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**SUTAB Bowel Prep Instructions**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check-In Time: \_\_\_\_\_\_\_\_ Procedure Time: \_\_\_\_\_\_\_\_\_\_**

**\*Failure to comply with these instructions may result in a cancellation of your procedure.**

**\*\***You will be given a prescription for the SUTAB to take to your pharmacy, or the prescription will be sent to your pharmacy for you to pick up.

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**Instructions for SUTAB**

* If you take any NSAIDs (ex., Ibuprofen, Aleve, Naproxen) or blood thinners such as Coumadin, Plavix, Pradaxa, Xarelto, Cilostazol, Aggrenox, Eliquis, ask your physician for additional instructions for possibly stopping medications before the colonoscopy procedure.
* **Two days before the procedure**: NO fiber, NO raw fruits or vegetables, NO salads or nuts.
* **Day before the procedure**:

1. Clear liquids only. NO solid foods. NO milk or milk products. NO **red** or **purple** drinks or Jell-O. NO vegetable juice or juice with pulp.
2. A total of 24 tablets is required to complete colonoscopy preparation. You will take these tablets in two doses of 12 tablets each. Swallow one (1) tablet every 1-2minutes. You should finish all twelve (12) tablets and the entire 16 ounces of water within 20 minutes. Water must be consumed with each dose of SUTAB, and additional water must be consumed after each dose.
3. **At 6:00 pm, open one (1) bottle of 12 tablets****.** Fill the provider cup with water to the fill line. Swallow each tablet with a sip of water and drink the entire amount of water over 15 to 20 minutes. Continue to drink 16 oz of water every two hours.
4. **At 10:00 pm, open the second (2) bottle of 12 tablets.** Fill the provider cup with water to the fill line. Swallow each tablet with a sip of water and drink the entire amount of water over 15 to 20 minutes. Continue to drink 16 oz of water every two hours.
5. **Nothing to eat or drink after midnight.**

**\*Important note*:*** *If you experience nausea, bloating, or cramping after taking tablets, pause and slow the rate of drinking the additional water until your symptoms dimmish.*

**Day of procedure**

1. **You will be sedated for the test and MUST have someone drive you home. If no one accompanies you as your driver, the procedure cannot be performed and will be rescheduled. Your driver must remain on the premises during your procedure. Public transportation (taxi, bus, uber driver, etc.) cannot be used.**
2. If you take blood pressure, thyroid, seizure, or diabetic medication, please take it with only a small sip of water the morning of your procedure.
3. You are not permitted to drive, drink alcohol, operate machinery, or sign any legal documents the entire day of your test due to the sedation you will receive.
4. Do **NOT** use smokeless tobacco, chew gum, or have any mints/candy the morning of your procedure
5. Do **NOT** wear any jewelry or bring any valuables.
6. You are not permitted to drive, drink alcohol, operate machinery, or sign any legal documents the entire day of your test due to the sedation you will receive.
7. Plan to be at the facility for about 2-3 hours, depending on the preparation, procedure, and recovery time. Plan on taking the entire day off work, school, etc.
8. Please provide 72-hour notice if you wish to cancel or reschedule your procedure to avoid a cancellation fee.
9. **\*\*If you take OZEMPIC/SEMAGLUTIDE or any other GLP-1 receptor agonists, you must hold the medication 7 (seven) DAYS before your scheduled procedure. If you are taking this medication to manage your diabetes, you may want to consult with your prescribing physician. Please note that you are at risk of having your procedure canceled if you have not held this medication.**

* If you have questions about your procedure instructions, don’t hesitate to contact your physician’s nurse by calling the number below

**Dr. Angtuaco**- 501-406-9291 **Dr. Coppola**- 501-406-9301 **Dr. Coggins**- 501-406-9337

**Dr. Hughes**- 501-406-9311 **Dr. S. Jones**- 501-406-9321 **Dr. J. Jones**- 501-406-9302

**Logo, company name

Description automatically generated Dr. McElreath**- 501-406-9331 **Dr. Patel**- 501-406-9341 **Dr. Svoboda**- 501-406-9351**Text

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**SURGERY CENTER**

10915 N. Rodney Parham

Little Rock, AR 72212

**Phone:** 501-747-2828