

Colonoscopy Bowel Preparation Instructions

Split Dose - SUTAB Prep Tablets

Elmhurst Clinic Gastroenterology

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- Your appointment is on: (*day of the week*) _____ (*date*) _____ (*arrival time*) _____ a.m/p.m
- You are scheduled to have your test done at (CHECK ONE):
 - Elmhurst Memorial Hospital: 155 E. Brush Hill Road. Park in Green Lot, East Entrance. 2nd floor Endoscopy registration desk.
 - North Elmhurst Location: 755 N. York St. Park in main entrance, and register at front desk.
 - Elmhurst Outpatient Surgery Center/Center for Health: 1200 South York Rd. Park in Purple Lot. Go to 1st floor registration desk. **If you do not receive your arrival time the day before your procedure by 3PM, please call the Center for Health directly at 630.758.8888.**

NOTE: It is the patient's responsibility to check with the insurance company to see if pre-certification is required, as well as for any questions regarding benefits, & out-of-pocket costs.

Procedure Code(s): _____ Diagnosis Code(s): _____

****READ ALL OF THESE INSTRUCTIONS SEVERAL DAYS BEFORE YOUR SCHEDULED TEST DATE****

TWO DAYS BEFORE THE COLONOSCOPY

1. Pick up your prescription prep at your pharmacy. Call your pharmacy for pick up time and cost.
2. Recommended diet: meats, fish, breads, pasta, cereal, oatmeal, rice, mashed potatoes, bananas, applesauce, eggs, and canned peaches/pears.
3. **DO NOT EAT:** fruits and vegetables, corn, nuts, seeds and popcorn.

ONE DAY BEFORE THE COLONOSCOPY

1. You may have a light breakfast (banana, eggs OR toast).
2. **FOR LUNCH & DINNER, ONLY DRINK CLEAR LIQUIDS** (See below).
3. **DO NOT TAKE:** Any oral medications within 1 hour of starting SUTAB. If you are taking, tetracycline, fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB.
4. **BOWEL PREP:** Complete **FIRST DOSE/FIRST HALF** of the SUTAB bowel prep tablets
START SUTAB PREP TABLETS AT: 5:00 PM. Complete no later than by 8PM.
 - **Step 1: Open 1 bottle of 12 tablets (first bottle of SUTAB)**
 - **Step 2: Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount of water over 15-20 minutes.**
 - **Step 3: One (1) hour after the last tablet was ingested, drink another 16 ounces of water over 30 minutes.**
 - **Step 4: Thirty (30) minutes later, drink another 16 ounces of water over 30 minutes.**
 - **At 9:00PM:** Take 2 simethicone anti-gas chewables or soft gels (such as Gas-X, Mylanta Gas, Maalox Anti-Gas, or similar products) with 8 ounces of clear liquid. The simethicone medication reduces bubble formation in your colon and improves exam quality.
5. If you feel nauseated or bloated when drinking, take a short break and walk around to help the liquid pass through your intestines. Make a conscious effort to stay hydrated before, during, and after the preparation.

DAY OF COLONOSCOPY:

1. **NOTHING TO EAT!**
2. **BOWEL PREP:** Complete **SECOND DOSE/SECOND HALF** of the SUTAB bowel prep tablets.
 - **START SUTAB PREP TABLETS (6 Hours Prior to procedure time) AT:** _____ .
 - **FINISH PREP (3 Hours Prior to procedure time) BY:** _____
 - **Repeat Steps 1-4 as per above with the second bottle of SUTAB (12 tablets).**
3. Stool must be liquid and clear without solid material in order to proceed with a successful colonoscopy.
4. You may have **CLEAR LIQUIDS** up to 3 hours before arrival. **If you fail to keep your stomach empty for three hours, your procedure may be CANCELLED.**

MEDICATIONS: Ok to take your usual medications, including aspirin.

- DO NOT TAKE:** ACE Inhibitors and Angiotensin II Receptor Blockers (ARBs) night before and/or day of procedure:

Some Medication Exceptions:

- i. If you have diabetes, do not take your usual dose of insulin and oral diabetes medications; check with your primary care doctor regarding these medications. Bring your insulin with you to the exam.
- ii. If you are taking blood thinners (anti-coagulants or anti-platelet agents), talk to your gastroenterologist about these medications - they **may** need to be held for up to **5 days before your procedure**.
- iii. **DO NOT TAKE:** Iron pills, herbal supplements, or diet medications (i.e. Phentermine/Vyvanse) for **7 days before exam**.
- iv. **DO NOT TAKE:** Any form of alcohol, recreational drugs and any forms of Erectile Dysfunction medications **24 hours prior to procedure**.

TRANSPORTATION:

Make arrangements to have someone drive you home after the procedure. You **CANNOT** use public transportation (Uber, Lyft, Taxi). The procedure(s) involves sedation, and you will not be allowed to leave unaccompanied **NO EXCEPTIONS: YOUR PROCEDURE WILL NOT BE PERFORMED.**

WHAT TO WEAR:

Wear casual clothes. Please leave jewelry and valuables at home. You may wear your dentures and eyeglasses, however these will be removed prior to the procedure. Please let the staff know that you are wearing dentures before the procedure.

WHAT TO BRING:

A picture ID, proof of insurance, list of your medications and allergies, and your referral form (if your insurance requires it).

Questions? If you have any questions, please do not hesitate to call us at 331-221-9003.

****To cancel or reschedule, please contact the office AT LEAST 5 Business days prior to your scheduled procedure at (331)-221-9003. ****

Additional Instructions: _____

CLEAR LIQUID DIET

A clear liquid diet consists of most liquids you can easily see through like water, broth and plain gelatin. These are liquid at body temperature, easily digested and leave no residue in your intestinal tract.

NOT ACCEPTABLE:

NOTHING RED, BLUE , OR PURPLE IN COLOR!	Solid food	Milk or any dairy products	Tomato/Fruit juices with pulp	Alcohol
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CLEAR LIQUIDS ALLOWED:

Lemon-Lime Soda/ Sprite/ 7Up/Ginger-Ale/Club Soda	Water	Chicken/Vegetable soup BROTH	Jell-O	Italian Ice/Popsicles
Gatorade/Propel/Powerade	Black Coffee (no milk/cream)	Lemonade, Apple Juice, White Grape Juice	Tea	Hard Candy