

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 _____

Prep Tips

- ✓ Continue to drink clear liquids during the prep to aid in being completely clear.
- ✓ Walking around helps the prep go down.
- ✓ You may reduce rectal soreness from the prep by cleansing with baby wipes after bowel movements and then applying zinc oxide to the skin in the rectal area.
- ✓ The prep may seem difficult but it allows the physician to see the lining of your colon clearly.
- ✓ ***A good prep may lengthen the time needed before your next colonoscopy!***

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** 1 bottle of Magnesium Citrate (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 low residue diet (Sat-Sun-Mon-Tues-Wed-Thurs-Fri)

- ✓ Between 4-6pm, drink the 1 bottle of Magnesium Citrate. This will cause bowel to move.

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).

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



- c. Drink **ALL** liquid in container (preferably over 15-20 minutes).

- d. 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.



- e. 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)

2. **4 hours after taking first set of 12 tablets, REPEAT STEPS {a-e}** as listed above.
3. 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.
4. **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. DIALYSIS patients **MUST** have labs (potassium level) 2 hours prior to procedure, CALL 289-8249 for orders.
4. Only blood pressure/heart/seizure medications should be taken with sip of water on morning of procedure.
5. All other medications should NOT be taken the morning of test. Resume medications after you are able to eat.
6. The endoscopy center opens at 7:00AM if you have questions. (337-289-8249). You may brush your teeth.
7. **BRING YOUR CURRENT MEDICATIONS OR LIST WITH YOU ON THE DAY OF YOUR TEST**
8. **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.**

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

COLONOSCOPY PREP USING SUTAB

Your colonoscopy is scheduled on _____ arrive at _____

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** 1 bottle of Magnesium Citrate (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, drink the 1 bottle of Magnesium Citrate. This will cause bowel to move.

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).

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



- c. Drink **ALL** liquid in container (preferably over 15-20 minutes).

- d. 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.



- e. 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. DIALYSIS patients **MUST** have labs (potassium level) 2 hours prior to procedure, CALL 289-8249 for orders.
6. Only blood pressure/heart/seizure medications should be taken with sip of water on morning of procedure.
7. All other medications should NOT be taken the morning of test. Resume medications after you are able to eat.
8. The endoscopy center opens at 7:00AM if you have questions. You may brush your teeth.
9. **BRING YOUR CURRENT MEDICATIONS OR LIST WITH YOU ON THE DAY OF YOUR TEST**
10. **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.**

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

LOW RESIDUE DIET

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

<i>Food Type</i>	<i>Foods Allowed</i>	<i>Foods Not Allowed</i>
<i>Beverages</i>	<ul style="list-style-type: none"> • Coffee, tea and decaff. beverages • Skim or 1% milk (limit to 1 cup/day) • Carbonated drinks (1 cup per day) 	<ul style="list-style-type: none"> • High fat milk & milk products • Alcohol
<i>Breads, Cereal, Rice, & Pasta</i>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Whole grain bread, cereal, pasta • Oatmeal or Granola cereals • Any with nuts, seeds, or fruit • seasoned bread, grain, or pasta • Brown or wild rice
<i>Fruit/Juices</i>	<ul style="list-style-type: none"> • All strained fruit juices • Canned peaches, pears, apricots • Applesauce; Baked apple without skin • Ripe banana 	<ul style="list-style-type: none"> • All other fruits and juices • No prunes or prune juice.
<i>Vegetables</i>	<ul style="list-style-type: none"> • Tender cooked green beans, wax beans, asparagus, beets, carrots, and white potatoes (all skins removed) • Vegetable juices (<u>NOT V-8</u>) • Tomato sauce, plain with no spice 	<ul style="list-style-type: none"> • Raw or Fried vegetables • All vegetables with skins • Broccoli, brussel sprouts, cabbage, cauliflower, corn, dried beans and peas, onions, rutabagas • Potato chips
<i>Meat or Substitute</i>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
<i>Soups</i>	<ul style="list-style-type: none"> • Clear broth based soups • Chicken or turkey noodle • Chicken with rice 	<ul style="list-style-type: none"> • All others
<i>Fats/oils</i>	<ul style="list-style-type: none"> • Limit 1-2 tsp per meal • Margarine, butter, mayonnaise, oil, non-dairy creamer 	<ul style="list-style-type: none"> • All fried foods • All others.
<i>Sweets & Desserts</i>	<ul style="list-style-type: none"> • Sugar, syrup, honey, jelly, seedless jam, Hard candies • Plain cakes (angel food, sponge) • Plain cookies (animal, sugar, vanilla) • Jell-O, Popsicles, sherbet 	<ul style="list-style-type: none"> • Jams & marmalade • Sweets containing nuts, coconut, or chocolate • All others
<i>Miscellaneous</i>	<ul style="list-style-type: none"> • Salt, mild herbs and flavorings, such as vanilla, cinnamon and paprika • Mildly flavored gravies and sauces • Lemon juice • non-nutritive sweeteners 	<ul style="list-style-type: none"> • Black and red pepper • Mustard seeds, onions, garlic • Vinegar, catsup, mustard, BBQ sauce, horseradish, steak sauce • Coconut, nuts, pickles, olives, popcorn

Breakfast

½ cup apple juice
 ½ cup grits w 1 tsp margarine
 1 poached egg
 1 slice white toast
 1-cup skim milk

Lunch

3 oz. roast beef/gravy
 ½ cup mashed potatoes
 1-cup steamed carrots
 1 dinner roll
 1 slice angel food cake

Dinner

3 oz. baked chicken
 2/3 cup buttered rice
 ½ cup green beans
 ½ cup canned peaches
 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.

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

1-6oz can frozen clear juice concentrate
4 Tablespoons sugar
3 cups crushed ice

Mix all ingredients.
Blend until smooth.

Fruit Fizz

1-cup clear liquid juice
½ cup sparkling water
½ cup ice

Blend ice and juice until slushy. Pour in glass & add sparkling water.

Lemon Lime Slushie

Juice from two limes & one lemon, strained
1-cup sparkling water
1-cup ice
4 teaspoons sugar, or to taste

Blend ice & juice 'til slushy.
Add sparkling water.