

COLONOSCOPY PREP INSTRUCTIONS

Physician Performing Procedure

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Procedure Facility

Griffiss Surgery Center
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Patient Name: _____ Test Test Procedure Date: _____ Time: _____

PLEASE READ INSTRUCTIONS 3 WEEKS PRIOR

***If any change in your medical condition, please let us know in advance.**

***If any change in your insurance and/or contact information, please let us know.**

SUTAB PREPARATION

TWO WEEKS before procedure: **STOP** Phentermine, if you are taking.

ONE WEEK before the procedure: no corn or popcorn should be eaten until after the procedure. **STOP** taking all Aspirin products, Arthrotec, Relafin, Naprosyn, Aleve, iron supplements, and multi-vitamins, fiber supplement, fish oil, and Vitamin E (Can use Tylenol).

5 DAYS before procedure: stop Coumadin, Plavix, or Aggrenox.

3 DAYS BEFORE PROCEDURE: STOP IBUPROFEN (ADVIL & MOTRIN). NO FRESH OR FROZEN VEGETABLES, FRUITS, OR NUTS. CAN HAVE CANNED VEGETABLES AND FRUIT. NOTHING WITH SEEDS OR SKIN.

2 DAYS before procedure: stop Pradaxa, Xarelto, Effient, or Eliquis. Please verify with your primary care physicians.

1 DAY before procedure: Ingest clear liquids only for the entire day starting at breakfast. **PLEASE HAVE NOTHING FOR DINNER.** Clear liquids include broth without noodles, JELL-O (no purple or red) without fruit, clear fruit juices, soda, and tea. Tea may be sweetened with honey or sugar. No dairy. (See clear liquid instructions below)

The 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.

DOSE 1-On the Day Prior to Colonoscopy

Take the tablets with 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 each tablet with a sip of water, and drink the entire amount of water over 15 to 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.

Drink additional 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.

DOSE 2-Day of the Colonoscopy

- Continue to consume only clear liquids until after the colonoscopy.
- The morning of the colonoscopy (5 to 8 hours prior to the 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 DOSE 1.

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

NOTHING TO EAT OR DRINK AFTER MIDNIGHT ONLY THE PREP IN THE AM.

ON THE DAY OF THE EXAMINATION: You may take your blood pressure, seizure, or heart medication with a small sip of water. You may take your PPI's, Inhalers, and narcotics given 6 hours prior to procedure. **NO aspirin based medications.**

IF YOU USE A C-PAP MACHINE, BRING IT WITH YOU TO THE PROCEDURE.

Be sure to arrange transportation before your procedure. A responsible adult over the age of 18 must drive you home. Transportation will be verified before the procedure. You may use a taxi (but not a bus) for your transportation only if you have a person accompanying you other than the taxi driver. Your procedure will be canceled if these arrangements are not made. **EXPECT TO BE AT THE CLINIC FOR 4-5 HOURS.**

- If you are **DIABETIC** please check with your primary care physician regarding medications.

IF YOU HAVE ANY PROBLEMS WITH THIS PREP, PLEASE CALL THIS OFFICE AT ANY TIME OF THE DAY OR NIGHT. IN THE MORNING IF BOWEL MOVEMENTS AREN'T COMPLETELY CLEAR (WITHOUT ANY STOOL) CALL THE OFFICE AND THE FACILITY WHERE YOUR PROCEDURE IS SCHEDULED TO BE PERFORMED (PHONE NUMBERS ABOVE).

*Start at Breakfast Day Before Procedure!!

CLEAR LIQUID DIET!!
ONLY THESE FOODS ARE ALLOWED

SOUP: Clear bouillon, clear broth, clear consommé'

BEVERAGES: Tea, coffee, decaffeinated coffee, Kool-Aid, carbonated Beverages

PLEASE DO NOT PUT ANY MILK IN YOUR COFFEE OR TEA

JUICES: White Cranberry juice, white grape juice, and apple juice.
Strained lemonade, limeade or orange drink

ANY JUICE THAT YOU CAN SEE THROUGH THAT HAS NO PULP

DESSERTS: Water, ices, Italian ices, popsicles, JELL-O

AVOID THE FOLLOWING:

Milk or milk products
Juices with pulp or any liquid you cannot see through
Purple/Red JELL-O
Purple/Red Popsicles
Purple/Red Artificial Coloring

Please be advised that approximately 1 week to 1 day prior to your scheduled procedure you will be receiving a call from a Registered Nurse from the Pre-Admission Screening Dept. This appointment is important and necessary to complete in order for you to have the procedure. If you do not get a call for the pre-admission interview this will be done upon arrival of your procedure date.

If you do not show up for the procedure you will be at risk of being discharged from the practice.

Required prior to your procedure

- Evaluation appointment 3 months prior to your procedure
- COVID test within 5 days of procedure (if not fully vaccinated 2 weeks prior to procedure)

Gastroenterology (GI) Procedure Cancellation/no-show Policy

- Our goal in gastroenterology is to provide quality treatment and care in a timely manner to all our patients. We schedule our appointments so that each patient receives the right amount of time to be seen by our providers and staff.
- Patients who fail to show for a scheduled procedure appointment and did not notify the office within 5 business days their scheduled procedure appointment time, will be considered as a “no-show” and may be subject for discharge from the GI Department. In the event of an actual emergency and prior notice could not be given, consideration may be given as a one-time exception.
- Please note, scheduled procedures deemed urgent that are canceled by a patient without reasonable cause may have a wait time of 6 months or more to be rescheduled.
- Patients in need of medical clearance prior to their procedure: please be advised that this clearance must be completed at least 2 weeks prior to the scheduled procedure or the appointment may be canceled.
- Please be courteous and call our office promptly if you are unable to attend your scheduled procedure appointment. This time will be reallocated to someone who is in urgent need of treatment.
- Available appointments are in high demand and your early cancellation will give another person the opportunity to have access to timely care.