

Colonoscopy Instructions: Sutab

Time	Instructions	
<u>7 Days Before</u>	<ul style="list-style-type: none"> • Stop all fiber supplements & medications containing iron, including multivitamins and Omega 3 • Stop taking Motrin, Advil & Aleve; decrease Aspirin to 81mg daily • Be sure to drink 6-8 cups (8oz) of water each day leading up to your procedure • Be sure to have someone ready to pick you up after the procedure • Make sure you have your preparation medication (Sutab) by this time 	
<u>3 Days Before</u>	<u>Avoid High Fiber Foods including:</u> <ul style="list-style-type: none"> • Raw Fruits & Vegetables • Whole Wheat Bread/ Crackers • Seeds • Nuts • Popcorn, Bran • Quinoa • Corn 	<u>Begin a Low Fiber Diet such as:</u> <ul style="list-style-type: none"> • White Bread & Rice • Eggs • White Meat (Turkey, Chicken) • Fish • Cheese • Yogurt • Milk • Cooked Vegetables
<u>24 Hours Before</u>	<ul style="list-style-type: none"> • <u>NO solid foods, only clear liquids including:</u> <ul style="list-style-type: none"> • Water • Apple, White Grape, & White Cranberry juices without pulp • Clear soup Broth • Tea or Coffee (No milk, cream) • Gatorade / Powerade (NO red, orange, or purple colors) • Jell-O (NO red, orange, or purple colors) • Popsicles or Sorbet (NO red, orange, or purple colors) • No Alcohol 	

<u>Important</u>	
If you are taking any of these medications, please contact your medical specialist (i.e. Cardiologist) and inform your gastroenterologist if you will be staying on these medications ASAP.	<ul style="list-style-type: none"> • Heparin, Lovenox, Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Edoxaban (Lixiana, Savaysa), Betrixaban (Bevyxxa), Clopidigrel (Plavix), Prasugrel (Effient), Dabigatran (Pradaxa), Bivalirudin (Angiomax), Argatroban (Argatra, Novastan, Arganova, Exembol), Brilinta (Ticagrelor) and Desirudin (Iprivask, Revasc).
If you are diabetic	<ul style="list-style-type: none"> • Contact your Primary care doctor right away for instructions regarding your medications
If you are taking blood pressure medication	<ul style="list-style-type: none"> • DO NOT skip your blood pressure medication including the day before and day of your procedure
Please arrive at least 1 hour prior to your appointment time	
Female patients of childbearing age will be required to submit a urine sample for a pregnancy test upon arrival	

311 E 79 th St.	16 E 52 nd St.	68 E 86 th St.	1150 Fifth Ave.	300 Cadman Plaza	620 Columbus Ave.
212-996-6633	212-826-3903	212-535-1845	212-369-2490	718-280-0020	212-721-2600

Preparation Instructions: Sutab

Time	Instructions
<u>24 Hours Before</u>	<ul style="list-style-type: none"> • <u>NO</u> solid foods, <u>only</u> clear liquids including: <ul style="list-style-type: none"> • Water • Apple, White Grape, & White Cranberry juices without pulp • Clear soup Broth • Tea or Coffee (No milk, cream) • Gatorade / Powerade (<u>NO</u> red, orange, or purple colors) • Jell-O (<u>NO</u> red, orange, or purple colors) • Popsicles or Sorbet (<u>NO</u> red, orange, or purple colors) • No Alcohol
<u>Bottle #1</u> Start at 5pm night before procedure	<ul style="list-style-type: none"> • Open 1 of the bottles containing 12 tablets. • Fill the provided container with 16 ounces of water (up to the fill line) • Swallow each tablet with a sip of water every 5 minutes and drink the entire amount of water over 1 hour. • Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. • Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
<u>Bottle #2</u> Taken 6 hours prior to procedure time	<ul style="list-style-type: none"> • Open the second bottle containing 12 tablets. • Fill the provided container with 16 ounces of water (up to the fill line). • Swallow each tablet with a sip of water every 5 minutes and drink the entire amount of water over 1 hour. • Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. • Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. • Complete all Sutab tablets and required water at least 3 hours before the procedure
<u>3 Hours before</u>	<ul style="list-style-type: none"> • Nothing to eat or drink (other than essential medications) 3 hours before procedure

Important

If you experience nausea, bloating or vomiting, try drinking the solution more slowly or cooling the liquid on ice.

Note: Individual responses to laxatives do vary; this prep may cause multiple bowel movements. This prep often works within 30 minutes, but it may take as long as 4-6 hours.

Someone must accompany you and take you home after the procedure. Do not drive for 8 hours after your procedure.

If you have any questions, please feel free to call your doctor's office. Our phone numbers are listed above, and we will be happy to help you.

Please notify our office as soon as possible if you need to cancel your procedure. You will be charged a cancellation fee of \$250.00 if the procedure is not cancelled at least 48hrs before your scheduled procedure time.