

# *South Island Gastroenterology Associates, PC*

*Steven L. Kadish, MD Jonathan Zinberg, MD*

141 Washington Avenue, Suite 204 Lawrence, N.Y. 11559 Phone# 516-341-0990 Fax# 516-341-0987

---

Your procedure is scheduled for Date: \_\_\_\_\_ Time \_\_\_\_\_

## Colonoscopy Bowel Preparation Instructions SUTAB Preparation

**PLEASE READ ALL INSTRUCTIONS ON THE DAY YOU RECEIVE THEM.**

### **About Colonoscopy**

Bowel preparation (cleansing) is needed to perform an effective colonoscopy. Any stool remaining in the colon can hide lesions and result in the need to repeat the colonoscopy. You should plan to be at the office for 1-2 hours. It is critical that you follow the instructions as directed.

The physician will discuss your procedure with you when you are in the recovery room. If there are serious findings on the biopsy, your physician will contact you.

Every effort will be made to keep your appointment at the scheduled time, but in medicine, unexpected delays and emergencies may occur and your wait time may be prolonged. We give each patient the attention needed for his or her procedure.

If you have any questions, please call 516-341-0990; if you need to cancel, please call as soon as possible.

### **What to Bring:**

1. The first and last name, phone number and address of all doctors you want to receive a copy of your procedure report.
2. Someone to drive you home. Sedation is usually given during your procedure. **If you have not arranged for someone to drive you home, your procedure may be cancelled.** The person who signs you out must be with you in the office before you can be released and must be 18 years of age. You will not be able to drive, operate machinery, make important decisions or return to work for the rest of the day. You may resume normal activities the next day unless the doctor states otherwise.
3. Your insurance cards. Many insurance carriers (not Medicare) and managed care organizations require preauthorization or precertification. *If you have specific questions about coverage for your upcoming procedure, please contact your insurance company.*

## 4. Patient Checklist

IF YOU ARE AFFECTED BY ANY OF THE CONDITIONS LISTED BELOW, PLEASE FOLLOW THESE INSTRUCTIONS.

Diabetes	Check with your physician regarding your dose of insulin and other diabetic medications needed the day before and the day of your procedure. Inform your doctor that you will be on clear liquids the day prior to your procedure. Typically, we recommend that you do <b>not</b> take your oral hypoglycemic or insulin before your procedure. Bring it with you to take after your procedure. Check your blood sugar frequently while taking the prep solution and the morning of your procedure.
Hip or knee replacement in the past 6 months, vascular graft in the past year, coronary stent in the past 6 weeks	Some physicians may recommend antibiotics before your colonoscopy. Please discuss this with the physician who performed the surgery or stent. If the physician recommends antibiotics, please call this office and inform the nurse or physician. Do not schedule your procedure before 8:00am.
Aspirin	If you are taking aspirin <b>PRESCRIBED</b> by your MD please continue to take it. If you do not have a heart or blood vessel or clotting disorder, and you are taking aspirin on your own without a doctor's advice, please stop taking aspirin 5 days before your procedure.
Heart and Blood Pressure Medications	Continue with sips of water at the "usual time" up until 2 hours prior to the procedure time. If you normally take the medication within two hours of the scheduled procedure time, then wait until after the procedure to take the medicine
Coumadin, Plavix, Heparin, Lovenox, or other anticoagulants	Ask the physician who prescribed your medicine how to take it before and after your procedure. If you cannot contact your physician, call us several days before your exam. If you take Coumadin, you may need a blood test two hours before your exam. <i><u>Please do not assume that you can safely follow the same medication adjustments that have been made for your previous procedures.</u></i>
Kidney Disease	If you have any kidney disease, please contact your doctor regarding this prep.

### What to Wear

Wear comfortable, loose fitting clothing that is easy to step into. Wear flat shoes or tennis shoes. Do not wear jewelry or bring valuables.

**Please note:** Although your upcoming colonoscopy may be scheduled as a screening procedure, if during the course of your screening the physician removes a polyp or performs a tissue biopsy, the procedure may be considered diagnostic and may not qualify for coverage as a screening service. Insurance company policies vary regarding these matters and we urge you to contact your insurance company to obtain their policy on these types of procedures. You are responsible for any necessary referrals.

**Prep Instructions for Colonoscopy –SUTAB**  
**ONLY FOLLOW INSTRUCTIONS GIVEN TO YOU BY THE OFFICE\***

5 days before your colonoscopy	2 days before your colonoscopy	The day before your colonoscopy	The day of your colonoscopy
<p>Read all prep instructions.</p>	<p>Find insurance cards; get names and addresses of the physicians you want to receive a copy of your procedure report.</p>	<p><b>NO SOLID FOOD</b>  <b>CLEAR LIQUIDS ONLY!</b>  <b>NO ALCOHOL</b></p>	<p><b>CLEAR LIQUIDS ONLY</b>  <b>NO SOLID FOOD</b>  <b>NO ALCOHOL</b>  <b>**YOU MUST COMPLETE ALL SUTAB TABLETS &amp; WATER 4 HOURS PRIOR TO COLONOSCOPY**</b>  <b>NOTHING TO DRINK 4 HOURS BEFORE APPOINTMENT</b></p>
<p>Contact prescribing physician for instructions on dosage of blood thinners.</p> <p>Stop herbals, vitamins and oral iron supplements. Avoid nuts, seeds, foods with skin like raw fruit and vegetables and high fiber foods like whole wheat.</p>	<p>Obtain bowel prep products from your pharmacy.</p> <ul style="list-style-type: none"> <li>SUTAB is available by prescription only.</li> </ul> <p><b><u>IMPORTANT</u></b></p> <p>If taking tetracycline of fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB.</p>	<p><b>Clear liquids ALL DAY</b> (attached)  <b>PLUS</b>          Drink an extra 8 ounces of clear liquid every hour from 11am to 5pm. Gatorade is preferred.          *Do not take oral medication within 1 hour of starting each dose of SUTAB.</p> <p><b>STEP 1:</b> At 5pm open 1 bottle pf 12 tablets  <b>STEP 2:</b> fill the provided container with 16 ounces of water (up to the line). Swallow each tablet with a sip of water and drink the entire amount of water over 15-20 minutes.  <b>STEP 3:</b> Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water(to the fill line) and drink the entire amount over 30 minutes.  <b>STEP 4:</b> Approximately 30 minutes after finishing the second container of water, fill it again with water and drink the entire amount over the next 30 minutes.  <b>IMPORTANT:</b> If you experience preparation-related symptoms like nausea, cramping or bloating, pause or slow the rate of drinking the additional water until your symptoms diminish</p>	<p>Continue to drink CLEAR LIQUIDS ONLY</p> <p><b>STEP 1:</b> 7-8 hours prior to your colonoscopy and NO sooner than 4 hours from starting dose 1, open the 2<sup>nd</sup> bottle of 12 tablets.  <b>STEP 2:</b> fill the provided container with 16 ounces of water (up to the line). Swallow each tablet with a sip of water and drink the entire amount of water over 15-20 minutes.  <b>STEP 3:</b> Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (to the fill line) and drink the entire amount over 30 minutes.  <b>STEP 4:</b> Approximately 30 minutes after finishing the second container of water, fill it again with water and drink the entire amount over the next 30 minutes.</p> <ul style="list-style-type: none"> <li>You may take your heart and blood pressure medications with a sip of water.</li> <li>You must not have anything else to drink once you have completed the prep.</li> </ul>

Stop herbals, vitamins, and oral iron supplements. Avoid nuts, foods with skin and high fiber foods.	Stop any anti-inflammatory medications (Motrin, Advil, ibuprofen). Celebrex and Tylenol are OK to use.	You are encouraged to continue drinking clear liquids until you go to bed.	After the procedure you may eat your usual diet unless otherwise instructed. Drink 8 ounces of liquid at least 6 times after the procedure and before retiring for the night.
Arrange for a driver for your procedure.	Confirm that you have a driver to take you home following your procedure.	You may apply a petroleum-based product or diaper rash ointment to the rectal area if you experience discomfort from frequent stools.	<b>Your driver must be available at the end of your procedure to sign you out.</b>

**If you think the prep is not working, please call the office. 516-341-0990.**

**Do not take more than the prescribed dose of SUTAB.**

## **Clear Liquid Diet**

As a rule – if you can see through it, you can drink it.

### **Gatorade is the preferred clear liquid (no red or purple)**

Clear fruit juices, white grape juice and apple juice

Water

Kool-Aide, PowerAde (no red or purple)

Clear soup, broth or bouillon

Popsicles (no red or purple)

Tea or coffee

Hard candies

Crystal Lite Lemonade

Soda pop, 7-Up, Sprite, regular or diet Pepsi or Coke, ginger ale, orange soda (no red or purple)

Jell-O (no red or purple)

To save money on your Copay for SuTab, visit the link below, input necessary information and print or write down the information on the card to provide to your pharmacist.

<https://sutab.com/savings>