



Allegheny Regional Endoscopy  
810 Valley View Blvd.  
Altoona, PA 16602  
Front desk: 814-946-5469 Fax: 814-946-4970

**Your colonoscopy is scheduled on:**

### **Sutab Prep Instructions**

#### **Stage 1**

- **Consume clear liquids only (see list below) the day before your procedure**
- At 3:00pm the day before your procedure, take 2 Dulcolax tablets (5mg each)
- At 5:00pm the day before your procedure, open 1 bottle containing 12 tablets. **Using water**, fill the provided bottle to the "fill line" (16 ounces). Swallow each tablet 1-2 minutes apart so that all 12 tablets *and* the 16 ounces of water are consumed within 15-20 minutes. Once this is complete, drink 2 additional 16-ounce bottles of water over the next 1 hour.
- Once Stage 1 is complete, continue to consume clear liquids until it is time for stage 2 of the prep.

#### **Stage 2**

- **3 hours before your scheduled arrival time**, open the second bottle containing 12 tablets.
- Repeat the same steps as in Stage 1. **Be sure to complete this entire stage within 1 hour.**

#### **Notes**

- It may take a few hours for the prep to start working.
- It is normal to feel very full or bloated during your prep. **If you experience nausea and/or vomiting, wait 30 minutes before resuming prep/liquids. If vomiting does not disappear once you begin to move your bowels, please call us immediately for further instructions.**

### **ACCEPTABLE CLEAR LIQUIDS**

Water Gatorade Jell-O Kool-Aid Broth Popsicles  
Lemonade Fruit juice (**NO orange juice**) Soda (all)  
Black coffee (no added cream, honey or sugar) Iced tea Hot tea (no added sugar, honey)

**\*Do not consume any liquids which are red or purple in color as they may mimic bleeding in the colon\***

## Colonoscopy and Anesthesia

**\*It is especially important that you read this information in its entirety and call to speak with us if you are unsure of any instructions\***

**\*Failure to comply with the below guidelines could result in the delay and/or cancelation of your procedure without question\***

- Avoid iron supplements for **5 days** prior to your procedure.
- Avoid eating whole-grain bread & cereals with nuts/seeds as well as corn for **5 days** prior to your procedure.
- No alcoholic beverages are permitted during colon prep or after midnight on the night before procedures.
- **CHEWING TOBACCO PRODUCTS, NICOTINE POUCHES, SMOKING, VAPING AND INHALATION OF MARIJUANA** (medical and recreational) **ARE PROHIBITED** after midnight, on the night before your procedures. You should also avoid hard candy and chewing gum after midnight.
- Please refer to the personalized medication instructions given to you at your office visit. **It is especially important to take medications for blood pressure and heart function on the day of your procedure.**
- You **MUST** have a driver to sign you out of recovery after anesthesia. You **CANNOT** use UBER, LYFT, Healthride or MediVan unless a responsible party is riding as a passenger with you.
- You may have CLEAR LIQUIDS **up to 2 hours before your designated arrival time** at our facility.
- **All stimulators** (bladder, spinal etc.) should be turned “off” or placed in “surgery mode”.
- If you experience any of the following between now and the day of your procedure, **please notify us immediately:**
  1. A change in health status
  2. an ER visit/hospital admission
  3. testing or office visit for your heart, lungs, brain

**Please call 814-946-5469 Option 7 to report these changes, or if you have any additional questions pertaining to your procedure.**

**HOLD MEDICATION DAY OF PROCEDURE:**

Carafate (Sucralfate)

**HOLD MEDICATIONS FOR 1 DAY PRIOR TO PROCEDURE:**

Byetta (Exenatide)  
Soliqua (Lixisenatide + Insulin)  
Victoza/Saxenda (Liraglutide)

**HOLD MEDICATIONS FOR 3 DAYS PRIOR TO PROCEDURE:**

Brenzavvy (Bexagliflozin)  
Farxiga (Dapagliflozin)  
Glyxambi (Empagliflozin/Linagliptin)  
Inpefa (Sotagliflozin)  
Invokana (Canagliflozin)  
Invokamet (Canagliflozin/Metformin)  
Invokamet XR (Canagliflozin/Metformin XR)  
Jardiance (Empagliflozin)  
Qtern (Dapagliflozin/Saxagliptin)  
Qternmet XR (Dapagliflozin/Saxagliptin/Metformin XR)  
Synjardy (Empagliflozin/Metformin)  
Synjardy XR (Empagliflozin/Metformin XR)  
Steglatro (Ertugliflozin)  
Steglujan (Ertugliflozin/Sitagliptin)  
Segluromet (Ertugliflozin/Metformin)  
Trijardy XR (Empagliflozin/Linagliptin/Metformin XR)  
Xigduo (Dapagliflozin/Metformin)  
Xigduo XR (Dapagliflozin/Metformin XR)

**HOLD MEDICATIONS FOR 7 DAYS PRIOR TO PROCEDURE:**

Adipex-P/Lomaira (Phentermine)  
Adlyxin (Lixisenatide)  
Bydureon (Exenatide)  
Mounjaro/Zepbound (Tirzepatide)  
Ozempic (Semaglutide)  
Qysmia (Phentermine and Topiramate)  
Rybelsus  
Trulicity (Dulaglutide)  
Wegovy