

Texas Midwest Endoscopy Center, LLC
 Yogeshkumar Patel, MD
 14 Hospital Drive
 Abilene, Tx 79606
 (325)795-0053

COLONOSCOPY WITH SUTAB – Procedure Date: _____


Arrival Time: _____ Procedure Time: _____

Please pick up your bowel prep kit from your pharmacy. Do not mix until the day prior to your procedure.

You may purchase plain or aloe baby wipes and/or desitin or A&D ointment for your bottom.

If given a different prep than Sutab, please go to www.bigcountrygi.com “For Patients” – “Procedure Preps” for new instructions.

If you would like more information regarding your procedure, it is on our website under “For Patients” – “Patient Education”.

| IMPORTANT INFO | 2 DAYS PRIOR | 1 DAY PRIOR | PROCEDURE DAY |
|--|--|--|--|
| <ul style="list-style-type: none"> ➤ Discontinue fiber supplements and iron (including multivitamins with iron) 7 days before your procedure. If unsure if your meds contain fiber or iron, please check with your pharmacist. ➤ Discontinue phentermine 14 days prior to procedure. ➤ You may continue your “baby” aspirin and regular aspirin. ➤ Blood Thinners: <u>Please call our office if you need clarification on doctor’s orders regarding whether you are to stop or continue your blood thinners.</u> | <ul style="list-style-type: none"> ➤ Drink at least 4 large glasses of water throughout the day. <div style="text-align: center;">  </div> <ul style="list-style-type: none"> ➤ Clear liquids ONLY after midnight. No solid foods! | <ul style="list-style-type: none"> ➤ Diabetes meds will need to be adjusted. Please see Diabetic Prep Instructions on back side. ➤ Begin clear liquid diet. (info on back side) ➤ Drink at least 4 large glasses of water throughout the day. ➤ #1 (4 PM): Fill the provided container with 16 ounces of water (up to the fill line.) Open 1 bottle with 12 pills. Swallow each tablet with a sip of water and drink the entire amount of water over 15 to 20 minutes. Write down the time you swallow your last tablet. ➤ #2 (1 hour after last tablet): Fill the provided container again with 16 oz of water and drink over the next 30 minutes. Wait 30 minutes and repeat. ➤ Midnight: Repeat step 1&2. <p style="text-align: center;">Nothing by mouth after <u>2 AM</u>.</p> <p style="text-align: center;">If you experience nausea or vomiting, take a 15-30 minute break, then continue drinking prep solution.</p> | <ul style="list-style-type: none"> ➤ NOTHING by mouth - NO gum, hard candy, mints, ice chips. No smoking cigarettes, marijuana or use of e-cigarettes the day of your procedure. ➤ After your prep, the results should be clear-yellow or clear-green liquid with NO solid matter. If not, please call our office at 325-795-2100. ➤ MORNING MEDS: You may take your blood pressure and/or seizure meds with a VERY SMALL SIP of water, at least 2-4 hours prior to your procedure, unless otherwise directed by your physician. |

VERY IMPORTANT:

Driver must be present at the time of check-in and remain on property until you are discharged, which will be about 2 hours. NO EXCEPTIONS

Please bring insurance cards & photo ID in the event that we may need them in our system.

CLEAR LIQUID DIET

If you experience nausea or vomiting during the prep, try the following:

*Chill the mixture. –Suck on lemon or lime slices – Add a flavored powered drink such as Crystal Light or Lemonade mix (NO RED, NO PURPLE).

*Take a 15-30 minute break, then start drinking again.

DO NOT DRINK: ALCOHOL, RED OR PURPLE COLORED ITEMS

ALLOWED: water, tea, plain coffee, clear juices such as apple or white grape, lemonade from powdered mix, fruit-flavored drinks, such as Kool-Aid, Crystal Light, etc; carbonated beverages/soda, sports drinks such as Gatorade, All-Sport, Powerade, etc; fat-free broth/buillon/consommé, plain/flavored gelatins, sorbet, fruit ices/Italian ices, popsicles (without milk or added fruit pieces), honey, sugar, hard candy.

CLEAR LIQUID DRINK RECIPES (NO RED, NO PURPLE)

High Protein Fruit Drink

8 oz commercial clear liquid nutritional drink

½ cup sorbet

6 oz ginger ale

Mix all ingredients and blend until smooth

Lemon Lime Slush

Juice from 2 limes and 1 lemon

1 cup sparkling water

1 cup ice

4 tsp sugar or to taste

Blend ice and juice until slushy. Pour in glass and add sparkling water.

Fruit Fizz

1 cup clear fruit juice from clear liquid list

½ cup sparkling water

½ cup ice

Blend ice and juice until slushy. Pour in glass and add sparkling water

Frozen Fruit Slush

1-6 oz can of frozen clear juice concentrate

4 tbsp sugar

3 cups crushed ice

Mix all ingredients and blend until smooth

NOTE: Homemade ice pops can also be made using fruit juice, sports drinks, or other favorite clear liquid diets.

DIABETIC PREP INSTRUCTIONS

Missing a meal will require special planning to safely manage your blood glucose in diabetes.

Medication Adjustments:

| <u>1-DAY PRIOR:</u> | Morning/Lunch | Supper | Bedtime |
|--|------------------------|------------------------|------------------------|
| Oral medications (pills) or Byetta | Usual Dose | Do not take | Do not take |
| Lantus, Levemir or NPH insulin | Usual Dose | Half Usual Dose | Half Usual Dose |
| Humalog, Novolog, Apidra, or regular insulin | Half Usual Dose | Half Usual Dose | DO NOT TAKE |
| 72/25 or 70/30 insulin | Half Usual Dose | Half Usual Dose | DO NOT TAKE |

| <u>PROCEDURE DAY:</u> | Morning | Lunch/Dinner | Bedtime |
|--|------------------------|--|-------------------|
| Oral medications (pills) or Byetta | Do not take | Take if procedure is over and you have resumed eating. | Resume Usual Dose |
| Lantus, Levemir or NPH insulin | Half Usual Dose | | |
| Humalog, Novolog, Apidra, or regular insulin | Do not take | | |
| 72/25 or 70/30 insulin | Do not take | | |

Special Instructions:

- Contact your endocrinologist for instructions with insulin pump for day of prep.
- Any time you have symptoms of **low blood sugar** (hunger, shakiness, nervousness, sweating, dizziness, sleepiness, confusion, difficulty speaking, anxiety, weakness) or **very high blood sugar** (dry mouth, thirst, frequent urination, blurry vision, fatigue, drowsiness, weight loss, increased appetite.), PLEASE CHECK BLOOD SUGAR.
- Schedule your appointment as early as possible so you may eat afterwards and take your medication as close to the usual time as possible.
- Contact your pharmacist if you are unsure what type of insulin you take.
 - Call our office for any prep-related questions (after thoroughly reading instructions).

Meals (No Solid Foods): Aim for 45 grams of carbs **Snacks:** Aim for 15-30 grams of carbs

| Clear Liquids with Carbohydrates | Grams of carbohydrates |
|---|------------------------|
| Apple Juice (4 oz) | 15 |
| White Grape Juice (4 oz) | 20 |
| Sports Drinks (8 oz) | 14 |
| Jello, regular/sweetened (½ cup) | 15 |
| Popsicles | 15 |
| Italian ice-not sherbert | 30 |
| Sugar (1 tsp or packet) | 4 |
| Ensure clear nutritional drink (8 oz) | 52 (7 g protein) |

Clear Liquids without Carbohydrates:

Fat-free broth, bouillon, clear diet soda, black coffee, Unsweet or diet tea, seltzer, flavored water