Colonoscopy Prep using SUTAB

Name: _____ DOB: _____

SUTAB RX

- Your SUTAB RX will be sent to your pharmacy.

STARTING 5 DAYS BEFORE YOUR COLONOSCOPY:

- No seedy foods- nuts, popcorn, seeds (flax, sunflower, and quinoa), multigrain bread, fresh and dried fruit, seedy vegetables (like tomatoes, cucumbers, squash, peppers)
- No medicines that stop diarrhea—no iron or fiber supplements
- Blood thinners like *Plavix®, Brilinta®, Effient®,* Warfarin, *Pradaxa®, Eliquis®, Xarelto®,* may have to be stopped. Are you on a blood thinner? Yes _____ No ____

THE DAY BEFORE YOUR COLONOSCOPY:

- You may have a low residue breakfast. Low residue food includes eggs, white bread, cottage cheese, yogurt, grits, coffee, and tea.
- **AFTER BREAKFAST, YOU ARE TO HAVE A CLEAR LIQUID DIET ALL DAY**

PLEASE NOTHING RED, PURPLE, OR WITH PULP

Drinks -Gatorade, Powerade, Sports drinks are encouraged for their electrolytes.
-Black coffee or tea, plain with **NO cream or milk.** Any flavor soda or soft drink
-Any flavor clear juice such as white grape juice or apple juice
-Boost, Ensure, Glucerna (not plus or high fiber): Up to 2, NONE on procedure day

Desserts -Gelatin, Jell-O, Slurpee, and popsicles. NO red or purple, NO sherbets, NO smoothies

Soups -Clear broth which can be canned, home-made, or bouillon.

Sweets -Hard candy such as mints, lifesavers, and gum

Diabetic medications **will** need to be adjusted per diabetic protocol.

- Do not drink alcohol.
- Do not take other laxatives while taking SUTAB
- **Do not take oral medication within 1 hour of starting each dose of SUTAB.**
- If taking tetracycline or 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.

TAKING THE PREP THE DAY BEFORE THE PROCEDURE: 1st Dose:
TAKE THE TABLETS WITH WATER

- Step 1: Open 1 bottle of 12 tablets
- Step 2: Fill the provided container with 16 oz of water (up to the fill line). Swallow each tablet with a sip of water, and drink the entire amount of water over 15 to 20 mins.
- Step 3: Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 oz of water (up to the fill line), and drink the entire amount over 30 mins.
- Step 4: Approximately 30 mins after finishing the second container of water, fill the provided container with 16 oz of water (up to the fill line), and drink the entire amount over 30 mins.

TAKING THE PREP THE DAY OF THE PROCEDURE: 2ND Dose:
TAKE THE TABLETS WITH WATER

- Step 1: The morning of the colonoscopy (5 to 8 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1), open the second bottle of 12 tablets.
- Repeat Step 1 to Step 4 from Dose 1.

Tel: 757.942.2566 • Fax: 855.313.1070
3910 Bridge Rd, Suite 101, Suffolk, VA 23435
2790 Godwin Blvd, Suite 205, Suffolk, VA 23434
www.VirginiaGastro.com

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YOU MUST COMPLETE ALL SUTAB TABLETS AND REQUIRED WATER AT LEAST 3 HOURS BEFORE COLONOSCOPY!

Date and Time of Your Procedure:

_____

Arrival Time to Procedure Location:

_____

Location of Procedure:

☐ **Sentara Obici Hospital**
2800 Godwin Blvd, Suffolk, VA 23434
Second floor of main hospital building

☐ **BelleHarbour Medical Building**
3910 Bridge Rd Suite 101, Suffolk, VA 23435
First floor, side entrance facing Bridge Rd

Important Transportation Note

_____ Patients CANNOT drive a vehicle for the remainder of the day after having a colonoscopy. Please be sure to bring a responsible adult with you to drive you home after the procedure. Someone must stay with you overnight after the procedure.

Procedure Cancellation and No-Show Policy

_____ Our office must be notified of all procedure cancellations at least two business days prior to the procedure. Appointments cancelled within 48 business hours of the procedure time or a missed appointment will be subject to a **$100** no-show fee. To cancel a procedure, please call our office.

_____ You must confirm your procedure a week prior. If we do not have a confirmation, your procedure may be cancelled.

Billing Notice

_____ If polyps are removed or biopsies are taken during a **screening** colonoscopy, the colonoscopy becomes **diagnostic** per most health insurance companies. Your copay for a preventive exam is affected by this insurance company policy, as you would have a higher copay.

By signing below, I acknowledge that I have read and understood the information provided on this form. I understand that I am responsible for adhering to the preparation and all policies listed above, which were reviewed with me by _____.

PATIENT NAME: _____ DOB: _____

PATIENT SIGNATURE: _____ DATE: _____

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