

SUTAB PREP FOR COLONOSCOPY

Fill the prescription for SUTAB at your pharmacy.

DISCARD THE INSTRUCTIONS THAT COME WITH THE TABLETS AND USE THE FOLLOWING INSTRUCTIONS:

Two (2) Days Before Colonoscopy: Avoid ALL whole grain seeds, nuts, corn.

Day Before Colonoscopy: Eat a light breakfast which can include 1-2 slices of white bread toast or a plain bagel with butter or jelly, an egg if you like.

After 10:00 AM: ONLY CLEAR LIQUIDS.....BUT NOTHING RED OR PURPLE.
Clear liquids including broth, Jello, apple or white grape juice; coffee, tea, ginger ale, ice popsicles.
NO SOLID FOOD AFTER BREAKFAST

At 6:00 PM: Begin taking the tablets – 4 tablets every 15 minutes with 8 ounces of clear liquid till you have taken 12 tablets (4 tablets at 6:00 PM; 4 tablets at 6:15 PM; 4 tablets at 6:30 PM).
After finishing 12 tablets, drink another 16 ounces of clear liquid at 7:00 PM; and 16 ounces at 8:00 PM.
You may drink more liquids till you go to bed.

Day Of Colonoscopy: Six (6) hours before your procedure start taking 4 tablets every 15 minutes with 8 ounces of clear liquid till you have taken the second set of 12 tablets.
After finishing 12 tablets, you must drink another two (2) more 16 ounces of clear liquid over the next hour.

YOU MUST FINISH THE FINAL DRINK FOUR (4) HOURS BEFORE YOUR PROCEDURE TIME.
You may take necessary morning medications with sips of liquid.

IF YOU TAKE ANY SOLID FOOD, GUM, MINTS, HARD CANDY OR LIQUIDS AFTER YOUR LAST DRINK, YOUR PROCEDURE WILL BE RESCHEDULED.

MEDICATIONS:

DIABETES: If you take medications for diabetes or to control your blood sugar, call your primary physician for instructions on how to take these medications on the day before your colonoscopy and on the day of the procedure.

BLOOD THINNERS: If you are taking ANY blood thinner other than Aspirin, you need to make an appointment with one of the physicians of Gastrointestinal Associates to discuss how you will coordinate the medication use before and after the procedure. Your GIA physician will make a recommendation about your blood thinner. You will need to speak to the physician who orders this medication for you. If there is a difference in his/her recommendation, you must call our office to advise your GIA physician. If you are on chemotherapy with Avastin, it is critical that your GIA physician be made aware of this.

If you are unable to finish the preparation, please call our office at 267-620-1100.

(Sutab Prep for Colonoscopy 4/22)

GASTROINTESTINAL ASSOCIATES, INC.

WHAT IS COLONOSCOPY?

A flexible tube (colonoscope) is passed through the rectum into the lower intestinal tract. This enables the physician to view the lining of the rectum and all parts of the large intestine. (colon)

1. It is imperative that you **follow instructions given to you by Gastrointestinal Associates, Inc.** There are **restrictions on food and liquid intake. Failure to follow these restrictions could mean the cancellation of your procedure.**
2. **Meridia, Phentermine and Herbal products** must be **stopped two weeks** before the procedure.
3. **Fiber supplements and iron containing products** must be **stopped one week** prior to the procedure.
4. **You may take** blood pressure, heart and/or asthma medication with a sip of water.
5. **Diabetics** – if you are medicine-controlled check with the doctor who prescribes your medications for diabetes.
6. **Transportation** – you must arrange for a driver to accompany you to and from the procedure unit. Failure to have an available driver immediately following your procedure will result in cancellation of your procedure. **THEREFORE, YOUR DRIVER MUST REMAIN IN THE PROCEDURE UNIT WAITING ROOM UNTIL YOU ARE DISCHARGED.** If you are taking a taxi or public transportation, you must have an adult with you. **You cannot drive for 12 hours following your procedure. Therefore, you must have a driver.** Please have your driver available should your procedure time need to be changed.
7. Let us know of any **medication changes** prior to your procedure.
8. Let us know of any **insurance changes** prior to your procedure.
9. **Bring** your insurance cards and make sure that your referral (if required) is in order for the doctor's charge and the facility's charge. **You are responsible for any copays.**

YOUR PROCEDURE IS SCHEDULED AT: GASTROINTESTINAL ENDOSCOPY CENTER

1600 Horizon Drive – Suite 107

Chalfont, PA 18914

Arrive 45 mins. before procedure time

Parking available

PROCEDURE DATE: _____

PROCEDURE TIME: _____

(what is colonoscopy 8/18)