

Colonoscopy SUTAB Instructions

Please report to:

_____ Northside Endoscopy Center 8424 Naab Rd, Suite 3G Indianapolis, IN 46260	_____ Ascension St. Vincent Hospital Endo Center Entrance #1 2001 W. 86 th St. Indianapolis, IN 46260	____ Ascension St Vincent Hospital (Digestive Health Center) Entrance #1 13500 N. Meridian St. Carmel, IN 46032
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On (Date): _____ Procedure Time: _____

1 Week Prior	3 Days Prior	1 Day Prior	Procedure Day
<p>* Review the medication list on Page 2 and follow instructions to determine if you need to hold any medications and/or how to take your medications on the day of the procedure.</p> <p>* You were given a health history form. If you answered “Y” to any of the questions on page 1 of that form and haven’t yet spoken to the precall nurse, please call 317-224-0167 for screening.</p> <p>* If you have been ill or had a respiratory infection in the last week, please call 317-872-7396 to reschedule.</p> <p>* You should have already received or purchased your SUTAB prescription.</p>	<p>* Stop eating popcorn, corn, beans, nuts, fruits with small seeds, tomatoes, celery, potato skins, and green salads</p> <p>* Complete your paperwork or online health questionnaire</p> <p>* Please confirm your driver. Public transportation such as bus, taxi, Uber/Lyft are prohibited. If you do not have a driver and are receiving anesthesia, your procedure will be cancelled.</p>	<p>* Eat one option only from the low residue breakfast list on page 3.</p> <p>* Eat one option only from the low residue lunch list on page 3. Lunch must be completed by 2 pm. NO SOLID FOOD AFTER 2 PM!</p> <p>* Start dose one of SUTAB at 5 pm and have it completed by 7 pm. Follow the instructions listed below and not the ones in the prep kit.</p> <p>* Open 1 bottle of 12 tablets. Fill the provided container with 16 oz. of water (up to fill line). Swallow 4 tablets with a sip of water. Wait 10 minutes, then take the next 4 tablets. Wait 10 minutes, then take the last 4 tablets, drinking the entire amount of water over 30 minutes. Wait 30 minutes. Drink 2 additional containers filled to the 16 oz line with water over the next hour.</p> <p>* You may continue to have liquids from the clear liquids list on pg. 3 until you begin dose two of SUTAB.</p> <p>If you vomit or have difficulty with your prep, please call 317-872-7396.</p>	<p>* NO SOLID FOOD!</p> <p>* Start dose two of SUTAB 6 hours prior to your scheduled procedure time. (This must be completed within 2 hours of starting the prep). Follow the instructions listed below and not the ones in the prep kit.</p> <p>* Open 1 bottle of 12 tablets. Fill the provided container with 16 oz. of water (up to fill line). Swallow 4 tablets with a sip of water. Wait 10 minutes, then take the next 4 tablets. Wait 10 minutes, then take the last 4 tablets. Drink the entire amount of water over 30 minutes. Wait 30 minutes. Drink 2 additional containers filled to the 16 oz line with water over the next hour.</p> <p>* Following the SUTAB, your stool should be a liquid that is clear/yellow/tea colored. If your stool is thick liquid or formed, please call 317-872-7396</p> <p>* STOP ALL CLEAR LIQUIDS 4 HOURS PRIOR TO YOUR PROCEDURE</p> <p>* Arrive 1 hour before your scheduled procedure time with your completed paperwork.</p>

IF YOU TAKE A BLOOD THINNER, DIABETIC MEDICATION, OR WEIGHT LOSS MEDICATION (ORAL OR INJECTABLE), PLEASE FOLLOW THE INSTRUCTIONS BELOW:

****PLEASE CHECK WITH THE PHYSICIAN WHO PRESCRIBED YOUR MEDICATION, PRIOR TO DISCONTINUING IT!****

BLOOD THINNERS

Name of Medication	Stop taking the medication this number of days prior to scheduled date of procedure
Brilinta/Ticargelor	3 Days
Coumadin/Warfarin/Jantoven	5 Days
Effient/Prasugrel	5 Days
Eliquis/Apixaban	2 Days
Plavix/Clopidogrel	5 Days
Pradaxa/Dabigatran	2 Days
Savaysa/Edoxaban	3 Days
Xarelto/Rivaroxaban	2 Days

DIABETIC MEDICATIONS

Name of Medication	Stop taking the medication this number of days prior to scheduled date of procedure
Brenzavvy/Bexagliflozin	3 Days
Farxiga/Dapagliflozin	3 Days
Invokana/Canagliflozin	3 Days
Jardiance/Empagliflozin	3 Days
Synjardy	3 Days

GLP1/GIP's (ADDITIONAL DIABETIC AND WEIGHT LOSS MEDICATIONS – ORAL & INJECTABLE)

Name of DAILY Medication	Stop taking the medication this number of days prior to scheduled date of procedure
Byetta/Bydureon/Exanetide	1 Day
Rybelsus/Semaglutide	1 Day
Saxenda/Victoza/Liraglutide	1 Day
Soliqua/Lixisenatide/Insuline glargine	1 Day
Xultophy	1 Day

Name of WEEKLY Medication	Stop taking the medication this number of days prior to scheduled date of procedure
Byetta/Bydureon/Exanetide	1 Week
Mounjaro/Tirzepatide/Zepbound	1 Week
Trulicity/Dulaglutide	1 Week
Wegovy/Ozempic/Semaglutide	1 Week

ALL OTHER MEDICATIONS

If you're taking medication for pain, high blood pressure, seizures, asthma, thyroid disease, irregular heartbeat, or on prednisone, you may take these with a **SMALL SIP** of water, 4 hours prior to your procedure.

Stop taking iron pills, such as ferrous sulfate, polysaccharide iron complex, or a multi-vitamin with iron **1 WEEK** before your procedure.

If you use an inhaler on a regular basis, please **USE IT THE MORNING OF THE PROCEDURE** and bring it with you.

Low Residue Breakfast and Lunch

Choose 1 option for breakfast and one option for lunch

BREAKFAST	Option 1: Two Eggs & 2 slices white bread with butter Option 2: One cup plain yogurt and banana
LUNCH	Option 1: Turkey sandwich on white bread (NO condiments, lettuce or tomato) Option 2: One cup macaroni & cheese Option 3: Five chicken tenders, NO condiments

*** ABSOLUTELY NO SOLID FOOD AFTER 2 PM ***

*** NO FOOD SUBSTITUTIONS**

Approved Clear Liquids:

- Black coffee or Tea (NO cream, milk, or non-dairy creamer)
- Apple or White grape juice
- Jello (NO red, orange, or purple)
- 99% Fat Free chicken or beef broth (NO bouillon cubes)
- Propel, Gatorade, or Powerade (clear or lemon lime only)
- Ginger Ale, 7 Up, Sprite, or Diet soda
- Water

ADDITIONAL IMPORTANT INFORMATION

For questions or to cancel call: 317-872-7396
(Choose scheduling option or leave voicemail)

Please bring your completed paperwork, photo ID, insurance cards, and a form of payment for your deductible/co-pay.

(We accept VISA, Mastercard, Discover, American Express, cash and check)

If you have a Living Will or Advanced Directive, please bring a copy with you.

**THANK YOU FOR CHOOSING
NORTHSIDE GASTROENTEROLOGY
and
NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER, LLC
WE WOULD LIKE TO WELCOME YOU TO OUR PRACTICE
and
HOPE WE EXCEED ALL OF YOUR EXPECTATIONS!**

