

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

**** You must pick your prescription up at the Pharmacy within one week from today's appointment.
Some pharmacy's do not hold prescriptions after one week.****

SUTAB

You must follow these instructions NOT the instructions on the box from the pharmacy.

YOUR PRESCRIPTION WILL BE ELECTRONICALLY SENT TO YOUR PHARMACY FOR YOUR BOWEL PREP KIT.

ASPIRIN OR COUMADIN DIRECTIONS ARE AS FOLLOWS:

1. Stop Plavix & Brillenta 5 days prior to your colonoscopy.
2. Stop Xarelto & Coumadin 2 days prior to your colonoscopy.
3. Stop Aspirin 7 days prior to your colonoscopy.
4. Stop Eliquis 1 days prior to your colonoscopy.
5. Stop Ozempic one week before the procedure.
6. **PLEASE VERIFY STOPPING ANY OF THESE MEDICATIONS WITH YOUR PCP/CARDIOLOGIST.**

DAY BEFORE PROCEDURE - CLEAR LIQUIDS ONLY

Samples of clear liquids: , broth, coffee, clear grape juice, kool-aid, apple juice, tea, water, Gatorade, ensure, lemonade, soda and jello. **NO MILK, MILK PRODUCTS or RED or PURPLE FLUIDS.**

DOSE 1 (You must begin at 6 pm the evening before your colonoscopy)

1. Open 1 bottle of 12 tablets.
2. Fill the provided container with 16 ounces of water (up to th fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes swallowing 1 tablet every 1-2 minutes. (If you become uncomfortable, take the tablets and water slower.)
3. Approximately 1 hour after the last tablet is swallowed, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
4. Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
5. You should drink clear liquids up until 10 pm. Nothing after 10 pm.

DAY OF PROCEDURE:

DOSE 2 (Begin 6 hours before your arrival time.)

1. Repeat Step 1 to Step 4 from Day 1 - Dose 1 using the second bottle of tablets.
2. Do not eat anything. 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.****

IMPORTANT: You must use all tablets and water at least 2 hours before your colonoscopy.

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

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. 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.*******