

# SUTAB COLONOSCOPY PREPARATION INSTRUCTIONS

Appointment Date: \_\_\_\_\_

Check In Time: \_\_\_\_\_

To ensure that your test is accurate and complete, you must follow these directions. If you have questions, please call our office at 816-478-4887. Consultants in Gastroenterology is dedicated to providing you with quality health care.  
You matter to us!

## DO NOT FOLLOW INSTRUCTIONS ON BOX

- \_\_\_ The Endoscopy Center East -3800 S Whitney Ave. Suite 100 Independence, MO 64055
- \_\_\_ The Endoscopy Center North- 5330 North Oak Trafficway Suite 100 Kansas City, MO 64118
- \_\_\_ The Endoscopy Center Liberty -9601 Northeast 79<sup>th</sup> Street Kansas City, MO 64158
- \_\_\_ Liberty Hospital- 2525 Glenn Hendren Dr. Liberty, MO 64068
- \_\_\_ North Kansas City Hospital 7<sup>th</sup> Floor Pavilion- 2800 Clay Edwards Dr. North Kansas City, MO 64116
- \_\_\_ Briarcliff Surgery Center- 4150 N Mulberry Dr Suite 100 Kansas City, MO 64116
- \_\_\_ Centerpoint Ambulatory Surgery Center – 19550 East 39<sup>th</sup> Street Suite 100 Independence, MO 64057

## 10 DAYS PRIOR TO THE PROCEDURE

- **Arrange for a responsible adult (18 years or older)** to drive you home and stay with you on the day of your procedure. Your procedure will be canceled if you do not have someone to accompany you home.
- **Continue taking your daily Aspirin** as prescribed/recommended by your primary care physician.
- **BLOOD THINNERS: Please contact your Primary Care Doctor or Cardiologist for approval to hold blood thinner medications per BLOOD THINNER GUIDELINES ON PAGE 5.** If you are unable to stop your blood thinner, please call our office and speak with a nurse. If your specific medical condition allows, it is safest if performed off these medications.
- **DIABETICS:** Please follow **DIABETES MEDICATION MANAGEMENT GUIDELINES on PAGES 4-5** for adjustments to your medication.
- **WEIGHT LOSS MEDICATIONS:** Please refer to **PAGE 5 FOR WEIGHT LOSS MEDICATIONS MANAGEMENT GUIDELINES** for when to hold/stop your medication. Failure to follow those guidelines will result in cancellation of your procedure.
- **Inform** your doctor if you have a pacemaker or other implantable electronic device.
- **Procedure check-in time is subject to change per the endoscopy center.** You may receive a call within 7 days of procedure. Please follow the endoscopy center check-in instructions if different than at time of scheduling.

## 4 DAYS PRIOR TO THE PROCEDURE

- **STOP** iron supplements, fish oil supplements, multivitamins that contain iron, Metamucil, or any other bulk fiber.
- **AVOID** nuts, seeds, popcorn, and fiber supplements (Metamucil, Citrucel, etc).
- **Begin low fiber diet – PLEASE SEE PAGE 3 FOR LOW FIBER DIET GUIDE.**
- **Avoid foods that contain red, orange, or purple dyes.** These may interfere with your procedure.

### Additional Information:

Bowel movements can take up to 2 hours to start after beginning the prep, but may take 5-6 hours, depending on the person.

If you develop nausea or vomiting, stop and take a 30-minute break from the bowel prep, then resume prep at a slower rate. Please complete all the tablets and drink all the required water, even if it takes you longer. If you are unable to finish the prep, stop and call our office for further instructions.

A split prep is proven to be the most effective for a successful colonoscopy. While this can make for an early morning, it is essential that you follow the directions provided so you have a high-quality exam. If stool residue remains in your colon, your doctor may not be able to find and remove all polyps, cancer could be missed, or your procedure may need to be rescheduled or repeated.

## 1 DAY PRIOR TO THE PROCEDURE



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- **YOU MUST BE ON A CLEAR LIQUID DIET.**
- **NO SOLID FOODS, DAIRY PRODUCTS, OR NON-DAIRY CREAMER ARE ALLOWED.**
- A clear liquid diet is necessary for a colonoscopy. A complete cleansing of the entire bowel is essential for effective results so that there will be no need for retesting.
- Take all your normal medications (**this includes blood pressure and anxiety medications**), unless otherwise instructed as above. Do NOT take any NSAIDs (naproxen, ibuprofen, celecoxib, Aleve, Advil, Motrin, Excedrin, Celebrex). **Tylenol is OK.**
- **Do NOT consume alcohol, use marijuana, take mind-altering medications, or use illicit drugs within 24 hours of your procedure or your procedure will be canceled.**

**Stop eating solid foods and begin clear liquid diet 1 DAY before your scheduled procedure:**

You may have ONLY CLEAR LIQUIDS, such as:		
✓ Black coffee or tea (sugar is OK)	✓ Popsicles or Jell-O (not red or blue)	✓ Bouillon/broth
✓ Soda (clear or cola is OK)	✓ Fruit juice: apple, white grape, or white cranberry	✓ Water (flavored water/coconut water)
✓ Clear sports drinks: Gatorade; Pedialyte		
DO NOT DRINK:		
× Milkshakes	× Juice that is not clear: orange, pineapple, grapefruit and tomato	× Alcohol
× Smoothies	× Cooked cereal	
× Milk, dairy or non-dairy	× Barium/Oral contrast	

### **SUTAB 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.

**\*DO NOT FOLLOW DIRECTIONS ON BOX — TAKE AS DIRECTED BELOW:**

#### **DOSE 1 = Day 1, Day Before Procedure**

Start taking Dose 1 = between **4:00 PM - 6:00 PM** the day before your colonoscopy.

#### **Steps for Taking Sutab Bowel Prep Dose 1:**

- STEP 1 Take ONDANSETRON (1 tablet 4mg dissolve on tongue). Wait 30 minutes
- STEP 2 Open 1 bottle of 12 tablets.  
Fill the provided container with 16 oz of water (up to the fill line). Swallow 1 tablet every 1-2 minutes. You should finish the 12 tablets and the entire 16 oz of water within 24 – 30 minutes.
- STEP 3 Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 oz 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 oz of water (up to the fill line), and drink the entire amount over 30 minutes.
- **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.**

### **DAY OF THE PROCEDURE**

- Take all your normal medications (**this includes blood pressure and anxiety medications**) unless otherwise instructed as above. Do not take any NSAIDs (naproxen, ibuprofen, celecoxib, Aleve, Advil, Motrin, Excedrin, Celebrex). **Tylenol is OK.**
- **NO GUM, MINTS, SMOKING, CHEWING TOBACCO, OR E-CIGARETTES THE DAY OF THE PROCEDURE**
- You may brush your teeth.
- Please plan to spend 2 – 3 hours at the facility for your procedure from check-in to discharge.

#### **DOSE 2 = Day 2, Day of Procedure**

Start taking Dose 2 = **5 hours prior to Check In time.**

*For example, if your colonoscopy is at 8:00 AM, you will start Dose 2 at 3:00 AM.*

#### **Steps for Taking Sutab Bowel Prep Dose 2:**

- STEP 1 Open 2<sup>nd</sup> bottle of 12 tablets.
- STEP 2 Repeat Step 2 to Step 4 from Dose 1.

- **IMPORTANT: You must complete all SUTAB tablets and the required water at least 4 hours before colonoscopy. Stop drinking liquids at least 4 hours prior to colonoscopy.**

### **WHAT TO BRING WITH YOU?**

- Please don't forget to bring your completed paperwork, insurance cards, copayment or any deductible due at time of service.
- If you do not use our patient portal website, please bring a list of all medications you are currently taking (this includes over the counter medications, herbs and vitamins).
- Bring your driver's license or photo ID.
- Wear comfortable, loose-fitting clothing. Wear flat shoes or tennis shoes.
- **Do NOT wear jewelry or bring large amounts of cash with you.**

YOU MUST BE ACCOMPANIED BY A FRIEND OR RELATIVE OF LEGAL AGE (18 YEARS OR OLDER) TO DRIVE YOU HOME. YOUR DRIVER MUST CHECK IN WITH YOU AND STAY IN THE BUILDING UNTIL YOU ARE DISCHARGED. YOU MAY NOT DRIVE, OR GO HOME BY UBER, TAXI OR TRANSPORTATION BUS. IF YOU DO NOT HAVE A DRIVER, YOUR PROCEDURE MAY BE CANCELLED.

## LOW FIBER DIET:

	Milk & Dairy	Breads & Grains	Meat & Seafood	Legumes	Fruits
<b>Okay to Eat:</b>	<ul style="list-style-type: none"> <li>✓ Milk</li> <li>✓ Cream</li> <li>✓ Hot Chocolate</li> <li>✓ Buttermilk</li> <li>✓ Cheese</li> <li>✓ Sour Cream</li> </ul>	<ul style="list-style-type: none"> <li>✓ Breads and grains made with refined white flour</li> <li>✓ White rice</li> <li>✓ Plain crackers</li> <li>✓ Low-fiber cereal (cream of wheat/corn flakes)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Chicken</li> <li>✓ Turkey</li> <li>✓ Lamb</li> <li>✓ Lean Pork</li> <li>✓ Veal</li> <li>✓ Fish and seafood, except salmon</li> </ul>		<ul style="list-style-type: none"> <li>✓ Juice without pulp</li> <li>✓ Apple sauce</li> <li>✓ Canned or cooked fruit without seeds or skins</li> <li>✓ Cantaloupe and Honeydew</li> <li>✓ Peeled apricots and peaches</li> </ul>
<b>Do Not Eat:</b>	<ul style="list-style-type: none"> <li>× Yogurt mixed with seeds, nuts, granola or fruit with skins/seeds</li> </ul>	<ul style="list-style-type: none"> <li>× Brown or wild rice</li> <li>× Whole grain bread, rolls, pasta or crackers</li> <li>× Whole-grain or high-fiber cereal (granola, oatmeal)</li> <li>× Bread or cereal with nuts or seeds</li> </ul>	<ul style="list-style-type: none"> <li>× Salmon</li> <li>× Tough meat with gristle</li> </ul>	<ul style="list-style-type: none"> <li>× Dried peas</li> <li>× Dried beans</li> <li>× Lentils</li> <li>× Any other legumes</li> </ul>	<ul style="list-style-type: none"> <li>× Fruits with seeds, skins or membranes (berries, pineapple, apples, oranges and watermelon)</li> <li>× Dried fruit</li> <li>× Any cooked or canned fruit with seeds</li> </ul>
	Nuts & Seeds	Fats & Oils	Desserts	Soups	Vegetables
<b>Okay to Eat:</b>	<ul style="list-style-type: none"> <li>✓ Creamy (smooth) nut butters</li> </ul>	<ul style="list-style-type: none"> <li>✓ Butter</li> <li>✓ Margarine</li> <li>✓ Vegetable &amp; other oils</li> <li>✓ Mayonnaise</li> <li>✓ Salad dressing without seeds or nuts</li> </ul>	<ul style="list-style-type: none"> <li>✓ Custard</li> <li>✓ Plain pudding</li> <li>✓ Ice Cream (without nuts or fruit)</li> <li>✓ Sorbet or Sherbet</li> <li>✓ Jell-O (not blue or red)</li> <li>✓ Cookies or cake made with white flour without seeds, nuts or fruit.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Broth, bouillon, consommé and strained soups</li> <li>✓ Milk or cream-based soup, strained</li> </ul>	<ul style="list-style-type: none"> <li>✓ Canned or cooked vegetables without seeds or skins</li> <li>✓ Potatoes without skins</li> </ul>
<b>Do Not Eat:</b>	<ul style="list-style-type: none"> <li>× Nuts</li> <li>× Chunky nut butter</li> <li>× Seeds (fennel, sesame, pumpkin, sunflower)</li> </ul>	<ul style="list-style-type: none"> <li>× Salad dressing with seeds or nuts</li> </ul>	<ul style="list-style-type: none"> <li>× Coconut</li> <li>× Anything with seeds or nuts</li> <li>× Anything with red or blue dye</li> <li>× Anything made with whole grain flour</li> </ul>	<ul style="list-style-type: none"> <li>× Unstrained soups or soups with herbs</li> <li>× Chili</li> <li>× Lentin soup</li> <li>× Pea soup</li> <li>× Dried bean soup</li> <li>× Corn soup</li> </ul>	<ul style="list-style-type: none"> <li>× Raw vegetables, contain skin, seeds or peel</li> <li>× Corn</li> <li>× Potatoes with skin</li> <li>× Cucumbers</li> <li>× Tomatoes</li> <li>× Cooked cabbage or brussels sprouts</li> <li>× Green peas</li> <li>× Squash</li> <li>× Lima beans</li> <li>× Onion</li> </ul>

## Diabetes Medication Management

*If you are using any of the following medications for diabetes OR weight loss management, please follow the outlined guidelines.*



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These are general guidelines that include specific instructions on how to take your diabetes medications, clear liquid nutrition information, and guidance on what to do if you become hypo - or hyperglycemic. This is only intended to be used by patients that have either Type 1 or Type 2 diabetes. Please call the health care provider who manages your diabetes if you have an insulin pump or if you have specific questions or concerns that are not answered in this document.

For people with diabetes, any procedure that causes you to miss a meal will require special planning to safely manage your blood sugar. It is important to reduce your diabetes medications and monitor your blood sugar while you are doing the bowel prep for colonoscopy. If you are taking insulin or have a history of low blood sugars, check your blood sugar every 4-6 hours on the day prior to the procedure and on the day of the procedure, as well as any time you feel signs of low blood sugar or high blood sugar. Let your primary care provider know as soon as possible if you do not have a blood sugar meter (glucometer) or if you need any testing supplies refilled. Refer to your medication(s) below for adjustments unless you have been given other instructions by your health care provider.

If you have any questions regarding these instructions, please call the clinic at 816-478-4887 and ask to speak to a nurse. If you have detailed questions, please contact your prescribing physician.

### Injectable Medications:

	<b>Long-acting Insulin Products:</b>	<b>Short-acting Insulin Products:</b>	<b>Mixed Insulin Products:</b>
	BASAGLAR®, HUMULIN N®, LANTUS®, LEVEMIR®, NOVOLIN N®, NPH®, SOLIQUA®, TOUJEO®, TRESIBA®, XULTOPHY®	ADMELOG®, APIDRA®, FIASP®, HUMALOG®, HUMULIN R®, NOVOLIN R®, NOVOLOG®, REGULAR® INSULIN	HUMALOG MIX 75/25®, HUMULIN 70/30®, NOVOLIN 70/30®, NOVOLOG MIX 70/30®
<u>1 Day Prior to the Procedure:</u>	Take half of your usual dose for each dose.	Take your usual dose in the morning. DO NOT take any of these medications after 12pm (once you start your clear liquid diet).	Take half of your usual dose for each dose.
<u>Day of the Procedure:</u>	Take half of your usual dose for each dose.	DO NOT take any of these medications prior to your procedure.  Resume your next dose once you start eating a normal diet again after the procedure.	DO NOT take any of these medications prior to your procedure.  Resume your next dose once you start eating a normal diet again after the procedure.

### Oral Medications:

	GLIMEPIRIDE, GLIPIZIDE, GLYBURIDE, CHLORPROPAMIDE, NATEGLINIDE, REPAGLINIDE, TOLAZAMIDE, TOLBUTAMIDE	Any other Oral Diabetes Medication, including <b>METFORMIN</b>
<u>1 Day Prior to the Procedure:</u>	Take half of your usual morning dose. DO NOT take any of these medications after 12pm (once you start your clear liquid diet).	Take your usual dose in the morning. DO NOT take any of these medications after 12pm (once you start your clear liquid diet).
<u>Day of the Procedure:</u>	DO NOT take any of these medications prior to your procedure.  Resume your next dose once you start eating a normal diet again after the procedure.	DO NOT take any of these medications prior to your procedure.  Resume your next dose once you start eating a normal diet again after the procedure.



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## Weight Loss/Diabetes Medication Management

GLP-1 Agonist	SGLT2	Phentermine
<ul style="list-style-type: none"> <li>• Dulaglutide (Trulicity)</li> <li>• Exenatide extended release (Bydureon bcise)</li> <li>• Exenatide (Byetta)</li> <li>• Semaglutide (Ozempic, Wegovy, Rybelsus)</li> <li>• Liraglutide (Victoza, Saxenda)</li> <li>• Lixisenatide (Adlyxin)</li> <li>• Tirzepatide (Mounjaro, Zepbound)</li> </ul>	<ul style="list-style-type: none"> <li>• Canaglifozin (Invokana)</li> <li>• Dapaglifozin (Farxiga)</li> <li>• Empaglifozin (Jardiance)</li> <li>• Ertuglifozin (Stelagro)</li> <li>• Brenzavvy (bexaglifloxin)</li> </ul>	<ul style="list-style-type: none"> <li>• Pro-Fast SA</li> <li>• Ionamin</li> <li>• Fastin</li> <li>• Adipex-P</li> <li>• Pro-Fast HS</li> <li>• Phentercot</li> <li>• Oby-Cap</li> <li>• Phentride</li> </ul>
<ul style="list-style-type: none"> <li>• Daily dosing – hold for 24 hours prior to procedure</li> <li>• Weekly dosing – hold for 7 days prior to procedure</li> <li>• Clear liquid diet for 24 hours prior to procedure</li> </ul>	Hold for 3 days before procedure	Hold for 14 days before procedure
<ul style="list-style-type: none"> <li>• Hold all dosing for 7 days prior to procedure</li> <li>• Clear liquid diet for 24 hours prior to procedure</li> </ul>		

## Blood Thinner Medication Guidelines

Hold 7 days	Hold 5 days	Hold 3 days	Hold 2 days
<ul style="list-style-type: none"> <li>• Effient / Prasurgrel</li> </ul>	<ul style="list-style-type: none"> <li>• Aggrenox / Dipyridamole</li> <li>• Brillinta / Ticagrelor</li> <li>• Plavix / Clopidogrel</li> <li>• Warfarin / Coumadin / Jantoven</li> </ul>	<ul style="list-style-type: none"> <li>• Savaysa / Edoxaban</li> </ul>	<ul style="list-style-type: none"> <li>• Eliquis / Apixaban</li> <li>• Pradaxa / Dabigatran</li> <li>• Xarelto / Rivaroxaban</li> <li>• Pletal / Cilostazol</li> </ul>

**If you have any questions about the preparation, or if you need to cancel or reschedule your appointment, please call our office at 816-478-4887.**

**Please give 72 hours notice or you may be charged \$100.**