

120 NE Saint Luke's Blvd • Ste 275 • Lee's Summit, MO 64086 • 816-554-3838

fax: 816-554-1634

www.summitgi.com

COLONOSCOPY PREP USING SUTAB

Patient _____
 Doctor _____
 Date _____
 Arrival Time _____
 Procedure Time _____

LOCATIONS:	
St. Luke's Outpatient Surgery Center	Lee's Summit Medical Center
120 NE St. Luke's Blvd. Lee's Summit, MO 64086	2100 SE Blue Pkwy. Lee's Summit, MO 64063
St. Luke's East Hospital	College Park (CP Surgicenter)
100 NE St. Luke's Blvd. Lee's Summit, MO 64086	10787 Nall Ave Ste 100 Overland Park, KS 66211

Below is a set of instructions that need to be followed closely in order to ensure that your colon is "cleaned out" for your colonoscopy. Please read these instructions several times and do not hesitate to contact us with any questions. Your bowel preparation is a very important part of your procedure.

AT LEAST A WEEK BEFORE YOUR PROCEDURE with Summit Gastroenterology:

- Check with your prescribing doctor to make sure it is safe to hold prescription blood thinner: _____ for _____ days prior. Please do not take any Aspirin or Plavix the day of your procedure.
- Hold prescription diet pills, i.e.-phentermine. **HOLD 1 WEEK PRIOR TO PROCEDURE.**
- Hold weekly dosing of GLP's: Trulicity (Dulaglutide), Bydureon BCise (Exenatide), Mounjaro, Zepbound (Tirzepatide), Ozempic, Wegovy (Semaglutide). *HOLD 1 WEEK PRIOR TO PROCEDURE.

FOUR DAYS BEFORE YOUR PROCEDURE:

- Hold Steglatiro (Ertugliflozin). *HOLD FOR 96 HOURS PRIOR TO PROCEDURE.

THREE DAYS BEFORE YOUR PROCEDURE:

- Hold Jardiance (empagliflozin), Invokanna (canagliflozin), Farxiga (dapagliflozin). *HOLD FOR 72 HOURS PRIOR TO PROCEDURE.

SEVERAL DAYS BEFORE YOUR PROCEDURE please purchase SUTAB colonoscopy prep from your pharmacy and simethicone 80mg tablets (i.e. Gas-X).

THE DAY BEFORE YOUR PROCEDURE:

- The day PRIOR to your scheduled procedure, you are not to eat any solid foods but instead have plenty of clear liquids. Do Not drink **RED**, **ORANGE**, or **PURPLE** clear liquids. Clear liquids permitted are as follows: water, tea, black coffee, apple juice, white grape and apple juices, lemon or lime Jell-O™, chicken or beef broth (NO noodles!), popsicles, 7 UP™ and Sprite™.
- You may have liquid Boost (not powder) or Ensure until 3:00pm ONLY (no substitutions).
- Do not** drink alcohol – **Do not** drink milk or milk products – **Do not** drink orange juice
- Hold daily dosing GLP's: Byetta (Exenatide), Saxenda (Liraglutide), Victoza (Liraglutide), Adlyxin (Lixisenatide), Rybelsus (Semaglutide). *HOLD DAY BEFORE AND DAY OF PROCEDURE.

**** If you are diabetic, take only half of your normal dose of insulin or oral medications.**

Your bowel preparation is composed of **2 doses, taken at different times**.

You will take the **1st dose THE DAY PRIOR** TO YOUR SCHEDULED PROCEDURE and the **2nd dose THE MORNING OF** YOUR SCHEDULED PROCEDURE.

IMPORTANT REMINDER FOR PATIENTS:

- 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.
- Incidents of patients ingesting the desiccant contained in the bottles have been reported, be sure to discard both of the desiccants as instructed.
- 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 – ON THE EVENING PRIOR TO COLONOSCOPY:

Swallow the 12 tablets with the first 16 ounces of water.

STEP 1: Open 1 bottle of 12 tablets. **Remove and discard the desiccant. Remove and discard the desiccant from the second bottle and close the bottle.** Use the second bottle for the second dose on the morning of the colonoscopy.

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

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 MORNING OF THE COLONOSCOPY (5 to 6 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1)

Swallow the other 12 SUTAB tablets and 2 more simethicone tablets with another 16 ounces of water.

- Continue to consume only clear liquids until after the colonoscopy.
- Repeat Step 2 to Step 4 from Day 1, Dose 1.
- 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.
- Complete taking all SUTAB tablets and water at least four hours prior to colonoscopy.

THE DAY OF YOUR PROCEDURE:

- If you take insulin or oral diabetic medication, you are advised to HOLD and DO NOT TAKE on the day of your procedure. Bring it with you.
- Take any heart, blood pressure, or seizure medications routinely with a small sip of water. Do this several hours before.
- **No smoking or vaping the day of the procedure. No chewing tobacco. Avoid ALL tobacco products day of procedure. No chewing gum the day of the procedure.**
- Hold daily dosing GLP's: Byetta (Exenatide), Saxenda (Liraglutide), Victoza (Liraglutide), Adlyxin (Lixisenatide), Rybelsus (Semaglutide). *HOLD DAY BEFORE AND DAY OF PROCEDURE.
- Hold all other medications the day of the procedure.

YOU MUST HAVE WITH YOU:

- A responsible adult to drive you home must be present at the time of check-in and stay at the facility or your colonoscopy will be CANCELLED or RESCHEDULED. They will need to stay with you for 12 hours afterwards.
- A list of all medications you are now taking, including over-the-counter products and herbal supplements.
- A list of any allergies you have.
- If you have a Pacemaker/AICD please bring in your Pacemaker/AICD card.
- No work, driving, operating machinery, or making legal decisions x 24 hours after procedure.

During your procedure you will be administered either general anesthesia or heavy sedation. For your safety, it is essential you follow the above listed instructions

- **No liquids of any kind up to 4 hours prior to your procedure time**

Failure to comply with these instructions will result in the cancellation or delay of your procedure. Judgment will be made by your anesthesia provider.

*****REMEMBER – the goal is to get cleaned out. If you have any problems with the prep, please contact our office (816) 554-3838 during business hours or (913) 338-8388 after hours to speak with the doctor on call.*****
*** CANCELLATION POLICY ***

\$100 fee for cancellation of endoscopy appointments with less than 72 hours notification.

**If you need to cancel or reschedule, call Summit GI at 816-554-3838,
NOT the facility where your procedure is scheduled.**

INSURANCE INFORMATION

Our office may verify insurance benefits and contact you to discuss our procedure fee.