

Dr. Donald Walters Dr. Krysia Zancosky Dr. Fayez Abboud

SUTAB® COLONOSCOPY BOWEL PREP

NAME: _____ PROCEDURE DATE: _____

LOCATION:

- Benbrook Medical Center, Building #1, 102 Technology Dr., Butler, PA 16001
- Butler Memorial Hospital, One Hospital Way, Butler, PA 16001

Take all cardiac, blood pressure, thyroid, seizure, and/or acid suppression medications as usual at least two (2) hours prior to your procedure with just a sip of water. DO NOT skip these medications unless the prescribing physician instructed you to do so. You may take anxiety medication, as needed.

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

Pradaxa / Dabigatran	Brilinta / Ticagrelor	Coumadin / Warfarin / Jantoven
Eliquis / Apixaban	Xarelto / Rivaroxaban	
Plavix / Clopidogrel	Effient / Prasugrel	

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

If you are taking Concerta, Tepanil or Tenuate (Diethylepropion), you **MUST hold** these medications for seven (7) days prior to your procedure. *Please check with your prescribing provider before holding these medications.*

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

If you are prescribed any of the GLP-1 receptor agonists for treatment of Type II Diabetes or weight loss listed below, **you MUST hold all weekly injections or medication doses as listed below prior to your procedure. All daily injections MUST be held the day of your procedure until after the procedure.** Contact the prescribing provider to ensure that holding these medications is safe.

Dulaglutide / Trulicity – Hold 7 days	Phentermine / Adipex – Hold 7 days
Semaglutide / Ozempic / Wegovy – Hold 7 days	Contrave – Hold 7 days
Exenatide / Bydureon – Hold 7 days	Oral Semaglutide / Rybelsus – Hold 1 day
Liraglutide / Victoza / Saxenda – Hold 7 days	Exenatide / Byetta – Hold 1 day
Lixisenatide / Adlyxin – Hold 7 days	Tirzepatide / Mounjaro / Zepbound – Hold 7 days

All other medications not listed above MUST only 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 after your procedure.

***** TURN PAGE OVER FOR BOWEL PREPARATION INSTRUCTIONS *****

BOWEL PREPARATION INSTRUCTIONS

SUTAB® prescription has been sent electronically to your preferred pharmacy for you to pick up upon receipt of these instructions. Failure to pick it up now may result in the pharmacy re-shelving the medication. Be sure to follow these instructions and **NOT** the manufacturer or pharmacy instructions included within the package.

SUTAB® is a split-dose (2-day) regimen. A total of 24 tablets is **required** to complete the preparation for the 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 THE PROCEDURE – CLEAR LIQUIDS ONLY ALL DAY / DOSE 1 OF PREPARATION

You **MUST** follow a clear liquid diet from the time you wake up. **NO SOLID FOODS**. Avoid any liquids that are **red** or **purple** in color. No alcoholic beverages permitted. Please drink a minimum of one (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.

Coffee / Tea without milk or creamer
Jell-O without fruit
Broth/Bouillon
Italian Ice
Popsicles
Gatorade / Powerade

Hi-C
Kool-Aid
Sodas – Diet / Regular
Clear fruit juices –
Apple/White Grape/White Cranberry

- **DO NOT** take other laxatives while taking **SUTAB®** tablets.
- **DO NOT** take oral medications within one (1) hour of starting each dose of **SUTAB®**. If taking tetracycline or fluoroquinolone antibiotics, Digoxin, Chlorpromazine, or Penicillamine, take these medications at least two (2) hours before and not less than six (6) hours after administration of each dose of **SUTAB®**.

6:00 PM:

1. Open one (1) bottle of **SUTAB®** tablets.
2. Fill the provided container with 16 ounces of water (up to the fill line). Swallow one (1) tablet every 2-3 minutes with water. You should finish the 12 tablets and the entire 16 ounces of water within 20-25 minutes.

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

3. Approximately one (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.

You may continue **CLEAR LIQUIDS** until midnight.

*****SEE NEXT PAGE FOR ADDITIONAL BOWEL PREPARATION INSTRUCTIONS*****

BOWEL PREPARATION INSTRUCTIONS

DAY OF THE PROCEDURE / DOSE 2 OF PREPARATION

- **Morning of Colonoscopy - Five (5) to eight (8) hours before leaving your home and no sooner than four (4) hours from starting Dose 1-**
1. Open the second bottle of **SUTAB®** tablets.
 2. Repeat Step 2 to Step 4 from Dose 1.

IMPORTANT: You must complete all **SUTAB®** tablets and required water at least two (2) hours prior to colonoscopy.

- Your stool should be liquid, clear and free of solid material. If it is not, please call the office any time after 8:00 am.
- *Nothing else by mouth until after procedure including gum, mints and hard candy. Refrain from smoking, vaping or chewing tobacco before your procedure.*

Since you will be receiving sedating medications or narcotics, you are required by law to be accompanied by a responsible adult (over the age of 18) to accompany you to the facility, receive discharge instructions, drive you home, and stay with you after the procedure. For your own safety and protection, you will not be allowed to drive home. Taking a taxi or public transportation home by yourself is not permitted. You **MUST** have someone to accompany you. You are not permitted to drive or return to work until the morning after your procedure.

Additional Information:

You will be contacted by telephone the business day before your procedure to confirm your arrival time. If you need to cancel, please call our office at 833-391-0654 or the number listed below for the facility at which you are scheduled.

IF YOU DO NOT RECEIVE A CALL BY 3:00 PM REGARDING YOUR ARRIVAL TIME, PLEASE CONTACT THE FACILITY IN WHICH YOU ARE HAVING YOUR PROCEDURE. Refer to the number below for facility's contact information. *Please note, this is for the arrival time only.* All other calls should be directed to our office.

Benbrook Surgical Center	724-431-0740
Butler Memorial Hospital	724-284-4595

Notes:

- **SUTAB®** is an osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.
- Be sure to tell your doctor about all the medications 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 one (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 health care provider if you develop significant vomiting or signs of dehydration after taking **SUTAB®** or if you experience cardiac arrhythmias or seizures.