



8424 Naab Road, Suite 3J
 Indianapolis, IN 46260
 Phone: (317) 872-7396
 Fax: (317) 879-8328
 Toll Free 1-866-327-2465

**Colonoscopy Prep Instructions
 SuTab LR**

Please check in at: _____

Your procedure is scheduled for: _____

Please report to:

- _____ Northside Endoscopy Center
 8424 Naab Road STE 3G
 Indianapolis, In 46260
- _____ St. Vincent Hospital 86th St
 Endoscopy Center
 Entrance #1
 2001 West 86th Street
 Indianapolis, In 46260
- _____ St. Vincent Hospital Carmel
 Digestive Health Center
 Entrance #1
 13500 North Meridian Street
 Carmel, In 46032

Prescription medications and when to discontinue before procedure. Please check with your prescribing physician before you stop your medication.

Blood Thinners

Coumadin/Warfarin	STOP 5 days
Plavix/Clopidogrel	5 days
Effient/Prasugrel	5 days
Eliquis/Apixaban	3 days
Brilinta/Ticargelor	3 days
Savaysa/Edoxaban	3 days
Xarelto/Rivaroxaban	2 days
Pradaxa/Dabigatran	2 days
Aspirin/Baby Aspirin/NSAID's	Continue

Diabetic Medications

Jardiance/Empagliflozin	STOP 3 days
Farxiga/Dapagliflozin	3 days
Invokana/Canagliflozin	3 days
Brenzavvy/Bexagliflozin	3 days

Diabetic/Weight Loss Injectable/Oral Medications (GLP1/GIP)

If taken daily: **STOP**
 Rybelsus/Semaglutide 1 day

If taken weekly: **STOP**
 Byetta/Bydureon/Exanetide 1 week
 Mounjaro/Tirzepatide 1 week
 Saxenda/Victoza/Liraglutide 1 week
 Soliqua/Lixisenatide/Insulin glargine 1 week
 Trulicity/Dulaglutide 1 week
 Wegovy/Ozempic/Semaglutide 1 week
 Xultophy 1 week

**Your Provider Has Sent
 Your Bowel Prep Regimen
 To Gifthealth**



- ✓Fast, FREE delivery or shipping
- ✓Accept all major insurance benefits
- ✓Applies discounts & coupons

What to expect.

- 1** Gifthealth will contact you to verify your information and collect your co-pay, if applicable.
- 2** Sit back and relax - your prescription will be delivered or shipped at no charge.

*If we are unable to reach you, your prescription may be delayed

Have additional questions?

Gifthealth's patient care team is always here to help.

Call
 1 (833) 614-4438

Email
 care@gifthealth.com

Gifthealth.com

NCPDP: 3688833

Daily Medications

If you are taking a medication for pain, high blood pressure, seizures, asthma, thyroid disease, irregular heartbeat, or if you are taking prednisone, you may take these medications with a small **sip** of water, 4 hours prior to your procedure.

If you take iron pills, such as ferrous sulfate, polysaccharide iron complex, or a multi-vitamin with iron **stop** taking them **7 days** before the procedure.

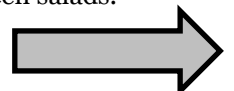
If you use an inhaler on a regular basis, please use your inhaler the morning of the procedure and bring it with you.

If you have diabetes

You know your blood sugar levels better than anyone, please, check your glucose level often during your prep.

Proper preparation is vital for the examination, please follow our instructions and not the instructions on/in the laxative kit.

3 DAYS BEFORE YOUR PROCEDURE, STOP eating popcorn, corn, beans, nuts, fruits with small seeds, tomatoes, celery, potato skins and green salads.



THE DAY BEFORE YOUR PROCEDURE, please follow the attached low residue/clear liquid diet.

On the day before your procedure, you are to consume nothing by mouth except what is listed on the clear liquid diet and low residual meal plan. Avoid all liquids and gelatin that contain red or orange artificial food coloring. On the day of your procedure, you may have only clear liquids up to starting step 2.

SUTAB is a split-dose (2-day) regimen. A total of 24 tablets is required for a complete preparation. 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: Date: _____ **from 5:00-7:00pm**

Open 1 bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow 4 tablets with a sip of water, wait 10 minutes, take the next 4 tablets, wait 10 minutes and then take the last 4 tablets. Drinking the entire amount of water over 30 minutes. Wait 30 minutes. Drink two (2) additional containers filled to the 16oz line with water over the next hour.

THE DAY OF YOUR PROCEDURE, begin clear liquid diet from the time you get up until the start of the second dose of SUTAB prep. **ONLY CLEAR**

LIQUIDS WITH PREP until _____ am.

DOSE 2: Date: _____ **from _____ am- _____ am**

Open 1 bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow 4 tablets with a sip of water, wait 10 minutes, take the next 4 tablets, wait 10 minutes and then take the last 4 tablets. Drinking the entire amount of water over 30 minutes. Wait 30 minutes. Drink two (2) additional containers filled to the 16oz line with water over the next hour.

Please have nothing to eat, drink, smoke or chew after _____ am.

After you finish the prep, you are to have ABSOLUTELY NOTHING to eat, drink, smoke, or chew 4 hours prior to your procedure time.

Your stool should be liquid. If your stool is still formed, please call 317.872.7396, between 8:30 am – 12 pm and 1 pm – 3:30 pm.

Your doctor has scheduled you for a colonoscopy. To have a successful colonoscopy your colon must be clear of any

stool. This allows your doctor to see your entire colon. It is extremely important to follow these preparation instructions to clear your colon of any stool. ***Failure to follow these instructions limits the value of this procedure and may result in your procedure being rescheduled.***

If you need to cancel your procedure for the next day and it is after hours, please call 317.872.7396 and leave a voicemail.

If you need to reschedule, please call 317.872.7396 **during business hours** and choose the option for scheduling.

Thank you for choosing Northside Gastroenterology. We would like to welcome you to our practice and hope we exceed all your expectations.

Must read

- You **MUST** have an adult companion (family member or friend) to take you home. You are not allowed to drive or leave the facility alone. Public transportation by yourself (bus, taxi, Uber/Lyft) is not allowed.
- Your procedure will be canceled if you do not have a responsible adult to take you home.**
- Please bring your photo ID, insurance cards, and forms included in your packet on the day of the procedure. If you have a living will or advanced directive, please bring a copy with you as well.
- If you have an ostomy, please bring replacement supplies with you.
- You will be receiving IV (intravenous) sedation.
- The actual procedure will last approximately 30 minutes, but you must remain in the recovery area until you recover from sedation.
- Please do not bring any jewelry or other valuable items with you.
- A form of payment required to pay your deductible/co-pay. **We accept Visa, MasterCard, Discover, cash, and check.**
- If you have any questions** concerning your procedure or the above instructions, please call 317.872.7396.

On the **day before** your procedure, start eating the meals according to the meal planner. For additional food, please only consume those liquids permitted on the clear liquid diet.

Clear Liquid Diet

This diet is **ONLY** allowed until you begin the second dose of laxatives!

Water

NO RED, ORANGE, OR PURPLE DYES

Apple juice

Cranberry juice (ok because it is naturally red) White grape juice

Propel fitness water (any flavor)

Gatorade (clear or lemon lime)

Any flavor water packet

7 Up or Sprite

99% fat free chicken or beef broth (canned) NO bouillon cubes

Jell-O (no red or orange)

Popsicles (no red or orange)

Black coffee **NO MILK or CREAMER**

Tea

Soda

Diet Soda

NO ALCOHOL

*You should limit your caffeine intake as it can cause dehydration.

Low Residue Diet

The day before your procedure **ONLY!**

**CHOOSE ONE OPTION FOR EACH MEAL
IF A FOOD IS NOT ON THE LIST BELOW, DO NOT EAT IT**

Breakfast	<ol style="list-style-type: none"> 1. 2 eggs (fried, over easy, scrambled or boiled) and 2 slices white bread with butter or jelly 2. 1 plain bagel with butter, cream cheese OR jelly 3. 1 cup yogurt (no seeds, berries or nuts) and 1 banana
Lunch	<ol style="list-style-type: none"> 1. 1 plain chicken or turkey lunchmeat sandwich on white bread with condiments only, no lettuce, tomato, etc. 2. 1 cup macaroni and cheese 3. baked potato with butter and/or sour cream <p>NOTE: Do NOT include potato skin.</p> <ol style="list-style-type: none"> 4. 1 chicken breast (pan fried or baked) and 1 cup cottage cheese 5. 5 chicken tenders OR 10 chicken nuggets with condiments
Dinner	<ol style="list-style-type: none"> 1. Start the bowel prep as instructed. 2. Follow the clear liquid diet below. 3. <u>Please do not eat any solid foods after 2pm.</u>