

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

On-line Instructions go to:

[www.eehealth.org/services/gastrointestinal/patient-instructions/](http://www.eehealth.org/services/gastrointestinal/patient-instructions/)**Endeavor Health 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:
  - Elmhurst Memorial Hospital:** 155 E. Brush Hill Road. Park in Green Lot, East Entrance. 2<sup>nd</sup> 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 1<sup>st</sup> 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\*\***

**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.**

**TRANSPORTATION**

Plan 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 **CANNOT** be performed if you do not have a driver/adult to escort you home.

**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).

**MEDICATION(S) → OK TO TAKE BEFORE THE PROCEDURE:**

- Aspirin
- Statins & Seizure medications → OK to continue
- BETA BLOCKERS → OK to continue
- ACE INHIBITORS, ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) & COMBINATION DRUGS THAT CONTAIN AN ARB → OK to continue

**MEDICATION(S) TO HOLD → DO NOT TAKE BEFORE PROCEDURE (READ BELOW):**

- Iron (ferrous sulfate/ ferrous gluconate), Herbal Supplements & Multivitamins - **HOLD 7 days (1 WEEK) prior to the procedure.**
- Ozempic, Wegovy, Mounjaro, Trulicity, Rybelsus, Victoza – **HOLD 7 DAYS (1 WEEK) prior to the procedure.**
- Jardiance, Invokana, Farxiga, Steglatro, Brenzavvy - **HOLD 4 DAYS (96 hours) prior to the procedure.**
- **ANOREXIANTS (Weight Loss Medication - i.e., Phentermine/Vyvanse) - HOLD 7 days (1 WEEK) prior to the procedure.**
- **DO NOT TAKE:** Any form of **Erectile Dysfunction** medications for **3 days (72 hours) prior to the procedure UNLESS prescribed for Pulmonary Hypertension.**
- **DO NOT TAKE:** Any form of alcohol and recreational drugs **1 DAY (24 hours) prior to the procedure.**

**PATIENTS ON BLOOD THINNERS (ANTICOAGULANTS)**

- **YOU** are responsible for contacting your **cardiologist** or **prescribing provider**, regarding recommendations on holding these therapies prior to your scheduled procedure.
- This should be done **at least 2 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, your procedure WILL be cancelled and rescheduled\*.**

**PATIENTS ON DIABETIC MEDICATIONS (ORAL/INJECTIONS)**

- **HOLD ORAL** diabetic medication(s) the **DAY BEFORE** and **DAY OF** procedure **OR** per MD discretion. **\*\*This will be reviewed with you when scheduling procedure\*\*!**
- **IF YOU TAKE INSULIN**
  - **YOU** will need to contact your **endocrinologist** or **prescribing provider**, prior to your scheduled procedure for recommendations on adjustments to these therapies during the bowel prep process and the day of your procedure.
  - This should be done **at least TWO WEEKS in advance.**
  - Bring your insulin with you to the exam.
- **Adjustments to these therapies are to ensure your safety during the bowel prep process and 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**

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

**\*\*Diabetic Patients:** Check your blood glucose level before all meals and at bedtime on the preparation day and on the day of the procedure. If at any time you have symptoms of low blood glucose or very high blood glucose, please call your endocrinologist or primary care physician immediately for further recommendations. Bring your blood glucose meter, test strips, and a low blood glucose treatment with you on the day of the procedure.