

INTEGRATED MEDICAL GROUP, P.C.
GASTROENTEROLOGY / HEPATOLOGY
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FLEXIBLE SIGMOIDOSCOPY PREPARATION INSTRUCTIONS

YOU WILL BE CALLED THE DAY PRIOR WITH YOUR ARRIVAL TIME

FACILITIES:

1. ☐ SCHUYLKILL ENDOSCOPY CENTER- Suite 103 Evergreen Professional 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 AND BRILLINTA** for five (5) days before the procedure.
3. Stop **IRON** five (5) days before the procedure (Remember to check multivitamin for iron)
4. Hold **COUMADIN, PRADAXA, and XARELTO** two (2) days prior to the procedure.
5. Hold **ELIQUIS** one (1) day prior to the procedure.
6. Hold bedtime and morning **INSULIN**.
7. Stop **OZEMPIC** the week before the procedure.

*****You will need to purchase one bottle of Citrate of Magnesia and one fleet enema prior to test**

DAY PRIOR TO PROCEDURE:

1. Drink only clear liquids for entire day. *YOU MAY HAVE VERY LIGHT BREAKFAST NO LATER THAN 9:00AM (EX: A PIECE OF TOAST, OATMEAL, AN EGG, ETC)
2. At 3:00PM drink entire bottle of citrate of magnesia
3. Do not take anything by mouth after 10:00PM

DAY OF THE PROCEDURE:

1. **2 hours prior to procedure you must do fleets enema**
2. Take only necessary medications such as heart or blood pressure medication with a sip of water
3. Do not take insulin or blood sugar medications the morning of your procedure.
4. Do not use any medical or recreational marijuana the morning of your procedure.
5. You must take your insurance cards with you.
6. You must remove any face and/or tongue piercings
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
ASK FOR TRACEY, LOREN, ANJA, DIANE, CAROL, AND 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. THE TIME WILL COME FROM THE FACILITY 1 BUSINESS DAY PRIOR TO THE PROCEDURE. THESE SLOTS ARE THERE JUST TO SHOW THAT YOU ARE SCHEDULED FOR THAT SPECIFIC DAY.*******

CLEAR LIQUID DIET

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

*****AVOID ALL RED & PURPLE LIQUIDS**

The following food 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), 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

Cranberry Juice
Strained Orange Juice

Broth

Gelatin

Coffee (without cream)