rectum
- Hold the enema liquid as long as possible (3 to 5 minutes is typical)
- Wait for results or bowel movements between each enema
- If your stool is clear, you do not have to take the 4th enema.
- If you see any stool after the 3rd enema, use the 4th enema.

Diet Preparation

- If you are receiving sedation, do not have anything by mouth six hours prior to the arrival time.
- If you are not having sedation, there are no eating or drinking restrictions prior to the procedure.
- Bring a photo ID and an insurance card.
- We recommend leaving any valuables at home or giving them to a trusted family member or friend.
- If you use any inhalers or a CPAP machine, please bring these items with you to the procedure.
Transportation and Parking

• **Note this procedure is often performed without sedation. If your physician indicates that you will be receiving sedation, please see requirements below.
• Due to the lingering effects of the sedation, you **MUST** have a trusted and capable adult accompany you home at the time of discharge. Your procedure will be cancelled if you do not have an escort arranged.
• You cannot take a taxi, Uber or public transportation by yourself; you must have a trusted and capable adult with you.
• You will NOT be able to return to work after the procedure.
• If you do not have an adult to accompany you home, a Medi-Car may be arranged to drive you home if your address is within the service area. Payment is required at time of service.
  o For pricing, service area, and scheduling, please call Superior Ambulance Company/Medi-Car and specify “GI lab” location: 312.926.5988.
  o If you need to arrange a Medi-Car, please call the above number to schedule 24–48 hours prior to your procedure.
• Parking for the Lavin location is available within the Lavin building located at 259 E. Erie Street, which is accessible from both Erie and Ontario streets. Bring your parking ticket to the GI lab for validation to receive a discount on your parking deck fee.
• Parking for the Galter Pavilion is located at 222 E. Huron Street. Use second-floor bridge to access Galter Pavilion.
• For more information on our parking garage locations, parking deck fees, and a map, please visit www.nm.org.

Insurance and Billing

To avoid any unforeseen charges, please verify benefits, coverage and preferred location(s)/providers for this procedure with your insurance company. Procedure and diagnosis codes can be found below.

**Note, this procedure is often performed without sedation; however, if your physician or clinician indicates you will be receiving sedation, please inform your insurance company in case there are any benefit changes related to the sedation.

**Sigmoidoscopy Procedure (CPT) Code:** 45330

**Diagnosis (ICD-10) Codes:** __________________________
Prior Authorization

Our prior-authorization department will check with your insurance plan to inquire if a prior-authorization is needed and this will be completed if your plan requires.

• However, please note that a prior-authorization does not guarantee payment and does not mean you will not have any out-of-pocket costs after your insurance has paid. To find out if you need to expect to pay anything out-of-pocket, please call your insurance company and refer to the codes provided.

• Please call your insurance company three days prior to your procedure to verify that authorization has been received (traditional Medicare and traditional Medicaid do not require prior authorization).

• If your procedure has not been approved, please call our prior-authorization department at 312.926.3041.

Disclaimer: This form does not guarantee coverage. It does not authorize payment for services, including out-of-network services or procedures for which a patient is not covered.

Contact Information

Clinic: 312.695.5620
Procedure Scheduling: 312.926.0628
Pre-Certification: 312.926.3041
Billing: 844.669.2455
Financial Counseling/Price Estimates: 312.926.6906
Medi-Car: 312.926.5988
Hospital: 312.926.9000
Medical Records: 312.926.3376
Digestive Health Fax: 312.695.7095
digestivehealth.nm.org

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