

REMINDER

Nothing to
drink 6 hours
prior to your
procedure
time.

SUTAB PREP INSTRUCTIONS

BOWEL PREPARATION (DAY BEFORE/ AND DAY OF YOUR PROCEDURE)

- o *SuTab prescription will be sent to your pharmacy*

7 DAYS PRIOR TO THE PROCEDURE:

1. **PLEASE DISCONTINUE** all blood thinning medications. This includes, but not limited to, Coumadin & Plavix ****TYLENOL MAY BE TAKEN****
PLEASE DISCONTINUE Iron Supplements
PLEASE DISCONTINUE all semaglutides such as, but not limited to, Ozempic, Rybelsus, Wegovy, Trulicity, Victoza, Saxenda, Byetta, Bydureon, Mounjaro
2. If your doctor has prescribed any of the medications listed above, please consult with your doctor before discontinuing.
3. If you are diabetic, check with your primary care doctor regarding diet and medication instructions.

3 days prior to the procedure:

1. **AVOID- Corn, Nuts, popcorn, foods with seeds.**
2. Drink plenty of liquids to be well hydrated. This will be helpful for the tolerance of the colonoscopy prep.

Day before the procedure: SUN MON TUES WED THURS FRI

Do not drink alcohol. Do not eat any solid food. ONLY consume clear liquids.

The Dosing Regimen SUTAB is a split-dose (2-day) regimen. A total of 24 tablets is required for complete preparation for colonoscopy. You will take the tablets in two doses of 12 tablets each. Water must be consumed with each dose of SUTAB, and additional water must be consumed after each dose.

DOSE 1: At 3:00PM (Take the tablets with water)

-Will take **approximately 3 hours** to complete

TAKE 1 TABLET EVERY 2 MINUTES

STEP 1- Open 1 bottle of 12 tablets.

STEP 2- Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount of water over **20** minutes.

IMPORTANT: *If you experience preparation-related symptoms (for example, nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish. Drink additional water.*

STEP 3- Approximately **1 hour** after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over **30** minutes.

STEP 4- Approximately **30 minutes** after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over **30** minutes.

Day of procedure:

You will continue a clear liquid diet up until **SIX HOURS** prior to your scheduled procedure time.

Morning of procedure:

DOSE 2: At _____ AM (9 hrs prior to procedure)

Continue to consume only clear liquids.

STEP 1- Open the second bottle of 12 tablets.

Repeat **STEP 1 to STEP 4** from Dose 1.

IMPORTANT: You must complete all SUTAB tablets and required water at least 6 hours before colonoscopy.

Nothing to drink 6 hours prior to your procedure time.

Take your usual blood pressure and heart medication prior to fasting period. If you have asthma, please bring your inhalers with you. **Patients with Diabetes:** Decrease Insulin dose by 1/3-1/2 on the day of the bowel preparation, and NO Insulin on the day of the procedure. Patients on Oral Diabetes meds: NO Oral Diabetes Meds on the morning of the procedure day.

You will need to be close to a bathroom. You will have progressively looser bowel movements over the next several hours. Individual responses to laxatives vary. This preparation will cause multiple bowel movements. Consider using **Vaseline, Aquaphor or diaper rash cream/ zinc oxide** around the anal opening before starting the prep and after each bowel movement to minimize irritation from passing many bowel movements.

Make arrangements for a responsible adult 18+ or medical transport to drive you home after your colonoscopy. You may **NOT** use a bus, taxi, or a rideshare application such as an Uber, without a responsible adult to accompany you to your home. You are **NOT** to drive for the remainder of the day. Please expect to spend up to **1-1.5 hours** (from check in time) at the facility.

CLEAR LIQUID DIET

Beverages:

Coffee (no cream)
Tea
7UP / Sprite/ Ginger Ale
Apple Juice/ White grape juice
Lemon-Lime Gatorade / Crystal Light
Lemonade

Soups:

Bouillon
Fat Free chicken broth
Clear broth

Sweets & Desserts:

Honey
Sugar
Green/Yellow/ White Popsicles
Butterscotch Candy
Hard Candy (Green, Yellow, or Clear)
Jolly Ranchers (Green, Yellow, or Clear)
Jell-o (Plain, Lemon Lime, or Pineapple (no chunks))

NO CHEWING TOBACCO

NO RED, PURPLE, OR BLUE DYES
NO SOLID FOODS
CLEAR LIQUIDS ONLY

No Dairy Products

Deviating from this diet will prevent adequate preparation of the colon for the exam and can result in needing to repeat the procedure at a later date.