

INTEGRATED MEDICAL GROUP, P.C.
GASTROENTEROLOGY / HEPATOLOGY
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INSTRUCTIONS FOR SUFLAVE COLON PREPARATION

PATIENT: Peters Test DOB: 01/01/1946

Date of Procedure: 00/00/0000

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

FACILITIES:

- SCHUYLKILL ENDOSCOPY CENTER - 48 Tunnel Rd SUITE 103 Evergreen Professional Suites Bld
- 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/CLOPIDOGREL AND BRILLINTA/TICAGRELOR** for five (5) days before the procedure
3. Stop **IRON/FERROUS SULFATE** five (5) days before the procedure (Check multivitamin for iron)
4. Hold **COUMADIN/WARFARIN, PRADAXA/DABIGATRAN, & XARELTO/RIVOROXABAN** two days prior to the procedure
5. Hold **ELIQUIS/APIXABAN** one (1) day prior to the procedure
6. Hold bedtime and morning **INSULIN**
7. If you take a **once weekly injection for diabetes or weight loss** it must be held seven (7) days before the procedure

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 **3PM** Open 1 flavor enhancing packet and pour the contents into 1 bottle. Fill the provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all powder has mixed well (dissolved). For best taste, refrigerate the solution for an hour before drinking. Do not freeze. Use within 24 hours.
3. Drink entire contents of bottle plus an additional 16 ounces of water within 2 hours.
4. At **7 PM** repeat **Step 2** and **Step 3**.
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 MORNING BLOOD PRESSURE AND/OR SEIZURE MEDICATION WITH A SIP OF WATER.**
3. **DO NOT TAKE INSULIN OR BLOOD SUGAR MEDICATIONS THE MORNING OF THE TEST. DO NOT REMOVE CONTINUOUS GLUCOSE MONITOR IF YOU WEAR ONE.**
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. *****

Patient Signature: September 9, 2024

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

<u>BREAKFAST</u>	<u>LUNCH</u>	<u>DINNER</u>
Pineapple Juice	Apple Juice	White Cranberry Juice
Strained Orange Juice	Strained Grapefruit Juice	Strained Orange Juice
Consomme	Bouillon	Broth
Gelatin	Jello	Gelatin
Tea & Lemon (No pulp)	Cola Beverage	Coffee (without cream)