



Patient Name _____

SUTAB 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.

PICK UP YOUR SUTAB PREP 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

Taking your Sutab:

On _____ at **05:00PM** open 1 bottle of 12 tablets. Fill the provided container with 16 oz of water. Swallow each tablet with a sip of water. You may take up to 1 hour to drink the entire 16 oz of water and swallow all 12 pills.

- Over the next 1-2 hours, drink 2 additional 16 oz containers of water. (32oz). (THIS MUST BE WATER. THIS MAY NEVER BE REPLACED WITH ANOTHER CLEAR LIQUID.)

On _____ at **10:00PM** open the 2nd bottle of 12 tablets. Fill the provided container with 16 oz of water. Swallow each tablet with a sip of water. You may take up to 1 hour to drink the entire 16 oz of water and swallow all 12 pills.

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 extensions 443

Slidell Office 985-641-8982 extensions 151

PATIENT SIGNATURE

DATE