# WEST CHESTER G.I. ASSOCIATES Procedure Date: / /

## Performing Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival Time

**AM Bowel Preparation with SuTab**

* **You must be accompanied by a friend or relative to drive and assist you home. We WILL NOT discharge you** to a cab, bus, uber or other transportation service **without** a responsible party with you. You may not drive until the day after your procedure.

# Special Instructions Regarding Medications

* If you are on an **anticoagulant/blood thinner** our nurse will contact you with instructions after contacting your prescribing physician. If you have not heard from the nurse 1 week prior to your procedure please contact our office.
* **Do Not** take **Iron supplements** for **one week prior** to the procedure date. Multivitamins are OK.

## Diabetic patients:

* **Do Not** take **Water Pill/Diuretic** (Lasix **(**furosemide), HCTZ (Hydrochlorothiazide),Dyazide, Diovan HCT, Spironolactone)**, on** the **day of the procedure**
* **Heart/Blood Pressure/Thyroid/Seizure/Anxiety Medications can** be taken **on the day of the procedure** with a sip of water.
* **Stop Effexor one day before** the procedure **(**if applicable)
* **Asthmatic patients** should bring their **INHALERS** with them on the day of the procedure
* **Do not use Cannibis 12 hours prior to procedure**
* **All Facial piercings MUST be removed prior to procedure.**

# THE DAY BEFORE YOUR PROCEDURE

**IMPORTANT NOTE: follow the instructions below, NOT** the instructions on the prep’s packaging

If you experience preparation-related symptoms (for ex: nausea, bloating or cramping), pause or slow

The rate of drinking the additional water until your symptoms diminish

## DO NOT EAT ANY SOLID FOODS. YOU MAY ONLY HAVE CLEAR LIQUIDS

* + Take all of your normal prescription medications, **unless advised otherwise**.
  + **At 4 pm -** □ yes □ no Take 2 Dulcolax (Bisacodyl) Laxative tablets with water **2** hours before first dose of prep
  + **At 6 pm –** Open 1 bottle of 12 SuTab tablets. Fill provided container with 16 oz of **Water**

Swallow 1 tablet every 1 to 2 minutes. You should finish the 12 tablets and the entire 16 oz of water

Within 20 minutes.

● Approximately one (1) hour after the last tablet is ingested, fill the container with 16 oz of Water and drink the

Entire amount over 30 minutes.

● Approximately 30 minutes after finishing the second container of water, fill the container again with 16 oz water

And drink the entire amount over 30 minutes.

# DAY OF YOUR PROCEDURE

* + **At 12 am Midnight –** Open 1 bottle of 12 SuTab tablets. Fill provided container with 16 oz of **Water**

Swallow 1 tablet every 1 to 2 minutes. You should finish the 12 tablets and the entire

16 oz of water within 20 minutes.

● Approximately one (1) hour after the last tablet is ingested, fill the container with 16 oz of Water and drink the

Entire amount over 30 minutes.

● Approximately 30 minutes after finishing the second container of water, fill the container again with 16 oz water

And drink the entire amount over 30 minutes.

**All prep and clear liquids MUST be completed by 2:30 am. No additional liquids, hard candy, chewing gum after 2:30 am.**

General or reschedule questions call 610-431-3122

SuTab AM Instructions.doc 2/6/23