



Intercoastal Gastroenterology Group

Preparation for Colonoscopy (Using SUTAB tablets)

If you start any weight loss or diabetes medications such as semaglutide (Ozempic, Wegovy, etc.), tirzepatide (Mounjaro, Zepbound) or similar – please inform us as you may need to hold these prior to the procedure.

Fill your prescription for SUTAB at your pharmacy.

The **Surgery Center** will contact you the day prior with a confirmed arrival time.

5 Days prior to procedure – Please **STOP** Advil, Motrin, and Anti-inflammatory drugs, fiber supplements, iron, fish oil, vitamin E and multivitamins. Tylenol is allowed.

Also avoid all nuts, seeds in or on foods including popcorn, corn, granola mix, grape nuts, grapes, and raisins.

IF YOU ARE TAKING BLOOD THINNERS OR WEIGHT LOSS MEDICATIONS PLEASE NOTIFY THE GASTROENTEROLOGIST OR NURSE FOR SPECIFIC INSTRUCTIONS. _____

The Day prior to procedure you may have a light breakfast before 9 am such as; an egg, toast and coffee or a bowl of cereal, juice, Then a **CLEAR LIQUID DIET only for the rest of the day.**

Hydration is part of your prep! Drink 6 oz. of clear liquids every hour throughout the day before you start your prep.

CLEAR LIQUID DIET Clear liquids coffee/tea with or without sweetener. (No MILK or MILK products or CREAMERS) You may have water and colored-waters such as; Gatorade, Kool-Aid, soda, Jell-O, and popsicles. (Without red or purple coloring) Apple juice, white grape juice, iced tea, orange juice and lemonade (Without the pulp) Chicken, beef, or vegetable broth/bouillon. **No Alcohol**

Diabetic medications can be taken in the morning only. If you take insulin, monitor blood sugars and sliding scale; take only half does of scheduled insulin in the evening. Call your PCP or Endocrinologist if questions regarding your insulin.

Start your cleaning!!

AT 6pm open first bottle of 12 Tablets. Fill the provided 16 oz container with water. Take the 12 SUTAB tablets one at a time with a sip water over 20-minute period until 12 tablets have been taken and water is gone.

Wait one hour. Then, fill he provided 16 oz container with water or clear juice again and drink

Wait 30 minutes. Then fill the provided 16 oz container with water or clear juice a final time and drink.

Continue to drink clear liquids throughout the evening.



PLEASE REMEMBER TO SET YOUR ALARM CLOCK

Morning of procedure

AT _____ 6 hours **prior** to arrival time.

Open second bottle of 12 Tablets. Fill the provided 16 oz container with water. Take the 12 SUTAB tablets one at a time with a sip of water over a 10-minute period until 12 tablets have been taken and water is gone.

Wait 30 minutes. Then fill the provided 16 oz container with water or clear juice again and drink.

Wait 30 minutes. Then fill the provided 16 oz container with water or clear juice a final time and drink

Nothing by mouth 4 hours prior to procedure.

Take all blood pressure and/or cardiac medications that you may normally take in the morning with a sip of water. (Excluding diuretics) Seizure meds and anxiety meds may also be taken.

You **MAY NOT DRIVE YOURSELF HOME** or **TAKE A TAXI** from procedure. Please make arrangements with a family member or friend. If you have any questions concerning prep or procedure, or need to reschedule, please call 342-8892. _____

Place: _____
Date _____
Time _____
Arrival _____
This is subject to change.