

# Colonoscopy: How to prepare with SUTAB®

## MEDICATION CHANGES

You may need to stop or adjust blood thinning or diabetes medicines before your procedure. Call our office if you have not received instructions.

- **Blood thinning medicines** - like prasugrel (Effient®), warfarin (Coumadin®), clopidogrel (Plavix®), dabigatran (Pradaxa®), rivaroxaban (Xarelto®), apixaban (Eliquis®), enoxaparin (Lovenox®), or ticagrelor (Brilinta®).  
**Aspirin should continue unless instructed otherwise.**
- **Diabetes medicines** - your diabetes medicine and blood sugar testing may need to be changed during your prep time. Please call your primary care provider for guidance.

## 7 DAYS BEFORE

### Arrange for a Licensed Driver.

Must be at least 18 years old and have a cell phone.

## 3 DAYS BEFORE

### PICK UP SUTAB® PREPARATION from your pharmacy.

#### Stop these medications:

- Fiber or iron supplements (like Metamucil®, Citrucel®, or Benefiber®).
- Anti-diarrhea medicines (like Kaopectate®, Lomotil®, Pepto-Bismol® and Imodium® or loperamide).
- Daily Vitamin

#### START a low residue diet.

##### Choose these types of food:

- White bread, pasta or rice
- Low fiber cereal (puffed rice, cream of wheat, corn flakes)
- Canned or cooked fruits and vegetables without seeds or skin
- Yogurt (no seeds or berries), cottage cheese or eggs
- Tender, well cooked or ground meat without gristle
- Plain crackers, cookies or cakes

##### Avoid these types of food:

- Corn, popcorn, seeds or nuts
- Uncooked vegetables, beans, lentils and potato skins
- Fruits with skins or seeds
- Whole grain breads, granola or high fiber cereals

## 1 DAY BEFORE

Eat a low residue breakfast. Breakfast must be consumed before 10am. You may also drink clear liquids.

### LOW RESIDUE BREAKFAST OPTIONS

You may have **ONE** of the following:

- 2 eggs (fried, over easy, scrambled or boiled) with or without condiments AND 2 slices white bread **OR**
- 2/3 cup yogurt (no seeds, berries or nuts) AND 1 banana

**Once breakfast is completed you will no longer have any solid food until after your surgery is completed.**

**CLEAR LIQUIDS ARE ALLOWED UP TO TWO HOURS BEFORE CHECK-IN.  
PLEASE AVOID RED OR PURPLE LIQUIDS.**

### CLEAR LIQUIDS

**Choose** these types of liquid:

- Water and soda
- Tea or coffee without milk or cream
- Clear broth (beef, chicken or vegetable)
- Clear, light colored juices or sports drinks
- Popsicles without fruit or cream
- Jell-O or gelatin without fruit

**Avoid** these types of liquid:

- Red or purple liquids
- Milk or cream
- Alcoholic beverages
- Orange, grapefruit and tomato juice
- Soup other than clear broth

### EVENING BEFORE – BETWEEN 5 AND 9PM

- Open 1 bottle of 12 tablets.
- 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.
- 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.
- 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.

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## DAY OF PROCEDURE

**DO NOT** eat any solid food. Continue to drink clear liquids throughout the day.

**DO** take your heart or blood pressure medication the morning of the exam.

**5 - 8 HOURS PRIOR** to your check in time and no sooner than 4 hours from starting Dose 1.

- Open the second bottle of 12 tablets.
- 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.
- 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.
- 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 of Procedure continued on next page >**

## DAY OF PROCEDURE

- Finish liquids 2 hours before your colonoscopy.
- As you finish your prep, your stools should be clear/yellow and watery in appearance. Flecks of stool are OK. If you are still passing solid or brown, call us at 515-875-9115.

### 2 Hours Prior to your check in time

- You **MUST** be done drinking all fluids.
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## SPECIAL INSTRUCTIONS

- Individual coverage benefits vary. You are responsible for checking with your insurance regarding your benefits and any required prior authorization.
- Your test will be rescheduled if you do not have a driver 18 years or older available at drop off.

## WHAT TO DO/BRING ON THE DAY OF YOUR PROCEDURE

- Insurance Cards/Photo ID/Advance Directive if available
- List of medications/surgeries
- Any inhalers
- Wear comfortable clothing/no underwire bras
- Remove ALL jewelry and piercings
- Leave valuables at home

## WHAT TO EXPECT

- Approximate length of stay is 2-3 hours. Your driver may leave after drop off and will be instructed when to return. Remind them to bring a cell phone
- Please note, marijuana use the day of your procedure is prohibited and will result in your procedure being rescheduled.

## QUESTIONS?

Your questions are important to us. Please utilize our website for more information:

**[www.iowaclinic.com/prep-instructions](http://www.iowaclinic.com/prep-instructions)**



→ Scan the QR code to watch an easy-to-follow overview of our recommended colonoscopy prep.

You may also send us a message using your MyHealth portal during normal business hours or call 515.875.9115 with any questions or concerns.