

# **CLENPIQ - COLONOSCOPY PREPARATION INSTRUCTIONS**

You are scheduled for a colonoscopy:	Estimated arrival time:
Date:	(Time of arrival will be confirmed the day before the procedure)

- You must have a friend or family member (18 years or older) to provide transportation to and from the procedure. If you plan to take a bus, taxi, or medical transport, an adult must accompany you.
- Dress comfortably. Do not wear jewelry or bring any valuables with you. You will need a picture ID and your insurance card.
- After your arrival, anticipate being at the procedure center for 2-3 hours.

### **OBTAIN SUPPLIES**

**CLENPIQ** bowel preparation (prescription only)

### ONE WEEK BEFORE THE PROCEDURE

- Stop taking any iron and fiber supplements.
- DO NOT eat salads, nuts, large seeds, corn, or popcorn. Avoiding these foods will help ensure your colon will be cleaned out for your procedure.
- Increase fluid intake to stay well-hydrated.

#### **MEDICATIONS:**

- Take your regular medications except:
- If you are on diabetes or weight loss medications, please refer to the last 2 pages.
- You should discuss the management of blood thinner medications with your prescribing doctor (Warfarin [Coumadin], Apixaban [Eliquis], Rivaroxaban [Xarelto], Clopidogrel [Plavix], Ticagrelor [Brilinta], Prasugrel [Effient], Dabigatran [Pradaxa], etc.).
- Continue taking daily Aspirin if prescribed by your doctor.
- Hold the following BLOOD PRESSURE medications the morning of the procedure:
  - Angiotensin-converting enzyme inhibitors (ACEi) such as Lisinopril (*Prinvil, Zestril*),
     Benazepril (*Lotensin*), Captopril (*Capoten*), Enalapril (*Vasotec*), etc.
  - Angiotensin II receptor blockers (ARB) such as Losartan (*Cozaar*), Valsartan (*Diovan*),
     Irbesartan (*Avapro*), Olmesartan (*Benicar*), etc.

## DAY BEFORE THE PROCEDURE

#### Diet:

- You need to follow a clear liquid diet ALL DAY. No solid food. Stay well-hydrated.
- Examples of clear liquid diet (no RED or PURPLE color):
  - Clear or clear flavored drinks ONLY and without pulp (e.g., apple juice, white cranberry juice, white grape juice, iced tea, Vitamin water, Snapple, Gatorade, etc.). No orange juice.
  - Black coffee or tea (with sugar or sweetener is okay). No milk, cream, or powdered creamer.
  - Clear soup or broth only. No solids.
  - o Italian ice, popsicles, or plain Jell-O without fruits or toppings. No sherbets or fruit bars.
  - Avoid carbonated drinks if possible. If soft drinks are consumed, ensure regular or diet sodas (e.g., ginger ale, cola, Sprite, 7-Up, etc.).

### Preparation:

NOTE: Please follow these instructions and not the directions that come with the CLENPIQ package.

- At <u>6:00 p.m.</u>, drink one bottle of **CLENPIQ** and then drink at least **five** 8 ounce (oz) glasses of water every 20-30 minutes until complete (total of 40 oz water).
- If you experience nausea, please slow the water intake to one glass every hour until complete.

#### Medications:

• Take your medications other than the ones specified (see the last two pages).

### DAY OF THE PROCEDURE

## Preparation:

- <u>5 hours</u> before your scheduled arrival time, drink another bottle of **CLENPIQ**. You must then drink four glasses of water (a total of 32 oz) over the next hour.
- As a result of the preparation, your stool will be clear, yellow, and liquid.

#### Diet:

You should not have ANYTHING by mouth (other than your prep solution) after midnight. No
candy or chewing gum. Strictly avoid consuming anything by mouth for 4 hours prior to your
procedure.

#### **Medications:**

• Take your regular medications with a **sip** of water other than the ones specified (see the last two pages).

During **weekday hours** (8 a.m.- 4:30 p.m.), if you have problems with the preparation and/or questions, call **(860)** 679-3238 and ask to speak with the GI nurse.

In the evening or weekend hours, if you experience difficulties with the preparation and/or questions, call the on-call GI fellow at (860) 679-2626.

On the day of the procedure, if you need help with directions, call (860) 679-1252.

**Frequently Asked Questions (FAQ):** <a href="https://health.uconn.edu/gastroenterology/patient-care/patient-resources/colonoscopy-frequently-asked-questions/">https://health.uconn.edu/gastroenterology/patient-care/patient-resources/colonoscopy-frequently-asked-questions/</a>

General Guidance				
Medications	When to Hold			
Metformin (Glucophage, Glumetza, Fortamet)				
Sulfonylureas (Glyburide, Glipizide, Glimepiride)				
Thiazolidinediones (Pioglitazone / Actos,	Continue the day before are adver-			
Rosiglitazone / Avandia)				
Glinides (Repaglinide / Prandin, Nateglinide /				
Starlix)	Continue the day before procedure.  Hold on the <b>day of</b> procedure.			
<b>DPP-4 Inhibitors</b> (Sitagliptin / Januvia, Saxagliptin				
/ Onglyza, Linagliptin / Tradjenta, Alogliptin /				
Nesina)				
Alpha-glucosidase Inhibitors (Acarbose / Precose,				
Miglitol / Glyset)				
Phentermine	Hold for <b>7 days</b> prior to procedure.			

SGLT-2 Inhibitors				
Medications	When to Hold			
SGLT-2 Inhibitors: Jardiance (Empagliflozin),				
Farxiga (Dapagliflozin), Invokana (Canagliflozin)	Hold for <b>3 days</b> prior to procedure.			
Combination medications with SGLT-2				
Inhibitors: Glyxambi (Empagliflozin-Linagliptin),				
<b>Qtern</b> (Dapagliflozin-Saxagliptin), <b>Synjardy</b>	riola for <b>3 days</b> prior to procedure.			
(Empagliflozin-Metformin), <i>Invokamet</i>				
(Canagliflozin-Metformin), Xigduo (Dapagliflozin-				
Metformin)				
SGLT-2 Inhibitors: Steglatro (Ertugliflozin)				
Combination medications with SGLT-2	Hold for <b>4 days</b> prior to procedure.			
inhibitors: Steglujan (Ertugliflozin-Sitagliptin)				

GLP-1 Agonists			
Medications	When to Hold		
Exenatide IR (Byetta)			
Liraglutide (Victoza, Saxenda)			
Lixisenatide (Adlyxin)	Taken daily to twice daily. Continue the day		
Pramlintide (Symlin)	before procedure.		
Semaglutide Oral Daily (Rybelsus)	<b>Hold</b> the medication on the <b>day of</b> procedure.		
Insulin Glargine-Lixisenatide (Soliqua)			
Insulin Degludec-Liraglutide (Xyltophy)			
Dulaglutide (Trulicity)	Taken weekly, hold the weekly dose for at least		
Exenatide ER (Bydureon)	7days before the procedure so that you have not		
Semaglutide (Ozempic, Wegovy)	taken it for at least <b>7 days</b> .		
Tirazepatide (Mounjaro, Zepbound)			

For patients taking **insulin**, please see the guidance below:

GUIDANCE FOR PATIENTS TAKING INSULIN				
Insulin Type	DAY BEFORE Procedure	MORNING OF Procedure		
SHORT/RAPID-Acting Insulin (a.k.a.	Take <b>usual doses.</b>	<b>HOLD</b> - Do not take any insulin.		
Bolus)				
E.g. Novolog, Fiasp (Aspart),				
Humalog ( <i>Lispro</i> ), Apidra, Humulin R				
(Regular)				
INTERMEDIATE-Acting Insulin (taken	Take <b>usual doses.</b>	Take <b>50%</b> of the usual morning dose.		
twice daily) E.g. Novolin-N, Humulin-				
N (NPH)				
LONG-Acting Insulin [aka Basal]				
E.g. Lantus or Basaglar (Glargine),				
Levemir (Determir), Tresiba				
(Degludec), Tuojeo (Glargine)				
Taken <b>once daily</b> in the	Take <b>usual morning dose.</b>	Type 1 DM - Take full morning		
MORNING		dose.		
		• Type 2 DM - Take 50% of		
		morning dose.		
Taken once daily in the	Type 1 DM - Take full evening	Do not take any insulin.		
EVENING	dose.			
	Type 2 DM - Take 50% of evening			
	dose.			
Taken TWICE DAILY	Take <b>usual doses.</b>	Type 1 DM - Take full morning		
		dose.		
		• Type 2 DM - Take 50% of		
	_	morning dose.		
If on [Basal only] OR [Basal +	• If takes in the morning →	Type 1 DM - Take full morning		
oral meds] AND	Take <b>usual dose</b> .	dose.		
Basal dose greater than 50 units	• If takes in the <b>evening</b> →	• Type 2 DM - Take 50% of		
	Decrease dose by 50%.	morning dose. <u>AND</u>		
		Hold any oral diabetes meds.		
Pre-Mixed Insulins (e.g. 70/30;	Take usual doses	Type 1 DM – Obtain a plan from		
75/25; 50/50) (taken twice daily)	(last evening dose should be taken	a primary prescriber.		
	before 6 PM and NOT missed).	Type 2 DM - HOLD pre-mixed		
		insulins.		
Insulin Pump* (Must have a clear	Maintain usual meal plan and	HbA1c >7: Maintain basal rate		
plan from a primary endocrinologist	basal rate.	on day of procedure.		
and bring adequate supplies)		HbA1c <7: Decrease basal rate		
		to <b>50%</b> on day of procedure.		

<sup>\*</sup>For **insulin pump** patients, the above guidelines should be **individualized** and they should **receive instructions from their endocrinologist**.