



North Shore Gastroenterology Associates, P.C.
233 East Shore Road, Suite 101
Great Neck, New York 11023
Tel: 516-487-2444
Fax: 516-487-2446
www.northshoregastro.com
Email: nsga1@northshoregastro.com

**COLONOSCOPY
SUTAB PREP**

PATIENT NAME: _____ DATE OF PROCEDURE: _____

DOCTOR: _____ LOCATION: _____

ARRIVAL TIME: _____ PROCEDURE TIME: _____

HOLD THE FOLLOWING MEDICATIONS: _____

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, WE ASK THAT YOU GIVE US 72 HOURS NOTICE. If you do not call, and fail to show up for your scheduled procedure you will be charged a "No Show Fee" of \$100.00.

TRANSPORTATION HOME: Due to the effects of anesthesia, YOU ARE NOT ALLOWED TO DRIVE FOR THE REST OF THE DAY. For your safety we CANNOT allow you to take a taxi, uber, lyft or any other service, unless you have someone other than the driver, in the car to accompany you. You MUST make arrangements to have someone accompany you to your procedure. THIS PERSON MUST COME UPSTAIRS TO SIGN YOU OUT. If you do not arrive with a driver or provide us with the name and phone number of the person driving you home, your procedure will be rescheduled and you may be charged a cancellation fee. THERE WILL BE NO EXCEPTIONS!

You may NOT go to work on the day of your procedure. You MUST stay home and rest for the remainder of the day.

****IMPORTANT: IF YOU ARE A SMOKER, WE STRONGLY ADVISE THAT YOU DO NOT SMOKE THE DAY OF YOUR PROCEDURE. SMOKING PRIOR TO YOUR PROCEDURE COULD CAUSE COMPLICATIONS WITH ANESTHESIA****

PICK UP FROM THE PHARMACY:

1. Sutab Bowel Prep Kit; this is available by prescription only. Please contact our office immediately if you did not receive your prescription.

AT LEAST ONE WEEK PRIOR TO YOUR PROCEDURE:

1. If you take any blood thinners, such as Coumadin, Plavix or Aspirin on a daily basis, you must notify your Doctor **IMMEDIATELY!** These medications **MAY** need to be discontinued prior to your procedure.
2. If you take Insulin, you must discuss with your Doctor whether or not you need to hold off taking or reduce your morning dose the day of the procedure.
3. **STOP** taking any vitamins containing iron and/or iron supplements **ONE WEEK** prior to your procedure.

TWO DAYS BEFORE YOUR PROCEDURE:

You must stop eating the following foods: Salads, Nuts, Seeds, and Corn.

THE DAY BEFORE YOUR PROCEDURE:

Do not apply any lotion to your chest, arms or legs!

1. You may have a low residue breakfast. Low residue foods include eggs, white bread, cottage cheese, yogurt, grits, coffee and tea.
2. **After a low residue breakfast, you must be on a CLEAR LIQUID DIET for the ENTIRE day.**

You May Have:			You May NOT Have:	
Water	Seltzer	Apple Juice	Solid Foods	Alcohol
Sprite	Ginger Ale	Plain Jello (not red or purple)	Lemonade	Milk or Milk Products
Bouillon or Clear Broth		Gatorade (not red or purple)		
White Grape Juice		Italian Ice (not red or purple)		
Black Coffee or Tea (no milk or creamer)				
Gum				

3. **At 6PM**, Open 1 bottle of 12 tablets. Fill the provided container with 16oz of water (up to the fill line). Swallow each tablet, one at a time, with a sip of water, and drink the entire amount of water over 15 to 20 minutes.
4. **Approximately 1 hour after the last tablet is ingested**, fill the provided container again with 16oz of water (up to the fill line), and drink the entire amount over 30 minutes.
5. **Approximately 30 minutes after finishing the second container of water**, fill the provided container with 16oz of water (up to the fill line), and drink the entire amount over 30 minutes.
6. **You are encouraged to continue to drink as much clear liquid as possible until bedtime.**

THE DAY OF THE PROCEDURE:

1. At _____ (**7 hours before your procedure**) open the second bottle of 12 tablets Open 1 bottle of 12 tablets. Fill the provided container with 16oz of water (up to the fill line). Swallow each tablet, one at a time, with a sip of water, and drink the entire amount of water over 15 to 20 minutes.
2. **Approximately 1 hour after the last tablet is ingested**, fill the provided container again with 16oz of water (up to the fill line), and drink the entire amount over 30 minutes.
3. **Approximately 30 minutes after finishing the second container of water**, fill the provided container with 16oz of water (up to the fill line), and drink the entire amount over 30 minutes.
4. This must be completed by _____ (**4 hours prior to your Colonoscopy**).

IMPORTANT: AFTER COMPLETING THE PREPARATION ABOVE, YOU CANNOT HAVE ANYTHING ELSE TO EAT OR DRINK, NOT EVEN WATER, UNTIL AFTER YOUR PROCEDURE. IF YOU DO, YOUR PROCEDURE WILL BE DELAYED OR CANCELLED!

5. **YOU SHOULD TAKE YOUR BLOOD PRESSURE AND/OR HEART MEDICATIONS EARLY IN THE MORNING WITH A SMALL SIP OF WATER. If you must take other medications on the day of the procedure, please call our office.**
6. **HAVE NOTHING ELSE TO EAT OR DRINK, NOT EVEN WATER, until after your procedure.**
7. **FEMALE PATIENTS:** Please be aware that on the day of your procedure, you may need to provide a urine sample.

***** REMEMBER *****

DO NOT OMIT ANY PART OF THE PREPARATION. A POOR PREPARATION MAY CAUSE A POLYP OR CANCER TO GO UNDETECTED AND THE PROCEDURE MAY NEED TO BE REPEATED AFTER REPREPPING.

Stay hydrated: A colonoscopy prep causes the body to lose a significant amount of fluid and can result in sickness due to dehydration. It's important that you prepare your body by drinking extra clear liquids before the prep, stay hydrated by drinking all required clear liquids during the prep, and replenish your system by drinking clear liquids after returning home from your colonoscopy.

Drink extra liquids before, during, and after your bowel prep (until 4 hours before your procedure), as well as after your colonoscopy!!

Stay positive: We realize that the colonoscopy prep may not be the most glamorous process. But remember, when you get a colonoscopy, you are taking a proactive step toward prevention or early detection of colorectal cancer.