



Colonoscopy Sutab Instructions

PATIENT NAME: _____ DOB: _____

PHYSICIAN: _____

PROCEDURE DATE: _____ ARRIVAL TIME: _____

LOCATION:

- MAIN LINE ENDOSCOPY BROOMALL: MAIN LINE HEALTH BUILDING, SOUTH ENTRANCE,
1991 SPROUL ROAD, SUITE 240, BROOMALL
- MAIN LINE ENDOSCOPY MALVERN: 700 Steel Lane, Suite 100, MALVERN
- LANKENAU GI LAB: 100 E. LANCASTER AVE, APC MAIN ENTRANCE, WYNNEWOOD
- RIDDLE HOSPITAL SPU: OUTPATIENT PAVILLION, 2ND FLOOR, MEDIA
- PAOLI HOSPITAL SPU – 255 W. LANCASTER AVE., ENDOSCOPY SUITE, PAOLI

YOUR MEDICATION INSTRUCTIONS: _____ Initial here

- Stop** taking medications with **Iron** 5 days prior to the procedure.
- Stop** taking **Fish Oil** supplements 3 days prior to the procedure.
- Continue all prescribed medications unless otherwise instructed, including aspirin and Plavix.
- Blood thinning medications may need to be stopped prior to your procedure.** Our office staff will be reaching out to your prescribing physician to request permission to stop your medication. If you do not hear from our office with instructions on how to take your blood thinning medications 10 days prior to your procedure, please call the office at 610-644-6755.
- Take your medications 4 hours before your scheduled procedure with a sip of water. If you are not able to take them 4 hours before your procedure, please wait until after your procedure.
- Do not drink any fluid within 4 hours of your procedure or it may be rescheduled. Sips of water for medications mentioned above are allowed.***
- Diabetics:** If you have diabetes, check with your physician to see if changes are needed. **Do not take your usual diabetic medications the morning of your procedure.** Check your blood sugar before arrival. Call the office 610-644-6755 if your blood sugar is 70 or below. Notify the staff immediately upon arrival as well.
- If you're taking or plan on starting a **GLP-1 or SGLT-2** medication, please inform the office as these medications will need to be held. Not informing the office could result in the cancellation of your procedure.
- Do not smoke the day of the procedure.**
- Stop all Cannabis use as follows:**
 - Smoked Cannabis- Stop 12 hours prior**
 - Vaporized Cannabis- Stop 12 hours prior**
 - Ingested Cannabis- Stop 8 hours prior**

CBD oil ingested- Stop 8 hours prior

SPECIAL MEDICATION INSTRUCTIONS:

What is a Colonoscopy?

A colonoscopy is a test that allows the physician to examine the lining of the large intestine with a thin flexible instrument. Polyps, or small growths, can be removed to prevent colon cancer. Biopsies can be taken to diagnose other diseases.

An intravenous (IV) catheter will be inserted into a *vein* in your arm to provide hydration and medication to keep you asleep during your procedure.

You will receive nasal oxygen. We will monitor your heart rate, blood pressure and blood oxygen level throughout the procedure.

Air or carbon dioxide and water will be placed into your colon during the exam. It is normal to expel these after the procedure.

You will rest in the recovery room after the procedure until you can tolerate liquids, walk unassisted, and have stable vital signs.

THE ENTIRE PROCESS TAKES ABOUT 2 HOURS.

If the start of your procedure is delayed, we will do our best to keep you informed. Rest assured that during your colonoscopy you will receive the highest quality care. In the event of a medical need, you may require hospital admission.

IMPORTANT

72 HOURS NOTICE IS REQUIRED FOR CANCELLATION.

IF YOU CANCEL LESS THAN 72 HOURS BEFORE YOUR PROCEDURE, YOU WILL BE CONSIDERED A “NO SHOW” AND MAY BE CHARGED A \$50 FEE.

THIS FEE IS NOT COVERED BY INSURANCE.

To Prepare for your Procedure

You will receive anesthesia during the procedure. Anesthesia can make you dizzy, forgetful and or sleepy therefore:

- A responsible adult, 18 years or older, must drive and/or escort you to and from your procedure.
- Bus, taxi, shuttle, or Uber/Lyft drivers **CANNOT** be your responsible driver.
- If you do not have a responsible adult to drive and/or escort you home, your procedure will be rescheduled.

❑ **Obtain Prep from Pharmacy:**

❑ **General Instructions:**

- Please notify office of any change in medical history. Example: chest pains, shortness of breath, arrhythmias, or recent hospitalizations
- Must have a ride to accompany you home, you cannot drive after sedation.
- You will receive text messages/emails to complete paperwork for MLEC/USDH. These will need to be completed electronically prior to your arrival for your procedure.
- Wear comfortable clothes. You may feel bloated after the procedure.
- Leave valuables at home or with the adult accompanying you.
- Remove all jewelry, including body piercings.

❑ **DO NOT:**

Do not eat any of the following foods 2-3 days prior to procedure, as they can remain in your colon after the completion of your prep:

- | | | |
|-----------|----------------|---------------------------------|
| ▪ Seeds | ▪ Whole grains | ▪ Corn |
| ▪ Nuts | ▪ Beans | ▪ Peels of fruits or vegetables |
| ▪ Oatmeal | ▪ Peas | |



COLONOSCOPY PREP INSTRUCTIONS USING SUTAB

Several days prior to your procedure fill your prescription for SUTAB at your pharmacy. Please follow all instructions carefully to ensure a good prep.

For 3 DAYS PRIOR TO COLONOSCOPY:

Avoid eating corn, seeds, popcorn, nuts & pits.
STOP any IRON supplements & FISH OIL medication.

1 DAY PRIOR TO YOUR PROCEDURE:

You may have a low residue breakfast which includes eggs, white bread, cottage cheese, yogurt.

Beginning at 12 noon the day before your procedure, you may have clear liquids only.

<p><u>'Clear Liquids' Include:</u></p> <p>Strained Fruit Juices (No pulp) e.g., Apple, White Grape, Lemonade Water Clear Broth or Bouillon Coffee or Tea (No Milk or Non-Dairy Creamer) All the followings that are NOT colored RED or PURPLE: Gatorade or Powerade Carbonated and Non-Carbonated Soft Drinks Kool-Aid or Other Fruit-Flavored Drinks Plain Jell-O, Ice Popsicles</p>	<p><u>NOT Clear liquids:</u></p> <p>Milk Juice with pulp Alcohol Anything you cannot see through</p>
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***SUTAB IS A SPLIT DOSE REGIMEN. YOU WILL TAKE THE TABLETS IN TWO DOSES. 12 TABLETS FOR EACH DOSE.**

A TOTAL OF 24 TABLETS IS REQUIRED FOR COMPLETE COLONOSCOPY PREPARATION.

DO NOT TAKE ANY OTHER LAXATIVES WHILE TAKING SUBTAB

Dose #1 Night prior to your Colonoscopy.

Step 1 (6:00 pm): Open 1 bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water. You should finish the 12 tablets and the entire 16 ounces of water within 20 minutes.

**** Important: Take ONE tablet at a time. Swallow 1 tablet every 1-2 minutes ****

Step 2 (7:00pm): Fill the provided container again with 16 ounces of water (up to the fill line), Drink the entire amount over 30 minutes.

Step 3 (7:30 pm): Fill the provided container again with 16 ounces of water (up to the fill line), Drink the entire amount over 30 minutes.

**** Continue to drink clear liquids over the course of the night to stay hydrated.**

****If you experience any nausea, bloating, or cramping, slow the rate of drinking the additional water. ****

Dose #2 Day of the Colonoscopy.

7 hours prior to leaving for your colonoscopy, repeat steps 1-3 from Dose 1.

(For example, if you have to be at the endoscopy center at 9.00 am the second half should be consumed between 2:00 am and 5:00 am). Colonoscopy prep **MUST** be completed 4 hours prior to your procedure.

Nothing to eat or drink for 4 hours before your procedure. This includes hard candy, chewing gum, water, your prep, etc. Eating or drinking may result in cancellation or delay of your procedure.

TIPS:

You will need to stay near a toilet during your prep, you will have diarrhea.

It is very important to continue to stay hydrated by drinking clear liquids before, during and after your prep.