


Colonoscopy Preparation Instructions for SUTAB
Spokane Digestive Disease Center, P.S.

Appointment Date: _____ **Check-in Time:** _____ **Procedure Time:** _____

7 Days Prior	3 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
<p>Stop Blood Thinners such as: Clopidogrel (Plavix), Aggrenox, Ticlid.</p> <p>Stop Iron supplements.</p> <p>Stop Fiber supplements and foods with skins, seeds or nuts. Tomatoes, cucumbers, corn, popcorn, wheat breads, berries, poppy or chia seeds and nuts.</p> <p>Arrange a ride. You will be sedated for your exam and must have a driver to take you home or the exam will be cancelled. Taxi or public transportation is not acceptable.</p> <p>On your procedure day, you will not be able to work, sign important papers, drive, operate equipment, drink alcohol or take sedatives for the remainder of that day.</p> <p>No out of town travel to a remote area or on a cruise ship for 1 week if polyps are removed.</p>	<p>Carefully review the upcoming prep instructions for the next 2 days.</p> <p>Purchase SUTAB at the pharmacy.</p> <p>Stop - Blood thinners such as: Coumadin, Warfarin, Pradaxa, Eliquis.</p> <p>Stop - Anti-inflammatory medications: Motrin, Advil and Ibuprofen. You may take Tylenol.</p> <p>Stop - Aspirin only if you are taking it for arthritis or as a general recommendation.</p> <p>Do NOT stop Aspirin if you have a history of heart disease, TIA, stroke or blood clots.</p> <hr/> <p>Appointments that are not cancelled or rescheduled 3 business days in advance will be subject to an administrative fee of \$100.00.</p>	<p>Drink eight glasses of clear liquids throughout the day to stay hydrated.</p> <p>If you are Diabetic you may need to adjust your medication prior to the procedure. Check with your Primary Care Provider.</p> <hr/> <p align="center">Confirm your ride</p> <div align="center" data-bbox="919 868 1138 1024">  </div> <hr/> <p>Failure to follow the instructions correctly may result in cancellation of your procedure.</p> <p>If you are unable to keep any of the prep down please call: <u>(509) 838-5950</u></p>	<p align="center">Clear Liquid Diet (See handout)</p> <p align="center">NO SOLID FOODS</p> <p align="center">5:00 – 7:00 PM Begin the SUTAB prep.</p> <p>1.) Open 1 bottle of 12 SUTABS and fill the provided container with 16oz. of water (up to fill line).</p> <p>2.) Swallow each tablet individually with a sip of water and drink the entire amount of water over the next 15 - 20 minutes.</p> <p>3.) Approximately 1 hour after the last tablet is swallowed, fill the container with 16oz. of water and drink the entire amount over 30 minutes.</p> <p>4.) Approximately 30 minutes after finishing the second container of water, refill the container with another 16oz. of water and drink the entire amount over 30 minutes</p> <p>If you feel full, become nauseated or vomit, you can take a 15-20 minute break and then resume taking the prep. Continue to drink other clear liquids.</p>	<p>Take your regularly scheduled heart, blood pressure or seizure medications.</p> <p>At _____ begin 2nd dose of SUTAB prep. Repeat steps #1-#4 as done with the first dose.</p> <p>The final results should be clear yellow or green resembling chicken broth or lemonade with no solid stool.</p> <p>Continue to drink clear liquids until _____.</p> <p>No chewing tobacco 6 hours prior to your procedure.</p> <p>Nothing by mouth 4 hours prior to your procedure time.</p> <p>Be sure to bring:</p> <ul style="list-style-type: none"> ✓ Co-pay/Deductable ✓ Insurance Card ✓ ID/Driver License ✓ List of your current medications ✓ Asthma Inhalers <p>Leave valuables at home!</p> <p>Your DRIVER will need to sign you out of the facility and must be available in our waiting area during and upon completion of your procedure. 12/20</p>