**SUTAB Colonoscopy Prep Instructions**

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| **ARRANGEMENTS** |
| * You will be given sedating medication for your procedure. After your procedure, you may NOT drive yourself home**. You must be accompanied by an adult friend or family member to drive you home. You may not take a taxi, Uber, Lyft or car service. Failure to arrange a driver will result in cancellation of your procedure.** * **DO NOT** drive, work, make any personal or business decisions, or operate any heavy machinery for 24 hours after your procedure because the sedative can make you sleepy and forgetful. * **AVOID** seeds and nuts for 1 week prior to your colonoscopy. |
| **SUPPLIES** |
| * Pick up your supplies for your colonoscopy 1 week prior of your appointment:   + Pharmacy:1 SuTab bowel prep kit   ***\*\*If you have difficulty taking pills, please call to arrange for an alternative prep: 303-761-8336****\*\**   * + Grocery Store:   + 4- chewable tabs of Simethicone or Gas-X tablets (any flavor & any brand)   + 2- Dulcolax or Bisacodyl tablet 5mg (any brand)   + Clear Liquids (see list below).  |  |  | | --- | --- | | **Clear Liquid Diet:** | **Things to AVOID** | | * + Clear Broth   + Clear Juice (apple, lemonade)   + Sport drinks (Gatorade, Powerade)   + Flavored Drinks (Kool-Aid, MiO)   + Hot Drinks (Tea, Coffee)   + Jello   + Hard Candy | * + NO **Red** and **Purple** liquids   + NO Solid Foods   + NO Alcohol   + NO Pulp in Juice   + NO Nectar Drinks   + NO Dairy and Nondairy Creamer | |
| **MEDICATIONS AND DEVICES** |
| * **Diabetes medications:** please contact your prescribing provider’s office for instructions on taking. * **Blood thinning medications:** (Eliquis, Coumadin, Xarelto, Pradaxa, etc.) ensure you have gotten pre-procedure instructions 1 week before your procedure. **If not, please call the RN line: 303-761-8336.** * **Prescription weight loss medications:** (Phentermine) stop this at least 7 days before your procedure. * **DO NOT STOP** heart, blood pressure or regular medications; unless told to do so. * **DO NOT STOP** taking Naltrexone or Contrave. * **CPAP or Inhalers:** FOR HOSPITAL PROCEDURES ONLY, please bring this with you. |
| **PROCEDURE PREP INSTRUCTIONS** |
| **\*\*PLEASE DISCARD INSTRUCTIONS INSIDE SUTAB BOX & FOLLOW THE INSTRUCTIONS ON THE BACK OF THIS PAGE\*\*** |

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| **PREPARING FOR YOUR COLONOSCOPY** | |
| **ONE DAY BEFORE YOUR PROCEDURE: \_\_\_\_\_\_\_\_\_\_**   * Start a CLEAR LIQUID DIET in the morning   \*\*\*If your procedure is **after 12:00PM tomorrow** you may have a light breakfast (eggs, white toast) **before 9:00AM today** and then start a clear liquid diet. \*\*\* | |
| **DOSE 1**  **Start at 6:00 PM the Day Prior to Colonoscopy** | **DOSE 2**  **6 Hours Prior to Colonoscopy** |
| 1. **At 6:00PM** prepare two Dulcolax 5mg tablets, 16oz. of water, and 12 SuTab tablets 2. Take **two** Dulcolax 5 mg Tablets. 3. Swallow each SuTab tablets, one by one, with a sip of water, allowing 2-3 minutes between each tablet and then finish drinking the remaining water in the container. **Take the tablets over the course of 1 hour.** 4. Chew 2 Simethicone/Gas-X tablets. 5. **Between 7:30 and 8:00PM**, drink the 2nd- 16 oz. container of water over 30 minutes. 6. **Between 8:30 and 9:00PM,** drink the 3rd- 16 oz of water and drink over 30 minutes. 7. After drinking all your water, you may drink any of the other **clear liquids** you have chosen throughout the evening. | 1. **6 hours before your procedure:\_\_\_\_\_\_\_**   prepare 16oz. of water and 12 SuTab tablets   1. Swallow each of the 12 tablets, one by one, with a sip of water, allowing up to 3 minutes between each tablet and then drink all the water in the container. **Do not rush taking the tablets.** 2. Chew 2 Simethicone/Gas-X tablets. 3. **5 hours before your procedure:\_\_\_\_\_\_\_\_\_**   Drink your **two** 16 oz. container of water over 1 hour. |
| **165,042 Stop Sign Stock Photos, Pictures & Royalty-Free Images - iStockDAY OF PROCEDURE 4 hours before your procedure:**  **STOP drinking all liquids, including water. This is for your safety. Anything after 4 hours can delay or cancel your procedure.**  **No gum, hard candy, chewing tobacco, cigarettes, marijuana, cigars, pipes, e-cigarettes, or illicit drugs.**  **\*\*\*If you have any heart, blood pressure, anti-seizure medications you may take them**  **with small sips of water when you usually take these medications.\*\*\*** | |
| **IMPORTANT:**  Following the second dose, your **bowel movements should be clear, yellow, or tea colored**. If bowel movements aren’t clear, yellow, or tea-colored, or contain any solids**, please call the on-call physician: 303-788-8888** to be given further instructions or to discuss if you will need to be rescheduled. | |
| **Bring your ID, Insurance Card, & a Form of Payment for Check-in at:** | |