



1817 N. Mills Ave.
Orlando FL. 32803
407-896-1726

ANORECTAL MANOMETRY INSTRUCTIONS

You are scheduled on _____

Arrival Time _____

Location: Center for Digestive Health – 1817 N Mills Ave., Orlando,



2
Count

IMPORTANT INFORMATION

- **PURCHASE OVER THE COUNTER (2) FLEET ENEMAS**, at any local pharmacy.

MEDICATIONS

STOP TAKING THESE MEDICATIONS 2 DAYS BEFORE YOUR APPOINTMENT

- Narcotic medications. These include hydrocodone (Vicodin), oxycodone (Oxycontin, Percocet), and oxymorphone
- Prucalopride (Motegrity), linaclotide (Linzess), lubiprostone (Amitiza), plecanatide (Trulance), and metoclopramide

STOP TAKING THESE MEDICATIONS 1 DAY BEFORE YOUR APPOINTMENT

- Antidiarrheal medications, including Imodium and Lomotil
- Norvasc, Cardizem, Tiazac, Adalat CC, Afeditab CR, Procardia, Sular, Celan, Verelan (medications to lower blood pressure)
- Antihistamines, Anti-inflammatory creams & gels.
- Questran, Prevalite, Colestid, Welchol (cholesterol lowering medications)

NO RED COLORS, NO MILK OR MILK PRODUCTS CLEAR LIQUID DIET INCLUDES:

- Water, mineral water, Clear fruit juices without pulp (apple, white grape, white cranberry, lemonade, etc.) Clear carbonated and non-carbonated soft drinks, Sports drinks (Gatorade, Powerade), Pedialyte and/or Ensure Clear

DAY OF EXAM

- **6 Hours prior to your exam Start a clear liquid diet. NO SOLID FOODS:**

NO RED COLORS, NO MILK OR MILK PRODUCTS CLEAR LIQUID DIET INCLUDES:

Water, mineral water, Clear fruit juices without pulp (apple, white grape, white cranberry, lemonade, etc.) Clear carbonated and non-carbonated soft drinks, Sports drinks (Gatorade, Powerade), Pedialyte and/or Ensure Clear

- **NOTHING BY MOUTH 4 HOURS PRIOR TO YOUR EXAM (includes: water, gum, mints, breath spray)**
- **2 HOURS BEFORE LEAVING THE HOUSE** insert the both enemas 15 MINUTES APART (per rectum) Follow the directions on the box.

FINANCIAL POLICY: Any Co-pay and/or Deductibles will be collected at the time of service. Please call our billing department for further assistance at 407.896.1726 ext. 405, prior to the procedure date.

WE REQUIRE A 72 HOUR NOTICE FOR ANY CANCELLATIONS OR RESCHEDULES, TO AVOID A \$75 FEE.

Patient Signature _____

Date _____