



Sutab Prep Instructions

COLONOSCOPY PREPARATION

Sutab Prep Kit

PLEASE contact our office **IMMEDIATELY** if you are on the following Blood Thinners: Coumadin, Eliquis, Pradaxa, Xarelto, Effient, Savaysa or Brilinta.

ONE DAY BEFORE YOUR PROCEDURE: _____

1. The day prior to your procedure, you should be on a CLEAR LIQUID ONLY DIET all day. Clear liquids include coffee, tea, any colas, Jell-O, water, juice, bouillon, clear soups, popsicles, but not red- or purple-colored liquids. No milk products or juice with pulp. No solid food the day before the procedure
2. At 5:00 p.m. open one bottle of 12 Sutab tablets. Fill the provided container with water to the 16oz fill to the fill line and drink the entire amount over 15 to 20 minutes.
3. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water to the fill line and drink the entire amount over 30 minutes. If you experience nausea, bloating, cramping, pause or slow the rate of drinking the additional water until the symptoms stop.

You may NOT have anything to eat or drink other than the following prep instructions:

DAY OF YOUR PROCEDURE: _____

You may NOT have anything to eat or drink other than following prep instructions:

1. At ____ am, (at least five hours before your procedure) open the second bottle of Sutab tablets. Fill the provided container with water to the 16 oz fill line and drink the entire amount over 15 to 20 minutes.
2. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Approximately 30 minutes after finishing the second container of water, fill the provided container again with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.

BE SURE TO DRINK PLENTY OF CLEAR FLUIDS ALL DAY

Please report to: Boice-Willis Clinic at Rocky Mount Medical Park, 901 N. Winstead Ave, 3rd Floor Endo Center on the scheduled day, _____ and at the appropriate time ____ a.m.

We look forward to the opportunity to provide you with safe and compassionate care.



Boice-Willis Clinic

Recovery

Recovery is approximately 30 minutes. Due to sedation, **YOU MUST HAVE SOMEONE TO DRIVE YOU HOME FOLLOWING YOUR PROCEDURE.** We will not begin your procedure without your driver present. Failure to do so may cause a delay. Please **BRING ALL MEDICATION BOTTLES WITH YOU.**

****If your procedure is tomorrow, and you need assistance with your prep after 5pm today, please call UNC Nash Hospital (252)962-8822******

MEDICATION INFORMATION

IMMEDIATE ACTION REQUIRED: If you are taking blood thinning drugs you will need to contact your Primary Care Doctor or Prescribing Doctor and ask if you need to **STOP** taking the medication prior to your procedure. Considering the risk of stopping these types of medications and the appropriate time to do so, I ask that your prescribing physician give verbal or written confirmation to my office of your instructions as to stopping your blood thinning medication. Failure to comply with this recommendation, will delay the scheduling of your procedure.

Examples of these types of medications are Coumadin, Eliquis, Pradaxa, Xarelto, Effient, Savaysa, Brilinta, Prasugrel and Aggrenox

If you are taking Aspirin or Aspirin containing medications, you **DO NOT** have to stop this medication.

If you are on Insulin, we may need to change your dosage the day before the procedure. **DO NOT** take any diabetic medications the morning of the procedure or the evening before.

*****Also, if you are on more than one pain medication and are having severe constipation, please contact our office so, we can modify your prep instructions.*****