

INTEGRATED MEDICAL GROUP, P.C.
GASTROENTEROLOGY / HEPATOLOGY
48 TUNNEL ROAD, SUITE 104, POTTSVILLE, PA 17901
(570) 622-5555 FAX (570) 622-6047

AMRIT P. NARULA, M.D.
ROBERT C. ALLISON, PA-C
MONICA BENULIS, C.R.N.P.
HEIDI STERTZEL, PA-C
KIMBERLY KALOVCAK, PA-C

INSTRUCTIONS FOR COLON PREPARATION
MiraLAX Powder 21 DOSES (Generic: Polyethylene-glycol)
Stool Softener Tablets Qty. #4 (Colace 100 MG, dulcolax, etc)

YOU WILL BE CALLED THE DAY BEFORE YOUR PROCEDURE WITH YOUR ARRIVAL TIME

FACILITIES:

1. ☐ **SCHUYLKILL ENDOSCOPY CENTER** - 48 Tunnel Rd **SUITE 103** Evergreen Professional Suites Bld
2. ☐ **LEHIGH VALLEY SCHUYLKILL EAST** - 700 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 AND BRILLINTA** for five (5) days before the procedure.
3. Stop **IRON** five (5) days before the procedure (Check multivitamin for iron).
4. Stop **JARDIANCE** three (3) days before the procedure.
5. Hold **COUMADIN, PRADAXA, and XARELTO** two (2) days prior to the procedure.
6. Hold **ELIQUIS** one (1) day prior to the procedure.
7. Hold bedtime and morning **INSULIN**.
8. Stop **Ozempic** the week before the procedure.

EVERY DAY STARTING ONE WEEK PRIOR TO YOUR PREP DAY:

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

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 Miralax Powder and mix in **32 oz. of clear liquids**. Drink this over a period of **2 hours**.
4. At **8 PM** take **7 more capfuls** of Miralax Powder 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 (**BLOOD PRESSURE**) WITH A SIP OF WATER.
3. DO NOT TAKE INSULIN OR BLOOD SUGAR MEDICATIONS THE MORNING OF THE TEST.
4. DO NOT USE ANY MEDICAL OR RECREATIONAL MARIJUANA THE MORNING OF YOUR PROCEDURE.
5. YOU MUST REMOVE ANY PIERCING'S FROM YOUR FACE AND/OR TONGUE
6. YOU MUST TAKE YOUR INSURANCE CARDS WITH YOU.
7. SOMEONE MUST ACCOMPANY YOU TO AND FROM THE CENTER SINCE YOU WILL NOT BE PERMITTED TO DRIVE HOME.

If you have any questions, please call 570-622-5555 and ask for Tracey, Loren, Anja, Diane, Carol, or Amber.

*****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:

***** AVOID ALL RED, AND PURPLE COLORED LIQUIDS**

The following foods are permitted in unlimited amounts:

- LIQUIDS:** Clear consomme, bouillon and/or broth, tea, coffee, decaffeinated beverages, Postum, gatorade, 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 PURPLE**, sugar hard crystalline candy, honey, pure sugar candy, Italian ice

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

White Cranberry Juice
Strained Orange Juice
Broth
Gelatin
Coffee (without cream)