

INTEGRATED MEDICAL GROUP, P.C.  
GASTROENTEROLOGY / HEPATOLOGY  
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**FACILITIES:**

1.  **SCHUYLKILL ENDOSCOPY CENTER** - SUITE 103 Evergreen Professional Suites Bld
2.  **LEHIGH VALLEY SCHUYLKILL EAST** - East Norwegian St 2nd floor Out Patient Surgery

**CLENPIQ PREP**

**BEFORE YOUR SCHEDULED PROCEDURE:**

1. Do not take **ASPIRIN** seven (7) days before the procedure (Ibuprofen, aleve, naproxen, excedrin, etc).
2. Hold **PLAVIX** for five (5) days before the procedure.
3. Stop **IRON** five (5) days before the procedure (Check multivitamin for iron).
4. Hold **COUMADIN, PRODAXA, ELIQUIS and XARELTO** two (2) days prior to the procedure.
5. Hold bedtime and morning **INSULIN**.

**DAY PRIOR TO PROCEDURE:**

1. Drink only clear liquids. **YOU CAN NOT HAVE ANY SOLID FOOD.** See following sheet for clear liquid examples
2. **At 4 pm** drink one bottle of CLENPIQ directly from the bottle.
3. Follow with (5) 8-ounce drinks consisting of clear liquids, taken at your own pace within two hours.
4. **At 8 pm** drink second bottle of CLENPIQ directly from the bottle
5. Follow with (4) 8-ounce cups consisting of clear liquids, taken at your own pace within two hours.
6. **DO NOT TAKE ANYTHING AFTER 10 PM.**

**DAY OF THE PROCEDURE:**

1. **DO NOT EAT OR DRINK ANYTHING IN THE MORNING.**
2. **TAKE ONLY NECESSARY MEDICATIONS (HEART or BLOOD PRESSURE) WITH A SIP OF WATER.**
3. **DO NOT TAKE INSULIN OR BLOOD SUGAR MEDICATIONS THE MORNING OF THE TEST.**
4. **YOU MUST TAKE YOUR INSURANCE CARDS WITH YOU.**
5. **SOMEONE MUST ACCOMPANY YOU TO AND FROM THE CENTER SINCE YOU WILL NOT BE PERMITTED TO DRIVE HOME.**

**\* YOU MUST REMOVE ANY PIERCING'S FROM YOUR FACE AND/OR TONGUE.**

If you have any questions, please call 570-622-5555 and ask for Tracey, Georgine, Cassandra, Virginia or Loren.

**YOUR PRESCRIPTION WILL BE ELECTRONICALLY SENT TO YOUR PHARMACY FOR YOUR BOWEL PREP KIT.  
YOU WILL FOLLOW THIS PREPARATION, NOT WHAT IS LISED ON THE PACKAGE YOU PICK UP AT THE PHARMACY.**

\*\*\*\*\*IF YOU ARE USING OUR PATIENT PORTAL AND YOU VIEW THE APPOINTMENT, PLEASE BE ADVISED THAT THE TIME LISTED **IS NOT** YOUR SCHEDULED TIME. THE TIME WILL COME FROM THE FACILITY 1 BUSINESS DAY PRIOR TO THE PROCEDURE. THESE SLOTS ARE THERE JUST TO SHOW YOU ARE SCHEDULED FOR THAT SPECIFIC DAY.\*\*\*\*\*

## CLEAR LIQUID DIET

YOU MAY NOT EAT OR DRINK ANYTHING THAT IS NOT LISTED BELOW:

The following foods are permitted in unlimited amounts:

**LIQUIDS:** Clear consomme, bouillon and/or broth, tea, coffee, decaffeinated beverages, Postum, Kool Aid, carbonated beverages.

**JUICES:** Strained orange and grapefruit juice (only need to strain if it is freshly squeezed or has pulp in it), cranberry, apple and/or pineapple juice.

**OTHER ITEMS:** Flavored gelatin (Jello) , sugar hard crystalline candy, honey, pure sugar candy, sherbet ices (**NOT ICE CREAM AND MUST BE WITHOUT NUTS, FRUITS OR PULP**)

**\*\*AVOID ALL RED OR ORANGE COLORED DRINKS/JELLO**

## SAMPLE MENU

### BREAKFAST

Pineapple Juice

Strained Orange Juice

Consomme

Gelatin

Tea & Lemon (No pulp)

### LUNCH

Apple Juice

Strained Grapefruit Juice

Bouillon

Jello

Cola Beverage

### DINNER

Cranberry Juice

Strained Orange Juice

Broth

Gelatin

Coffee (without cream)