

COLONOSCOPY PREPARATION WITH SUTAB			
PLEASE PURCHASE	<ul style="list-style-type: none"> • SUTAB Kit (by prescription) 		
7 DAYS BEFORE	<ul style="list-style-type: none"> • Stop fiber supplements and iron supplements, including multivitamins 		
3 DAYS BEFORE	<table border="1"> <tr> <td> <p>Begin a LOW FIBER Diet including:</p> <ul style="list-style-type: none"> • White or sour dough bread • White Rice, Pasta • Eggs, Chicken, Turkey, Fish • Cheese, Yogurt, Milk, Ice Cream, Pudding • Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes) • Pureed fruits/vegetables (smoothies, strained puree soups) • Creamy peanut or almond butter </td> <td> <p>High Fiber Foods to AVOID:</p> <ul style="list-style-type: none"> • Raw fruits/vegetables with seeds, skin, membranes • Cooked/canned fruit/vegetables with skin/seeds/peel • Whole wheat or multigrain bread or crackers • Nuts, Seeds • Popcorn • Oatmeal, bran cereal • Brown rice, quinoa </td> </tr> </table>	<p>Begin a LOW FIBER Diet including:</p> <ul style="list-style-type: none"> • White or sour dough bread • White Rice, Pasta • Eggs, Chicken, Turkey, Fish • Cheese, Yogurt, Milk, Ice Cream, Pudding • Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes) • Pureed fruits/vegetables (smoothies, strained puree soups) • Creamy peanut or almond butter 	<p>High Fiber Foods to AVOID:</p> <ul style="list-style-type: none"> • Raw fruits/vegetables with seeds, skin, membranes • Cooked/canned fruit/vegetables with skin/seeds/peel • Whole wheat or multigrain bread or crackers • Nuts, Seeds • Popcorn • Oatmeal, bran cereal • Brown rice, quinoa
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2 DAYS BEFORE	<ul style="list-style-type: none"> • Continue LOW FIBER Diet • Avoid solid foods after midnight 		
1 DAY BEFORE	<ul style="list-style-type: none"> • MORNING: Start a CLEAR LIQUID Diet <ul style="list-style-type: none"> ○ Water ○ Apple, White Grape, White Cranberry Juices without Pulp ○ Clear Soup/Broth ○ Tea or Black coffee (no milk/creamer) ○ Gatorade/Powerade (no red, purple or orange color) ○ Jello (no red, purple, or orange color) ○ Popsicles (no red, purple, or orange color) • 6PM: Take SUTAB Dose 1 <ul style="list-style-type: none"> ○ Open the first bottle containing 12 tablets of Sutab ○ Fill the provider container with 16 oz of water ○ Swallow each tablet with sips of water every 5 minutes and drink the full 16 oz of water over a total of 60 minutes ○ One hour after the last pill is ingested, drink another 16 oz of water ○ Thirty minutes later, drink another 16 oz of water • Bowel movements should begin 1-2 hours after starting Sutab but effect can sometimes be delayed by up to 4-6 hours 		

DAY OF COLONOSCOPY

5 HOURS BEFORE	<ul style="list-style-type: none"> • Take SUTAB Dose 2 <ul style="list-style-type: none"> ○ Follow the same instructions as outlined for Dose 1 • By the end of the cleanse your stool should be a clear liquid with yellow or green tinge
3 HOURS BEFORE	<ul style="list-style-type: none"> • Stop drinking/eating clear liquids • Do not chew gum or mints • Take regular medications with a small sip of water the morning of your procedure unless otherwise instructed by your physician
30 MIN BEFORE	<ul style="list-style-type: none"> • Arrive at endoscopy suite 30 MIN PRE PROCEDURE (no later!) • Bring list of current medications including doses • Bring a Photo ID and Insurance Card • Bring any applicable Referrals • Please do not bring any valuables

GENERAL INSTRUCTIONS:

URINE PREGNANCY TESTING	<ul style="list-style-type: none"> • If you are a premenopausal woman, you will need to submit a urine sample upon office check in
IF YOU HAVE DIABETES	<ul style="list-style-type: none"> • Contact your primary care doctor or endocrinologist for instructions regarding your medications
IF YOU TAKE MEDICATION TO THIN YOUR BLOOD	<ul style="list-style-type: none"> • Contact your gastroenterologist for further instructions at (212) 427-8761 • Medications include but are not limited to: <ul style="list-style-type: none"> ○ Heparin, Lovenox, Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Edoxaban (Lixiana, Savaysa), Betrixaban (Bevyxxa), Clopidigrel (Plavix), Prasugrel (Effient), Brilinta (Ticagrelor)
IF YOU TAKE WEIGHT LOSS MEDICATIONS	<ul style="list-style-type: none"> • Alert your GI provider to discuss holding your medication(s) prior to your procedure
IF YOU TAKE ASPIRIN OR BLOOD PRESSURE MEDICATIONS	<ul style="list-style-type: none"> • You may continue to take these medications
ESCORT	<ul style="list-style-type: none"> • Please ensure that you have an escort (responsible adult over the age of 18) to pick you up at the end of the procedure