

Dr. Donald Walters, Dr. Krysia Zancosky and Dr. Fayeze Abboud

SUTAB® COLONSOCOPY BOWEL PREP

NAME: _____ PROCEDURE

DATE: _____

LOCATION:

Benbrook Medical Center, Building #1, 102 Technology Drive, Butler PA

Butler Memorial Hospital, One Hospital Way, Butler, PA

Medication Restrictions:

If you are taking any of the blood thinners listed below, you **MUST** call and inform the doctor prescribing these medications that you are referred for a colonoscopy. Contact the prescribing provider **at least one week** prior to the procedure to ask if it is safe to stop your blood thinner. Also clarify when you should stop and restart the medication. If your physician instructs you **NOT** to stop the medication, please **NOTIFY** our office immediately.

**Coumadin
Pradaxa
Eliquis
Brilinta**

**Warfarin
Xarelto
Effient
Plavix**

If you are taking an **iron supplementation** or **iron-containing medication** including a multi-vitamin, you **MUST** stop taking these medication **seven (7) days** prior to your procedure.

If you are taking **Concerta** or **Tenuate (diethylethylpropion)**, you need to hold these medications for **seven (7) days** prior to your procedure. Please check with your doctor before holding these medications.

You **MAY** take any **cardiac** or **blood pressure medication** as usual, at least **two (2) hours** prior to your procedure with just a sip of water.

If you are prescribed any of the **GLP-1 receptor agonist** for treatment of **type 2 diabetes** and **weight loss** listed below, please hold all weekly injections one week prior to procedure. All daily injections and oral medications need to be held the day of the procedure until after your procedure. Contact your prescribing provider to confirm that holding these medications is okay.

**Trulicity
Victoza
Mounjaro
Wegovy
Rybelsus
Phentermine**

**Bydureon
Saxenda
Ozempic
Adlyxin
Byetta
Contrave**

If you are **diabetic**, please **DO NOT** use **insulin** or take any **other diabetic medication** on the day of the procedure until after your procedure, unless otherwise instructed by your primary care physician.

All other medications only need to be held the day of your procedure. These include, but are not limited to prescription medications, supplements, Aspirin, Ibuprofen, Motrin, Advil, Naprosyn, Naproxen, Aleve, Fish Oil, Omegas, and Glucosamine. You may take these the evening prior and/or as soon as you return home.

SUTAB® prescription has been sent electronically to your preferred pharmacy for you to pick up immediately. Failure to pick it up now may result in the pharmacy re-shelving your medication. Follow dosing instructions on back of this page. **SUTAB®** is a split-dose (2-day) regimen. A total of 24 tablets is **REQUIRED** for complete preparation for colonoscopy. You will take the tablets in two doses of 12 tablets each. Water **MUST** be consumed after each dose. **DO NOT FOLLOW THE MANUFACTURER'S INSTRUCTIONS ENCLOSED WITH THE PREP KIT.**

DAY BEFORE PROCEDURE/DOSE 1 OF PREPARATION

CLEAR LIQUIDS ONLY ALL DAY (From the time you wake up)

No solid foods for the entire day starting from the time you wake up. You may have only clear liquids including: coffee or tea without milk, clear fruit juices (apple, white grape, and white cranberry), JELL-O (without fruit), broth or bouillon, Italian ice, popsicles, Gatorade, Hi-C, Kool-Aid and any sodas (diet or regular). Avoid liquids that are red or purple in color. No alcoholic beverages allowed. Please drink a minimum of (1) gallon of fluids throughout the day. There is no limit to how much you can drink. You are encouraged to drink as much as possible.

- Do not take other laxatives while taking SUTAB® tablets
- Do not take oral medications within 1 hour of starting each dose of SUTAB®. If taking tetracycline or fluoroquinolone antibiotics, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB®,

At 6:00pm

1. Open 1 bottle of 12 tablets
2. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water, and drink the entire amount of water over 20 to 25 minutes. **You should be swallowing one tablet every 2-3 minutes. Allowing a few minutes between pills will reduce nausea.**

IMPORTANT: If you experience preparation-related symptoms (for example, nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.

Drink additional water

3. Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.
4. Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

Continue clear liquids until midnight.

DAY OF PROCEDURE/ DOSE 2

- The morning of colonoscopy (***5 to 8 hours before leaving your home and no sooner than 4 hours from starting Dose1***), open the second bottle of 12 tablets.
- Repeat **STEP 1** to **STEP 4** from **DOSE1** (listed above).
- Nothing else by mouth until after the procedure.
- Your stool should be liquid, clear, and free of solid material. If it is not clear, please call any time after 8am.

IMPORTANT: You must complete all SUTAB® tablets and required water at least 2 hours before colonoscopy.

ADDITIONAL INFORMATION:

If you need to cancel or reschedule your appointment, please call our office at (833)-391-0654

Secure a Driver

Since you will be receiving sedating medications or narcotics, you are required by law to be accompanied by someone to drive you home when you are ready for discharge. You may not drive or return to work until the morning after your procedure.

You will be contacted by telephone the business day before your procedure to confirm your arrival time. IF YOU DO NOT RECEIVE A CALL BY 3:00PM REGARDING YOUR ARRIVAL TIME, PLEASE CONTACT THE FACILITY IN WHICH YOU ARE HAVING YOUR PROCEDURE. PLEASE REFER TO THE NUMBER BELOW FOR ARRIVAL TIME ONLY (ALL OTHER CALLS SHOULD BE DIRECTED TO OUR OFFICE):

Benbrook Surgical Center 724-431-0740

Butler Memorial Hospital 724-284-4595

If you need to cancel, please notify our office within 72 business hours of the procedure date. Failure to notify the office of the cancellation may result in additional charges as well as a fee for non-cancellable ancillary services. Also, for any questions and/or concerns, please call our office at 833-391-0654.

NOTE

- SUTAB® is an osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults

*******TURN PAGE OVER FOR COMPLETE DOSING INSTRUCTIONS*******

- Be sure to tell your doctor about all the medicines you take including prescription and non-prescription medicines, vitamins, and herbal supplements. SUTAB® may affect how other medicines work.
- Medication taken by mouth may not be absorbed properly when taken within 1 hour before the start of each dose of SUTAB®.
- The most common adverse reactions after administration of SUTAB® were nausea, abdominal distention, vomiting, and upper abdominal pain.
- Contact your healthcare provider if you develop significant vomiting or signs of dehydration after taking SUTAB® or if you experience cardiac arrhythmias or seizures.
- If you have any questions about taking SUTAB®, call your doctor during normal office hours.