**Louisiana Gastroenterology Asso Suite 303 337-232-6697 Suite 400 337-235-9779**

**The Endoscopy Center Suite 302 337-735-7317**

IF YOU CANNOT KEEP YOUR APPOINTMENT, PLEASE GIVE AT LEAST TWO (2) BUSINESS DAYS NOTICE

## COLONOSCOPY PREP USING SUTAB

**Your colonoscopy is scheduled on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_arrive at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Procedures scheduled before NOON**

**ONE WEEK before procedure**

* Stop all *over the counter* medicine. May continue Tylenol & 81mg Aspirin.
* Notify office if you use any blood thinners (example: Coumadin or Plavix).
* Go to pharmacy and pick-up the prep kit (we have sent an electronic prescription) **AND** Dulcolax (bisacodyl) tablets (this is over the counter). DO NOT follow instructions on the box, follow these instructions.

**TWO DAYS before the procedure,** start low residue diet (Sat-Sun-Mon-Tues-Wed-Thurs-Fri)

* Between 4-6pm, take 2 Dulcolax (bisacodyl) tablets. This will cause bowel to move.

**TWO DAY PREP: for hard to prep people: THREE DAYS before the procedure:** start on a low residue diet.

**TWO DAYS before the procedure:** Start on clear liquid diet (Sat-Sun-Mon-Tues-Wed-Thur-Fri) and continue all day. AT 2pm, take 2 Dulcolax tablets. And at 8pm, take 2 more Dulcolax tablets.

**ONE DAY before the procedure,** start clear liquid diet (Sat-Sun-Mon-Tues-Wed-Thurs-Fri)

Continue clear liquids all day. **It is important to drink at least 64oz of clear liquids before you begin prep.**

1. Between 4-6pm, Start prep. complete steps a-e **exactly** as directed:
2. Fill provided container with 16 ounces of water (up to fill line).
3. Open 1 container of 12 tablets. Take each tablet with a sip of water from provided container.



1. Drink **ALL** liquid in container (preferably over 15-20 minutes).
2. About 1 hour after last tablet swallowed, fill provided container a second time with 16 ounces of water (up to fill line) and drink entire amount over 30 minutes.
3. About 30 minutes after finishing second container of water, fill provided container with 16 ounces of water (up to fill line) and drink entire amount in 30 minutes. (Total of 3 glasses when done)
4. **4 hours after taking first set of 12 tablets, REPEAT STEPS {a-e}** as listed above.
5. When you finish SUTAB, you should pass clear liquid from rectum. If return is not clear, take a Fleets enema in the evening and another Fleets enema in the morning at least two hours prior to scheduled arrival time.
6. **Nothing by mouth after midnight, except as noted below.**

**MORNING OF the procedure:**

1. Continue clear liquid diet until 4 hours prior to arrival time.
2. \*\*Women\*\* will have to provide a urine sample for pregnancy test at time of admit.
3. Only blood pressure/heart/seizure medications should be taken with sip of water on morning of procedure.
4. All other medications should NOT be taken the morning of test. Resume medications after you are able to eat.
5. The endoscopy center opens at 7:00AM if you have questions. (337-289-8249). You may brush your teeth.
6. BRING YOUR CURRENT MEDICATIONS OR LIST WITH YOU ON THE DAY OF YOUR TEST
7. **You will be sedated and need to have someone available to listen to the doctor’s advice upon discharge and drive you home after the test. If you do not have a driver, your test will be rescheduled.**

* \*\*\*Prep Tips\*\*\* ***A good prep may lengthen the time needed before your next colonoscopy!***
* Continue to drink clear liquids during the prep to aid in being completely clear.
* Walking around and using a straw helps the prep go down. Use baby wipes and zinx oxide to soothe anal area.
* The prep may seem difficult but it allows the physician to see the lining of your colon clearly.

***\*\*\*IF YOU HAVE ANY QUESTIONS PLEASE CALL OUR OFFICE AND ASK FOR A NURSE\*\****

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**Procedures scheduled at NOON or later**

**ONE WEEK before procedure**

* Stop all *over the counter* medicine. May continue Tylenol & 81mg Aspirin.
* Notify office if you use any blood thinners (example: Coumadin or Plavix).
* Go to pharmacy and Pick-up the prep kit (we have sent an electronic prescription) **AND** Dulcoax (bisacodyl) tablets (this is over the counter). DO NOT follow instructions on the box, follow these instructions.

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**TWO DAYS before the procedure:** Start on clear liquid diet (Sat-Sun-Mon-Tues-Wed-Thur-Fri) and continue all day. AT 2pm, take 2 Dulcolax tablets. And at 8pm, take 2 more Dulcolax tablets.

**ONE DAY before the procedure,** start clear liquid diet (Sat-Sun-Mon-Tues-Wed-Thurs-Fri)

Continue clear liquids all day. **It is important to drink at least 64oz of clear liquids before you begin prep.**

1. Between 4-6pm, Start prep. complete steps a-e **exactly** as directed:

**a.** Fill provided container with 16 ounces of water (up to fill line).

1. Open 1 container of 12 tablets. Take each tablet with a sip of water from provided container.



1. Drink **ALL** liquid in container (preferably over 15-20 minutes).
2. About 1 hour after last tablet is swallowed, fill provided container a second time with 16 ounces of water (up to fill line) and drink entire amount over 30 minutes.
3. About 30 minutes after finishing second container of water, fill provided container with 16 ounces of water (up to fill line) and drink entire amount in 30 minutes. (Total of 3 glasses when done)

**\*Nothing by mouth after midnight, except as noted below.\***

**The MORNING OF the procedure:**

1. **Six hours prior to your procedure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, REPEAT STEPS {a-e} as listed above.**
2. When you finish SUTAB, you should pass clear liquid from rectum. If return is not clear, take a Fleets enema at least two hours prior to arrival time.
3. Continue clear liquid diet until 4 hours prior to arrival time.
4. \*\*Women\*\* will have to provide a urine sample for pregnancy test at time of admit.
5. Only blood pressure/heart/seizure medications should be taken with sip of water on morning of procedure.
6. All other medications should NOT be taken the morning of test. Resume medications after you are able to eat.
7. The endoscopy center opens at 7:00AM if you have questions. You may brush your teeth.
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* The prep may seem difficult but it allows the physician to see the lining of your colon clearly.

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**LOW RESIDUE DIET**

This is used to heal the colon and also used to prepare for procedures. It is low in fiber and fat.

|  |  |  |
| --- | --- | --- |
| ***Food Type*** | ***Foods Allowed*** | ***Foods Not Allowed*** |
| ***Beverages*** | * Coffee, tea and decaff. beverages * Skim or 1% milk (limit to 1 cup/day) * Carbonated drinks (1 cup per day) | * High fat milk & milk products * Alcohol |
| ***Breads, Cereal, Rice, & Pasta*** | * Soft breads such as white breads * Crackers without wheat, nuts, or seeds * Cooked cereals (grits/cream of wheat) * Rice krispies, corn flakes, Special K * White rice, Pasta | * Whole grain bread, cereal, pasta * Oatmeal or Granola cereals * Any with nuts, seeds, or fruit * seasoned bread, grain, or pasta * Brown or wild rice |
| ***Fruit/Juices*** | * All strained fruit juices * Canned peaches, pears, apricots * Applesauce; Baked apple without skin * Ripe banana | * All other fruits and juices * No prunes or prune juice. |
| ***Vegetables*** | * Tender cooked green beans, wax beans, asparagus, beets, carrots, and white potatoes (all skins removed) * Vegetable juices (NOT V-8) * Tomato sauce, plain with no spice | * Raw or Fried vegetables * All vegetables with skins * Broccoli, brussel sprouts, cabbage, cauliflower, corn, dried beans and peas, onions, rutabagas * Potato chips |
| ***Meat or Substitute*** | * Baked, broiled, boiled, roasted, stewed, or microwaved tender chicken, turkey, veal, beef, lamb, and lean pork * Smooth peanut butter * Tofu * Eggs or egg substitute (not fried) * Tuna, crawfish, shrimp, crabmeat * Soft mild American or cheddar cheese | * All fried meats * Meats cooked in roux/cream sauce * Tough, stringy, highly seasoned meats * Sausage, boudin, cracklins * Regular cold cuts, hot dogs * Dried peas or beans * All other cheese |
| ***Soups*** | * Clear broth based soups * Chicken or turkey noodle * Chicken with rice | * All others |
| ***Fats/oils*** | * Limit 1-2 tsp per meal * Margarine, butter, mayonnaise, oil, non-dairy creamer | * All fried foods * All others. |
| ***Sweets & Desserts*** | * Sugar, syrup, honey, jelly, seedless jam, Hard candies * Plain cakes (angel food, sponge) * Plain cookies (animal, sugar, vanilla) * Jell-O, Popsicles, sherbet | * Jams & marmalade * Sweets containing nuts, coconut, or chocolate * All others |
| ***Miscellaneous*** | * Salt, mild herbs and flavorings, such as vanilla, cinnamon and paprika * Mildly flavored gravies and sauces * Lemon juice * non-nutritive sweeteners | * Black and red pepper * Mustard seeds, onions, garlic * Vinegar, catsup, mustard, BBQ sauce, horseradish, steak sauce * Coconut, nuts, pickles, olives, popcorn |

**Breakfast Lunch Dinner**

½ cup apple juice 3 oz. roast beef/gravy 3 oz. baked chicken

½ cup grits w 1 tsp margarine ½ cup mashed potatoes 2/3 cup buttered rice

1 poached egg 1-cup steamed carrots ½ cup green beans

1 slice white toast 1 dinner roll ½ cup canned peaches

1-cup skim milk 1 slice angel food cake 1-cup iced tea

# Clear Liquid Diet

A clear liquid diet consists of clear liquids — such as water, broth and plain gelatin — that is easily digested and leaves no undigested residue in your intestinal tract. **NO RED OR PURPLE OF ANY KIND**

If you can’t see through it, DON’T drink it.

|  |  |  |
| --- | --- | --- |
| ***Food Type*** | Liquids Allowed | Liquids NOT Allowed |
| Beverages | * Water * Black coffee & tea (regular or decaf) * Kool-Aid, fruit flavored beverages * Sports drinks * Carbonated beverages limited to 2/day | * Milk & milk like products * Alcoholic beverages * Creamers (including non-dairy) * RED OR PURPLE |
| ***Fruit Juices*** | * Strained juices including apple, white grape, white cranberry | * Fruit juice with pulp * Prune juice * RED OR PURPLE |
| Soups | * Clear chicken, beef, or vegetable broth * Bouillon or consommé’ | * All others |
| ***Desserts*** | * Jell-O, NO RED OR PURPLE * Popsicles, NO RED OR PURPLE * Snowballs, NO RED OR PURPLE | * Any red or purple liquid * All other desserts |
| ***Sugars/Sweets*** | * Sugar, honey, syrup | * All others * RED or PURPLE |
| ***Seasonings*** | * Salt | * All others |
| Meat | * None |  |
| Fats | * None |  |
| Breads/Cereals | * None |  |
| ***Vegetables/Fruit*** | * Clear, strained liquid - NO RED OR PURPLE | * All others |

The day before your procedure, do not drink anything red/purple colored liquid. By avoiding these red/purple colored liquids, your returns from the prep should be yellow or light green.

***Clear Liquid Recipes***

## Frozen Fruit Slush Fruit Fizz Lemon Lime Slushie

1-6oz can frozen clear juice 1-cup clear liquid juice Juice from two limes & one

concentrate ½ cup sparkling water lemon, strained

4 Tablespoons sugar ½ cup ice 1-cup sparkling water

3 cups crushed ice 1-cup ice

Blend ice and juice until 4 teaspoons sugar, or to taste

Mix all ingredients. slushy. Pour in glass &

Blend until smooth. add sparkling water. Blend ice & juice ‘til slushy.

Add sparkling water.