

Colonoscopy Bowel Preparation Instructions☐ **SUTAB Prep Tablets - SPLIT Dose**

Online Instructions go to:

www.eehealth.org/services/gastrointestinal/patient-instructions/**Endeavor Health Gastroenterology**

Christopher A. Boutin, MD

Atena Lodhi, MD

Michael Greenspan, MD

Patrick J. Lynch, MD

Jason Kramer, MD

S. Dharan Kumar, MD

Shubha Singh, MD

Karen Ma, MD

George Stathopoulos, MD

Allison Rzepczynski, MD

- **Your appointment is on:** (day of the week) _____ (date) _____ (arrival time) _____ a.m/p.m
- You are scheduled to have your test done at:
 - ☐ **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.
 - **If you do not receive your arrival time the day before your procedure by 5PM, please call 331-221-1167.**
 - ☐ **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.**
 - ***If your procedure is scheduled at Elmhurst Outpatient Surgery Center, your transportation will need to remain at the facility for the entire duration of the procedure. If your ride is unable to stay on-site, there is a risk that your appointment may be canceled.***

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****

STARTING FIVE DAYS BEFORE THE COLONOSCOPY:

1. Pick up your prescription prep from your pharmacy. Call your pharmacy directly for pick up time and cost.
2. Pick up a small pack of simethicone tablets (anti-gas chewable or soft gels such as Gas-X, Mylanta Gas, Maalox Anti-Gas, or similar products). This is over the counter/no prescription required.
3. Recommended diet: meats, fish, breads, pasta, cereal, rice, mashed potatoes, bananas, applesauce, eggs, and canned peaches/pears.
4. **DO NOT EAT: fruits and vegetables, corn, nuts, seeds and popcorn.**

ONE DAY BEFORE THE COLONOSCOPY:

1. **YOU MAY HAVE BREAKFAST BEFORE 10 AM** (apple sauce, eggs, OR a piece of toast - no nuts or seeds).
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 HALF** of the SUTAB bowel prep tablets
START SUTAB PREP TABLETS AT: 5:00 PM. Complete no later than 8:00PM.
 - **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 for 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 chewable 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.
 - **If you feel nauseated or bloated when drinking, take a short break and walk around to help the liquid pass through your intestines.**

DAY OF COLONOSCOPY:

1. **NOTHING TO EAT!**
2. **BOWEL PREP:** Complete **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 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.**

TRANSPORTATION

Plan to have someone drive you home after the procedure. You CANNOT use public transportation (Uber, Lyft, Taxi, etc.). The procedure involves sedation, and you will not be allowed to leave unaccompanied.

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.

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/RESCHEDULING

If you have any questions, please do not hesitate to call us at 331-221-9003. To cancel or reschedule, contact the office at least 7 business days prior to your scheduled procedure.

MEDICATIONS **OK TO TAKE** BEFORE THE PROCEDURE:

- You may take your medications as directed, unless advised otherwise (see below).
- Statins & Seizure medications
- Beta Blockers

MEDICATIONS TO **STOP** BEFORE PROCEDURE:

- ACE inhibitors, Angiotensin II receptor blockers (ARBs) & Combination Drugs that contain ARBs: Discontinue the **night before OR the day of procedure**.
- Iron (ferrous sulfate/ ferrous gluconate), Herbal Supplements & Multivitamins: Discontinue 2 weeks prior to procedure.
- Ozempic, Wegovy, Mounjaro, Trulicity, Rybelsus, Victoza, Saxenda: Discontinue 1 week prior to procedure.
- Jardiance, Invokana, Farxiga, Steglatro, Brenzavvy: Discontinue 4 days prior to the procedure.
- **ANOREXIANTS** (weight loss medication - i.e., **Phentermine/Vyvanse**): Discontinue 7 days prior to the procedure.
- **ADHD Medications**: Discontinue the day of procedure.
- **Diuretics**: Discontinue the day of procedure.
- **DO NOT TAKE**: Any form of erectile dysfunction medication for 3 days prior to the procedure *unless* taken for *Pulmonary Hypertension or Prostatic Hyperplasia*.
- **DO NOT TAKE**: Any form of alcohol and recreational drugs for 24 hours prior to the procedure.

PATIENTS ON BLOOD THINNERS (ANTICOAGULANTS)

- Please confirm with your cardiologist that you can hold your blood thinner per our recommendations provided. Please also contact your cardiologist for clearance to proceed with the endoscopic procedure.
- This should be done **at least 4 weeks in advance**, as some medications will need to be **held 5 days** prior to your procedure.
- If you forget to stop your blood thinner or not cleared by cardiology, **your procedure will be canceled.**

PATIENTS ON DIABETIC MEDICATIONS (ORAL/INJECTIONS)

- **HOLD** all oral diabetic medications the **day before** and **day of procedure**.
- **IF YOU TAKE INSULIN**:
 - Please contact your endocrinologist &/or prescribing provider for insulin adjustment orders prior to your endoscopic procedure.

***Failure to contact your providers and make the necessary adjustments to your medications prior to your scheduled procedure date may result in the cancellation of your procedure*.**

- Additional Instructions:
-

CLEAR LIQUID DIET

<u>NOT ACCEPTABLE</u>	<u>ACCEPTABLE/ALLOWED</u>
<ul style="list-style-type: none">• SOLID FOOD• ANYTHING RED, BLUE, PURPLE• DAIRY/MILK PRODUCTS/HONEY• ALCOHOL• TOMATO JUICE OR ANY FRUIT JUICE WITH PULP	<ul style="list-style-type: none">• LEMON-LIME SODA (SPRITE, GINGER-ALE, 7UP, CLUB SODA)• BROTH (VEGETABLE, CHICKEN, BEEF→ LIQUID ONLY, NO SOLID FOOD!), WATER• BLACK COFFEE/TEA (NO CREAMERS, DAIRY/MILK, HONEY)• APPLE JUICE, WHITE GRAPE JUICE, LEMONADE• POPSCILES, ITALIAN ICE (NOT RED, BLUE, PURPLE)• JELL-O (NOT RED, BLUE, PURPLE OR MILK-BASED)• GATORADE, PROPEL, POWER-ADE (NOT RED, BLUE, PURPLE)