

**WAKE ENDOSCOPY CENTER/CLAYTON ENDOSCOPY CENTER
CLENPIQ-PM/AM DOSE PREP (TWO DAY)
PREPARATION FOR COLONOSCOPY**

You will need to drink a laxative and osmotic solution called CLENPIQ to clean your colon. You must complete the entire prep to ensure the most effective cleansing.

DO NOT USE THE INSTRUCTIONS INCLUDED IN THE CLENPIQ BOX!

PRIOR TO YOUR PROCEDURE YOU WILL NEED TO PURCHASE:

- 1-CLENPIQ Kit. (prescription enclosed)
- 2 Reglan tablet (Metoclopramide) optional (prescription enclosed)
- 2 Dulcolax (Bisacodyl) tablets (over the counter, no prescription required)

***BE SURE TO LET THE NURSE KNOW IF YOU ARE ON COUMADIN, WARFARIN, or PRADAXA AS SOON AS POSSIBLE**

**5 days prior to your procedure, stop oral iron supplements. Please avoid sesame seeds and nuts.

***Diabetic medication adjustments: Day before procedure, take your normal AM insulin and/or oral medications. Take ½ of PM insulin dose, NO oral diabetic medication. Day of procedure: do not take any diabetic medications until after the procedure.

DAY BEFORE PROCEDURE: _____

Drink clear liquids only for all snacks and meals. **NO SOLID FOODS** or milk products. **Clear liquid diet:** coffee, tea, soft drinks, Jell-O, clear broth, popsicles, clear fruit juices, Gatorade, water, Snapple, powdered juices. Avoid red or purple liquids
***Important note: staying well hydrated during this prep is extremely important. Force fluids all day prior to and after beginning the bowel prep. **Drink AT LEAST 1 cup of clear liquid, using cup provided filled to the 8-ounce line every hour prior to beginning Clenpiq**
YOU MAY HAVE CLEAR LIQUIDS UNTIL MIDNIGHT. Nothing to drink after MIDNIGHT until you start your AM Prep.

At 2pm: Take the 2 Dulcolax tablets.

1. **At 5:30pm:** Take the Reglan tablet. This is optional. The prep may cause nausea and sometimes vomiting. Taking the Reglan in advance of the prep should reduce this chance.
2. **At 6pm:** Drink one bottle of the CLENPIQ PREP straight from the bottle do not add liquid to the bottle.
3. **Drink ALL the liquid in the Clenpiq bottle**
4. You **MUST** drink five (5) 8-ounce clear liquid drinks using the cup supplied in the Clenpiq kit.
5. If severe bloating, abdominal distention, or abdominal pain occurs at any time during the prep slow down the process until the symptoms subside then finish the prep.

*Do not plan to go anywhere after you have started drinking the prep. The prep will cause diarrhea to cleanse your bowel for the procedure.

*You may wish to use baby wipes rather than toilet tissue to protect your rectum from irritation.

AM PREP:

DAY OF PROCEDURE: _____ **STARTING AT** _____ **am**

1. 30 minutes before starting second dose of prep, take second Reglan tablet.
2. Drink All the liquid in the second Clenpiq bottle
3. You **MUST then** drink **THREE** 8-ounce clear liquid drinks using the cup supplied in the Clenpiq kit.
4. Drink these 3 drinks over the next 30-45 minutes.

Do not drink anything after you have completed the prep except for a very small amount (sip) of water with your morning medications. If you drink anything after the AM prep it will result in a delay of your procedure.

You may NOT EAT anything until after the procedure if you do it will result in a delay/cancelation of your procedure.

Please take all regular scheduled morning medications with a small amount of water.

****If you use inhalers, please bring them with you****

****If you use a CPAP or VPAP machine, you are required to bring it with you****

IMPORTANT REMINDER TO ALL PROCEDURE PATIENTS

If you are having an Upper Endoscopy, Colonoscopy, and/or ERCP:

YOU WILL BE SEDATED FOR THIS PROCEDURE AND WILL REQUIRE AN ADULT TO DRIVE YOU HOME. YOUR DRIVER WILL BE REQUIRED TO STAY AT THE FACILITY DURING YOUR ENTIRE PROCEDURE.

The facility at which you are scheduled has the right to delay or cancel your procedure in the event you do not have an adult with you to drive you home.

If you are unable to keep your appointment, please call our office as soon as possible to reschedule. We do reserve the right to charge for missed appointments or appointments cancelled less than 72 hours in advance.

Your procedure is scheduled with Dr. _____

Procedure _____ Date _____ Location _____

Arrival Time _____ Procedure Time _____

If you have any questions, please call _____ at (919) 783-4888.

If your procedure is scheduled at:

WAKE ENDOSCOPY CENTER/RALEIGH MEDICAL GROUP/take the elevator to the second floor, see map for directions. Address: 2601 Lake Drive Ste 201 Raleigh, NC 27607 (919) 783-4888 or 1-800-491-7236

CLAYTON ENDOSCOPY CENTER- see map for directions.

Address: 900 S Lombard Street Ste 104 Clayton, NC 27520 (919) 341-3547

WAKE FOREST ENDOSCOPY CENTER-see map for directions

Address: 10540 Ligon Mill Rd Suite 109 Wake Forest, NC 27587 (919) 439-3393

WILSON DIGESTIVE DISEASE ENDOSCOPY CENTER-see map for directions

Address: 2402 Camden Street SW Ste #300 Wilson, NC 27893 (252) 237-4100

REX HEALTHCARE-please use the Main Entrance and go to Patient Registration

WAKE MED CARY-check in at admission/business office

If you have any questions, please call:

Raleigh Office: (919)783-4888 or 1-800-491-7236

Cary Office (Dr. Gumber & Dr. Reddy): (919) 858-0892

Clayton Office (Dr. Whitt): (919) 341-3638

Dr. Hutzenbuhler: (919) 787-7226

Wake Forest Office: Dr. Sachdeva (919) 562-6589

Wilson Office: (252) 237-4100

