

MAIN GASTROENTEROLOGY, P.C,
Gastroenterology Endoscopy

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COLONOSCOPY
ATTENTION!!! PLEASE READ IMMEDIATELY!!!

Regarding Blood Thinners please address the following:

"If you take Blood Thinners or Anticoagulants (Heparin, Coumadin, Plavix) it is important that you notify your doctor who prescribed these medications to discuss stopping those drugs ONE WEEK prior to your procedure.

"If you take any ASPIRIN product, such as Aspirin, Ecotrin, Motrin, Advil, Aleve, etc, you must discontinue their use one week prior to the procedure as well. If you are on any of those medications, please contact the prescribing doctor to discuss stopping those medications for one week.

"If you have contacted your doctor and he/she advised you NOT to withhold the medications, please contact our office IMMEDIATELY.

"If you need medication for pain relief, you may take acetaminophen, (Tylenol regular or extra strength only!)

Foods needing to be avoided:

"5 days before the procedure avoid ANY FOOD CONTAINING SEEDS. Examples are corn, grapes, tomatoes, and watermelon, rye bread, poppy or sesame seeds.

Diabetic patient please see attached sheet specific for diabetics.

Medications the day prior to and the day of procedure:

Please continue to take ALL OTHER medications as prescribed to you as you normally would EVEN THE MORNING OF THE PROCEDURE with the exception of performing an upper endoscopy. You may need to reschedule your pills the night before the procedure to AVOID TAKING MEDICATION WHILE DRINKING THE PREP.

Notes:

**Please notify our office immediately if you require ANTIBIOTICS before this procedure is performed.

** It is important to fill out the medication sheet in this packet, and list ALL medications on the sheet.

The list should include name of drug, dose and how many times a day you take it. Bring this sheet to the hospital.

** You MUST have a driver with you to bring you home after the procedure. A taxi is only acceptable if you have another adult, besides the taxi driver, with you.

YOUR PROCEDURE IS SCHEDULED FOR:

DATE:

PLACE: Millard Fillmore Suburban Hospital 1540 Maple Rd, Williamsville, NY 14221

REPORT TO ADMISSION:

AT HOME COVID-19 TESTS REQUIRED 24 HOURS PRIOR TO PROCEDURE

Clear Liquid Diet

DO NOT EAT OR DRINK ANYTHING RED OR PURPLE

Do NOT drink any alcoholic beverages

ALLOWED LIQUIDS:

BEVERAGES:

- o Water, tea or coffee
- o Sweeteners are ok in the coffee
- o Clear soft drinks (7UP, ginger ale, orange, Sprite, etc.)
- " Gatorade, Orange juice (no pulp), Lemonade- with no pulp
- o Strained fruit juices without pulp (apple, white grape, orange, white cranberry, etc.)

SOUPS:

- o Low sodium chicken or beef bouillon/broth

MISCELLANEOUS:

- o Hard candies
- " Plain yogurt and 1 cup of plain Ice cream
- " Jell-O (lemon, lime or orange)? no fruit or toppings and not Red
- " Popsicles or Italian ice

The above may be taken for lunch or dinner

Your procedure will be performed by Doctor: _____

Address: _____

Date of procedure: _____ Arrive at: _____ AM/PM

Comments: _____

SUTAB[®]

(sodium sulfate, magnesium sulfate, and potassium chloride)
Tablets

1.479 g/0.225 g/0.188 g



What to Eat the Day BEFORE Your Colonoscopy

Please follow a low residue diet and do not eat anything after starting the bowel prep. Eat what is permitted unless otherwise directed by your doctor.

What You CAN Do

- You may have low residue breakfast only. Low residue breakfast foods include eggs, white bread, cottage cheese, yogurt, grits, coffee, and tea.
- You may have clear liquids.

What You CANNOT Do

- Do not drink milk or eat or drink anything colored red or purple.
- Do not drink alcohol.
- Do not take other laxatives while taking SUTAB.
- Do not take oral medications within 1 hour of starting each dose of SUTAB.
- If taking tetracycline or fluoroquinolone antibiotics, iron, 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.

Liquids That Are OK to Drink

- Coffee or tea (no cream or nondairy creamer)
- Fruit juices (without pulp)
- Gelatin desserts (no fruit or topping)
- Water
- Chicken broth
- Clear soda (such as ginger ale)

Note

- 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 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 distension, 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.

The Dosing Regimen

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 with each dose of SUTAB, and additional water must be consumed after each dose.

DAY 1, DOSE 1—The day BEFORE your colonoscopy

Swallow the 12 tablets with the first 16 ounces of water

STEP 1 Open 1 bottle of 12 tablets.

STEP 2 Fill the provided container with 16 ounces of water (up to the fill line). **Swallow 1 tablet every 1 to 2 minutes. You should finish the 12 tablets and the entire 16 ounces of water within 20 minutes.**



Tablets not shown actual size



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 the additional two 16 ounces of water

STEP 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.

STEP 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.

DAY 2, DOSE 2—The day OF your colonoscopy

Swallow the other 12 tablets with another 16 ounces of water

- The day of your colonoscopy (5 to 8 hours prior to your colonoscopy and no sooner than 4 hours from starting Dose 1), open the second bottle of 12 tablets.
- Repeat STEP 1 to STEP 4 from DAY 1, DOSE 1.



Tablets not shown actual size



IMPORTANT: You must swallow all tablets and drink all the water at least 2 hours before your colonoscopy.

Please read the full Prescribing Information and Medication Guide in the kit.

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