



Patient Name: _____

SUFLAVE COLON PREP

FOLLOW THESE INSTRUCTIONS ONLY. DO NOT FOLLOW INSTRUCTIONS ON/IN THE BOX.

1. You have been scheduled for a Colonoscopy at _____ on _____.
Report to admitting at _____ a.m./p.m.
2. Make arrangements for a responsible adult to drive you home. You may **NOT** leave in a taxi or other transportation service
3. **DO NOT TAKE IRON ONE WEEK PRIOR TO THE PROCEDURE**
PLEASE ADVISE US IF YOU ARE TAKING ANY BLOOD THINNERS or GLP-1 AGONISTS (Diabetes/weight loss drugs in the GLP-1 class are generally taken by injection and given weekly).
4. STOP TAKING _____
5. Please take heart, blood pressure, thyroid, acid reflux or seizure medications the morning of the procedure with a small amount of water.
6. If you are taking diabetes medications by mouth, **DO NOT** take the morning of the procedure.

OBTAIN SUFLAVE PREP FROM PHARMACY and (2) DULCOLAX LAXATIVE TABLETS

_____ 2 DAYS BEFORE PROCEDURE: Regular diet & take 2 Dulcolax Laxatives at bedtime.

_____ THE DAY BEFORE YOUR PROCEDURE: **CLEAR LIQUID DIET ONLY**
Drink **ONLY** Clear Liquids the entire day. Note: This means **NOTHING SOLID TO EAT**. Clear liquids include all of the following:

- *Strained fruit juices (pulp free) such as apple, white grape, etc.
- *Water and Flavored Water
- *Coffee and tea (NO milk or nondairy creamer added)
- *Clear broth or bouillon cube
- *Kool-Aid, Gatorade and soft drinks, Ensure clear
- *Plain Jell-O (without fruit or topping)
- *Popsicles, Italian Ice, Snowballs

AVOID ALL ALCOHOLIC BEVERAGES!!!!

Taking your Suflave:

On _____ at **5:00PM** Open 1 flavor enhancing packet and pour the contents into 1 bottle. Fill the provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake until all powder has dissolved. (You may refrigerate the solution for an hour before drinking)

- Drink 8 ounces of solution every 15 minutes until the bottle is empty.
- After finishing the solution, drink 16 ounces of water within the next 1-2 hours. (THIS MUST BE WATER. THIS MAY NEVER BE REPLACED WITH ANOTHER CLEAR LIQUID.) This is very important to ensure proper hydration.

On _____ at **10:00PM** Open 1 flavor enhancing packet and pour the contents into 1 bottle. Fill the provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake until all powder has dissolved. (You may refrigerate the solution for an hour before drinking)

- Drink 8 ounces of solution every 15 minutes until the bottle is empty.
- After finishing the solution, drink 16 ounces of WATER within the next hour.

Nothing by mouth after **MIDNIGHT** before your procedure. This includes gum, mints, chewing tobacco, etc. (you may brush your teeth).

I have been advised of the above instructions and information by _____. I have also received a copy of these instructions to be read and reviewed by me. I understand if I have any questions, I may call the office at the below extensions.

Covington Office 985-871-1721 extension 443

Slidell Office 985-641-8982 extension 151

PATIENT SIGNATURE

DATE