

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. 86th St.
Indianapolis, IN 46260

Ascension St Vincent Hospital
Digestive Health Center Ent #1
13500 N. Meridian St.
Carmel, IN 46032

Procedure Date: _____

Procedure Time: _____

| 1 Week Prior | 3 Days Prior | 1 Day Prior | Procedure Day |
|---|--|---|--|
| <p>* You should have already received and purchased your SUTAB prescription.</p> <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>* If you have had significant illness/respiratory illness in the last week, please call 317-872-7396 to speak with the medical assistant.</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.</p> <p>* 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).</p> <p>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 AND NO TOBACCO PRODUCTS, 4 HRS 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 medication this number of days prior to date of procedure |
|----------------------------|--|
| Brilinta/Ticagrelor | 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 medication this number of days prior to 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 medication this number of days prior to 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 medication this number of days prior to 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 of white bread with butter Option 2: One cup of plain yogurt and banana |
| LUNCH | Option 1: Turkey sandwich on white bread (NO condiments, lettuce or tomato) Option 2: One cup of 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!**