

**SUTAB****Colonoscopy Preparation Instructions**

APPOINTMENT DATE: _____

ARRIVAL TIME: _____

**SUTAB REQUIRES A PRESCRIPTION, WHICH IS INCLUDED IN THIS PACKET.
PLEASE TAKE IT TO YOUR PHARMACY IN ADVANCE, AS SOME INSURANCES REQUIRE PRE-AUTHORIZATION.
FOLLOW THESE INSTRUCTIONS – NOT THOSE ON THE BOX YOU RECEIVE FROM THE PHARMACY!**

Reminders

- **Transportation:** Due to the sedation you will receive, someone at least 18 years of age MUST bring you to your appointment, remain in the waiting area during the entire time of your procedure, and drive you home afterwards. A taxi or bus is NOT an acceptable form of transportation. **Failure to arrange proper transportation may result in your procedure being rescheduled.**
- A thorough cleansing is essential to a successful exam. Please follow these instructions carefully, as **improper preparation may result in your procedure being rescheduled.**
- SUTAB is a split-dose (2-day) regimen. A total of 24 tablets in two doses of 12 tablets each is required for complete colonoscopy preparation. Water must be consumed with each dose of SUTAB, and additional water must be consumed after each dose.
- Contact our office at **(336) 448-2427 (option 6, then option 2)** if you have any questions about your prep or if there are any changes in your medical history between the day of scheduling and the appointment date.
- We require a notice of 2 business days if there is a need for change or cancellation of your procedure.
- Please leave all jewelry and valuables at home, as we do not provide a secure area for these items.

Medications

- Take any necessary medications at least **2 hours before each dose** of SUTAB.
- **Diabetes:** Contact the prescribing physician regarding instructions for injectable diabetic medication the day before and the day of the procedure. **DO NOT TAKE oral** diabetic medication the day of the procedure.
- **Blood Pressure:** **DO NOT SKIP** any doses of your blood pressure medication.
- **Iron:** **STOP** taking iron 5 days before your procedure.
- **Inhalers and Nebulizers:** May be used up to the time of your procedure.
- **Blood Thinners:** Please contact the prescribing physician to make sure it is okay to stop these medications for the recommended number of days prior to your procedure. If you are on a blood thinner that is not listed below, please contact the prescribing physician for instructions. You may remain on aspirin unless otherwise instructed.

Xarelto	24-48 hours	Pletal / Persantine	2 days	Aggrenox / Plavix	5 - 7 days
Eliquis	48 hours	Brilinta / Coumadin / Jantoven	5 days	Effient	7 days

2 Days Before Procedure

- ✓ Eat a well-balanced diet. Avoid nuts, seeds, popcorn, raw fruits and vegetables, and salads.

Day Before Procedure

- ✓ **Begin a clear liquid diet. DO NOT consume anything red in color, dairy products, or alcohol.**
Clear liquids may include water, soft drinks, coffee or tea without cream, popsicles, broth/bouillon, Jell-O, non-pulpy juice, etc.
- ✓ **At 4:00pm**, complete the following steps:
 - 1) Open 1 bottle of 12 tablets.
 - 2) Fill the provided container with 16 ounces of water (to the fill line).
 - 3) Swallow each tablet with a sip of water, drinking the entire amount of water over a 15–20-minute time period.
If you experience nausea, bloating or cramping, pause or slow drinking the additional water until your symptoms go away.
 - 4) Approximately 1 hour after you take the last tablet, fill the provided container again with 16 ounces of water (to the fill line) and drink the entire amount.
 - 5) Approximately 15-20 minutes after finishing the second container of water, refill the provided container with another 16 ounces of water (to the fill line) and drink the entire amount.

Day of Procedure

- ✓ Continue a clear liquid diet.
- ✓ **6 hours prior to arrival time:** Repeat **steps 1-5** (shown above) with the second bottle of tablets.
- ✓ **4 hours prior to arrival time:** You must be finished with all SUTAB tablets and your final glass of water.

ABSOLUTELY NOTHING ELSE BY MOUTH AFTER THIS TIME!