

SUTAB

Follow the instructions on this paper, do NOT follow the instructions on the SuTab Box

7 DAYS PRIOR	3 DAYS PRIOR	ONE DAY PRIOR	THE DAY OF PROCEDURE
<p>Supplies</p> <ul style="list-style-type: none"> SUTAB Bowel prep prescription and Ondansetron (Zofran) prescription will be sent to: Gifthealth Pharmacy: (833) 614-4438 Purchase Gas-X (Simethicone) tablets at your local pharmacy. The pink cherry flavor tablets are approved for use during prep.  <p>If you take medication to thin your blood such as:</p> <ul style="list-style-type: none"> Coumadin (Warfarin) Plavix (Clopidogrel) Xarelto (Rivaroxaban) Pradaxa (Dabigatran) Eliquis (Apixaban) Aggrenox (Aspirin/Dipyridamole) <p>Please ask the doctor who prescribes it for instructions on stopping it prior to the procedure.</p> <ul style="list-style-type: none"> Aspirin may be continued <p>STOP all fiber supplements or medications containing iron 7 days before your appointment. This Includes.</p> <ul style="list-style-type: none"> Multivitamins Metamucil Citrucel Fibercon 	<p>STOP Consuming all high fiber foods/roughage.</p> <ul style="list-style-type: none"> NO Raw Vegetables NO Corn (Raw or Cooked) NO Whole Wheat or High Fiber Breads NO Nuts or Popcorn NO Bran or Bulking Agents <p>Confirm that you have a driver for the day of the procedure.</p> <p>A Taxi, Bus, Lyft or UBER are NOT allowed unless you are accompanied by a friend or family member. This is for your own safety.</p> <p>Review paperwork and sign the Multi-Authorization and Notice of Privacy Practices.</p> <p>PLEASE ARRANGE FOR A DRIVER FOR THE DAY OF THE PROCEDURE.</p>	<p>NO SOLID FOOD NO ALCOHOL CLEAR LIQUIDS ALL DAY</p> <p>AVOID ANYTHING RED OR PURPLE IN COLOR. NO MILK PRODUCTS OR NON-DAIRY CREAMER.</p> <p>(Please see attached list of approved clear liquids). Diabetics: Do not take oral medication DIABETA, GLUCOPHAGE, METFORMIN or JANUVIA.</p> <p>Take ½ your regular insulin dose.</p> <p>Step 1: At 3:00pm take 2 Ondansetron Tablets. Step 2: At 4:00pm the evening before your procedure, fill the plastic container that comes with the kit to the fill line. Drink the entire container over the next hour. Step 3: At 5:00 pm fill the plastic container that comes with the kit to fill line again.</p> <ul style="list-style-type: none"> Open one bottle of pills. It will contain 12 tablets. Swallow on tablet every 3-4 minutes. <p>If you run out of water, you may refill the container and drink more. If you become nauseated or uncomfortable take a break, then resume taking tablets every 3-4 minutes until all 12 are gone.</p> <ul style="list-style-type: none"> Take 1 Gas X Tablet <p>Step 4: About 1 hour after taking the last tablet, fill the container again. Drink over the next 30 minutes. After 30 minutes repeat Step 4.</p> <p>**Note: We are all different. Some people will have rapid bowel movements shortly after starting prep, while others may take longer. (nausea, bloating & cramping), pause or slow the rate of drinking the additional water until symptoms diminish**</p> <p>YOU MAY CONTINUE CLEAR LIQUIDS.</p>	<p>NO SOLID FOOD NO ALCOHOL</p> <p>DIABETICS: DO NOT take oral medication. If you are insulin dependent DO NOT take your morning dose of insulin. You must check your blood sugar level before leaving home.</p> <p>**If your level is above 300, please take your regular insulin dose according to your sliding scale. Please bring insulin to the procedure center.</p> <p>You may take your morning meds with a sip of water (EXCLUDING Oral Diabetic meds unless instructed by your doctor.)</p> <p>At _____ (7 hours before your scheduled procedure time) fill the container up to the fill line with water. Drink over the next hour.</p> <p>Repeat Step 3</p> <ul style="list-style-type: none"> At _____ (6 hours before your scheduled procedure time). <p>Repeat Step 4</p> <ul style="list-style-type: none"> Then take 2 Gas X tablets. <p>STOP ALL LIQUIDS 2 HOURS PRIOR TO PROCEDURE.</p> <p>** Failing to do so may result in the cancellation of your procedure. **</p> <p>NO gum, mints, hard candy, or tobacco products in these 2 hours.</p> <p>If you are unsure of your colon cleansing instructions, please call: Akron Digestive Disease Consultants: 330-869-0124 The Gastroenterology Group 330-869-0954</p>

A Colonoscopy has been recommended to you. This examination involves guiding a tubular, flexible instrument through the rectum and into the entire colon. The preparation for the procedure is **IMPORTANT**. It does cause diarrhea and possibly abdominal cramping.

CLEAR LIQUIDS - No RED or PURPLE

Must be something you can see through...



- Gatorade or PowerAde
- Clear broth or bouillon - chicken or beef
- Coffee or Tea (*no milk or non-dairy creamer*)
- Carbonated and Non-Carbonated Soft Drinks
- Kool-Aid or Crystal Light
- Strained Fruit Juices (*no pulp*)
- Jell-O, Popsicles, or Italian Ice

DON'T FORGET - these foods are **NOT ALLOWED!**



- Milk or milkshakes
- Cream or non-dairy creamer
- Orange, Grapefruit or Tomato Juice
- Creamed Soups or any soup other than broth
- Oatmeal
- Cream of Wheat

Colon Cleansing Tips

- :> You may use over the counter hydrocortisone creams, tucks pads or baby wipes as necessary for skin irritation. Be sure to get alcohol free!
- :> Chill the solution in refrigerator or by placing in a bowl of ice. DO NOT add ice to the solution.
- :> Stay near the toilet! You will have diarrhea, which can be quite sudden...this is normal!
- :> If you experience nausea or vomiting, rinse your mouth with water and take a break ☺
Wait 45 minutes and then resume drinking the prep. If necessary, slow down, let your stomach settle between glasses.
- :> It is common to experience abdominal discomfort until the stool has flushed from your colon.
- :> Some find it easier to drink through a straw.
- :> Eventually your stools will be liquid, and clear enough to see the bottom of the toilet.
- :> If you feel for any reason your prep is not working, please be sure to call us so we can assist you in completing the prep process.
- :> **EVEN AFTER STOOLS BECOME CLEAR YELLOW LIQUID-YOU MUST DRINK ALL OF THE PREP!**

THINGS TO BRING WITH YOU!

- A RESPONSIBLE DRIVER
- YOUR INSURANCE CARDS
- A PHOTO ID
- SIGNED PAPERWORK FOR FACILITY