

INTEGRATED MEDICAL GROUP, P.C.  
GASTROENTEROLOGY / HEPATOLOGY  
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**INSTRUCTIONS FOR COLON PREPARATION**  
**MiraLAX Powder 238 gram-bottle (14 DOSES) (Polyethylene-glycol)**  
**Stool Softener Tablets #4 (Colace, dulcolax, etc)**

**FACILITIES:**

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

**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**.

**TWO DAYS PRIOR TO YOUR SCHEDULED PROCEDURE:**

1. In the morning take 1 capful of Mira LAX Powder and mix in 8 oz. of any liquid. **Diet is normal this day.**

**THE DAY BEFORE YOUR SCHEDULED PROCEDURE:**

1. **DRINK ONLY CLEAR LIQUIDS** for breakfast, lunch and dinner. **You cannot have any solid foods today.**
2. At **4PM** take 4 stool softener tablets.
3. Also at **4PM** take 7 capfuls of Mira LAX Powder and mix in 32 oz. of clear liquids. Drink this over a period of 2 hours.
4. At **8 PM** take the remainder of Mira LAX Powder (6 capfuls) and mix in 32 oz. of a clear liquid. Drink this over a period of 2 hours.
5. **DO NOT TAKE ANYTHING BY MOUTH AFTER 10 PM.**

**THE 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.**

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

**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) **BUT NOT RED OR ORANGE JELLO**, sugar hard crystalline candy, honey, pure sugar candy, sherbet ices (**NOT ICE CREAM AND MUST BE WITHOUT NUTS, FRUITS OR PULP**)

**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)