

Sutab Colonoscopy Before 1PM

Appointment Date: _____

Appointment Time: _____

Dr. _____

Seven Days Prior to Colonoscopy

- Stop taking Aspirin, any prescription blood thinning medications (Coumadin, Plavix, Eliquis, etc.), and NSAID's (Ibuprofen, Naprosyn, Advil, Aleve, Motrin, Excedrin, etc.) unless otherwise directed by your doctor. You are allowed to take Tylenol.
- Stop taking multivitamins, Vitamin E, Iron supplements, and Fish Oils.
- If you are a **DIABETIC**, check with your primary care physician about what to do with your medication the day before and the day of your procedure.

Three Days Prior to Colonoscopy

- Eliminate nuts, seeds, salads, fruits, vegetables, and fiber supplements from your diet.
- Pick up **Sutab** prescription

Day Prior to Colonoscopy

- Follow a clear liquid diet for the **ENTIRE** day.
- At **12 PM**, open **1 BOTTLE of 12 tablets**. Fill provided container with **16 ounces of water** (to the fill line on cup). Swallow each of the 12 tablets with a sip of water over 15 minutes, drinking the entire cup of water. Approximately **1 hour** after the last tablet is ingested, fill container up again with another 16 ounces of water and drink the entire amount over 30 minutes. **30 minutes after**, drink another 16 ounces of water over 30 minutes.
- At **5 PM**, open **1 BOTTLE of 12 tablets**. Fill provided container with **16 ounces of water** (to the fill line on cup). Swallow each of the 12 tablets with a sip of water over 15 minutes, drinking the entire cup of water. Approximately **1 hour** after the last tablet is ingested, fill container up again with another 16 ounces of water and drink the entire amount over 30 minutes. **30 minutes after**, drink another 16 ounces of water over 30 minutes.
- After going to the bathroom, you may use baby wipes to prevent irritation.
- To ensure a complete and thorough examination, complete the bowel prep in its entirety.

Day of Colonoscopy

- You may not have anything by mouth **after MIDNIGHT**.
- Unless otherwise instructed, you may take your prescription medications, (not including blood thinners or vitamins) the morning of the procedure with a **small sip** of water.
- Please do not smoke before your procedure. If you use an inhaler, please bring it with you.
- You must arrive **15 minutes prior** to your scheduled appointment, and you **MUST** have somebody to drive you home. If you are going to take an uber or taxi, you must wait in our office for **1 hour** after your procedure is completed.
 - GI Doctors, 1205 Franklin Ave STE 150 Garden City, NY 11530 P:(516) 650-3355
- Please keep your phone close by the day of your procedure just in case of any last-minute schedule changes. We want to get you in for your appointment as soon as possible to decrease time spent without eating, as well as keep you updated with any delays.

*****Cancellation Policy:** *If you need to cancel or reschedule your procedure, it must be done **NO LATER** than 48 hours before your scheduled appointment. Failure to cancel or reschedule your procedure within this timeframe OR failure to show up for scheduled appointment will result in a \$300 cancellation/no show fee being charged to your account. ****

Sutab Colonoscopy At 1PM or Later

Appointment Date: _____

Appointment Time: _____

Dr. _____

Seven Days Prior to Colonoscopy

- Stop taking Aspirin, any prescription blood thinning medications (Coumadin, Plavix, Eliquis, etc.), and NSAID's (Ibuprofen, Naprosyn, Advil, Aleve, Motrin, Excedrin, etc.) unless otherwise directed by your doctor. You are allowed to take Tylenol.
- Stop taking multivitamins, Vitamin E, Iron supplements, and Fish Oils.
- If you are a **DIABETIC**, check with your primary care physician about what to do with your medication the day before and the day of your procedure.

Three Days Prior to Colonoscopy

- Eliminate nuts, seeds, salads, fruits, vegetables, and fiber supplements from your diet.
- Pick up **Sutab** prescription

Day Prior to Colonoscopy

- You may have a normal breakfast and an early, light lunch. After lunch, follow a clear liquid diet.
- At 5 PM, open 1 **BOTTLE** of 12 tablets. Fill provided container with **16 ounces of water** (to the fill line on cup). Swallow each of the 12 tablets with a sip of water over 15 minutes, drinking the entire cup of water. Approximately 1 hour after the last tablet is ingested, fill container up again with another 16 ounces of water and drink the entire amount over 30 minutes. **30 minutes after**, drink another 16 ounces of water over 30 minutes.
- After going to the bathroom, you may use baby wipes to prevent irritation.
- To ensure a complete and thorough examination, complete the bowel prep in its entirety.

Day of Colonoscopy

- At 8 AM, open 1 **BOTTLE** of 12 tablets. Fill provided container with **16 ounces of water** (to the fill line on cup). Swallow each of the 12 tablets with a sip of water over 15 minutes, drinking the entire cup of water. Approximately 1 hour after the last tablet is ingested, fill container up again with another 16 ounces of water and drink the entire amount over 30 minutes. **30 minutes after**, drink another 16 ounces of water over 30 minutes.
- You may **NOT** have anything by mouth starting 5 HOURS PRIOR to your procedure.
- Unless otherwise instructed, you may take your prescription medications, (**not including blood thinners or vitamins**) the morning of the procedure with a **small sip** of water.
- Please do not smoke before your procedure. If you use an inhaler, please bring it with you.
- You must arrive **15 minutes prior** to your scheduled appointment, and you **MUST** have somebody to drive you home. If you are going to take an uber or taxi, you must wait in our office for **1 hour** after your procedure is completed.
 - GI Doctors, 1205 Franklin Ave STE 150 Garden City, NY 11530 P:(516) 650-3355
- Please keep your phone close by the day of your procedure just in case of any last-minute schedule changes. We want to get you in for your appointment as soon as possible to decrease time spent without eating, as well as keep you updated with any delays.

*****Cancellation Policy:** *If you need to cancel or reschedule your procedure, it must be done **NO LATER** than 48 hours before your scheduled appointment. Failure to cancel or reschedule your procedure within this timeframe OR failure to show up for scheduled appointment will result in a \$300 cancellation/no show fee being charged to your account. ****

Clear Liquid Diet

This diet consists of food products that are clear (see through). The purpose of this diet is to limit the amount of food residue in the colon, so your doctor can thoroughly examine the colonic wall during your colonoscopy. This diet should be strictly followed to ensure a complete exam.

Food Category	Allowed
Beverages	Water, Tea or Coffee (without milk), Juice, Soda, Gatorade, Vitamin Water, Crystal Light, Snapple
Desserts	Jello, Water Ices, Popsicles
Soups	Fat Free Broth, Fat Free Bouillon (NO soups with noodles, vegetables, etc.)
Sweets	Hard Candy, Honey, Sugar

Please do NOT consume any clear liquids that are colored RED.

Foods NOT ALLOWED include: milk, cheese, breads, ice cream, sherbet, eggs, fruits, vegetables, meat, poultry, and fish.

Sample Meal Pattern:

Breakfast: 1 glass of apple juice, 1 cup Jello, 1 cup tea with sugar or honey

10am Snack: 1 glass ginger ale, 1 cup Jello

Lunch: 1 cup chicken broth, 1 glass carbonated beverage

3pm Snack: 1 cup tea with sugar or honey, 1 cup Jello

Dinner: 1 cup vegetable consommé, 1 glass fruit juice

8pm Snack: 1 Italian ice, 1 cup Jello