

Colonoscopy with Sutab Prep

The following instructions will help you prepare for your colonoscopy. These instructions also apply to lower endoscopic ultrasound (EUS) and lower single balloon enteroscopy (SBE). **Please read all instructions in this packet at least 1 week prior to your procedure.** The preparation for this test is the most difficult part of the process. However, a good preparation is essential to allow your doctor to perform a thorough examination.

Date: _____ Procedure time: _____ Arrival time: _____
Physician: _____
Location: _____

Please note that procedure times are not exact and unexpected delays may occur.

Transportation

- You must arrange a ride home before the day of your procedure.
- After your exam, you will not be able to drive or take any other transportation by yourself. You must arrange for a responsible adult to accompany you by car, taxi or public transportation. This is strictly observed for your safety. No exceptions will be made unless you have the procedure without sedation. If you wish to have the procedure without sedation, which is uncommon, please discuss this with your doctor in advance.

Cancellation/No Show Policy for Procedures

- Scheduling time for procedures requires planning and coordination between the staff, doctors, and the hospital. Since the schedule is often carefully planned to avoid delays and having patients taken care of in a timely fashion, it is important that you adhere to the schedule as arranged. Should you need to reschedule or cancel, please do so at least 7 days prior to procedure.
- If you have your menstrual period, the exam will not be affected. However, if you have a fever, please call the office to reschedule.
- If a procedure is not cancelled **at least 7 days in advance**, you will be charged a one-hundred-dollar (\$100) fee. This fee is NOT covered by your insurance company.

Medication Concerns

- If you use **antiplatelets or anticoagulants** such as apixaban (Eliquis), clopidogrel (Plavix), dabigatran (Pradaxa), dipyridamole (Persantine), edoxaban (Savaysa), prasugrel (Effient), rivaroxaban (Xarelto), ticlopidine (Ticlid), or warfarin (Coumadin), contact your prescribing physician.
- If you use dulaglutide (Trulicity), exenatide (Bydureon, Bydureon BCise, Byetta), liraglutide (Saxenda, Victoza, Xultophy), lixisenatide (Adlyxin, Soliqua), semaglutide (Ozempic, Rybelsus, Wegovy), or tirzepatide (Mounjaro, Zepbound), skip 1 dose prior to your procedure.
- If you take ertugliflozin (Steglatro), stop this medication 4 days before your procedure.
- If you take canagliflozin (Invokana), dapagliflozin (Farxiga), or empagliflozin (Jardiance), stop these medication 3 days before your procedure.
- If you take metformin (Fortamet, Glucophage, Glumetza, Riomet), glimepiride (Amaryl), glipizide (Glucotrol), or glyburide (Diabeta, Glycron, Glynase, Micronase), stop these medication 1 day before your procedure.
- Stop taking **iron supplements** and **fiber supplements** 5 days prior to procedure.
- Continue taking daily aspirin if prescribed.

Preparation Instructions

You will need the following:

- One Sutab kit (two bottles of 12 tablets each) — Requires a prescription.

5 days before procedure

- Follow a low residue diet (see attachment for details).
- Avoid foods containing seeds, nuts, corn, and popcorn.

1 day before procedure

- Starting in the morning, begin a clear liquid diet. Clear liquids include water, fruit juices without pulp (apple or white grape juice), carbonated drinks (ginger ale, seltzer, sodas), gelatin, tea or coffee (without milk or cream), sports drinks, fat-free broth, bouillon, frozen juice popsicles.
- Avoid red or purple liquids.

Evening before procedure (between 5–9 p.m.)

- Fill the 16-oz container with water. Swallow 12 tablets of Sutab and drink remaining water over 15–20 minutes.
- One hour later, fill the 16-oz container with water and drink over 30 minutes.
- Another 30 minutes later, fill the 16-oz container with water and drink over 30 minutes.

Morning of procedure (6–8 hours before procedure)

- Fill the 16-oz container with water. Swallow 12 tablets of Sutab and drink remaining water over 15–20 minutes.
- One hour later, fill the 16-oz container with water and drink over 30 minutes.
- Another 30 minutes later, fill the 16-oz container with water and drink over 30 minutes.
- For those with early morning procedures, this may be in the middle of the night. However, this is important for a successful exam.
- **Finish clear liquids at least 3 hours before procedure.**

Low Residue Diet

Food group	Foods allowed	Foods to avoid
Beverages	Water, coffee, tea, seltzer, carbonated beverages, sodas, clear fruit juices (without pulp)	Fruit juices with pulp
Dairy	Milk (up to 1 cup per day), yogurt, ice cream, custard, butter, sour cream, cream cheese, cottage cheese, cheeses used for food flavoring	Milk (2 or more cups per day), all other cheeses
Proteins	Tender meats (except fried), eggs, tofu	Tough meats, meats with gristle, cured meats, cold cuts, fried meats, frankfurters, sausages
Breads	White bread or baked goods made from refined flour, biscuits, saltines, pancakes, waffles	Whole grain or pumpernickel bread, corn bread, breads containing bran, oats, nuts, seeds, raisins, or dates, graham crackers
Cereals	Corn flakes, rice krispies, grits, farina	Whole grain cereals (wheat, barley, rye, oat), oatmeal, granola
Starches	Potatoes without a skin	Fried potatoes, potato skins
Pasta	Spaghetti, macaroni, noodles	Whole wheat pasta
Grains	White rice	Brown rice, wild rice, buckwheat, quinoa
Legumes	None	Baked beans, dry beans, lima beans, lentils, peas
Fruits	Bananas, applesauce, melons, avocado, canned/cooked fruits without skin (except pineapple)	Raw fruits, dry fruits, berries, coconut, prunes, all other fruits
Vegetables	Lettuce, spinach, tomato sauce, cooked carrots, asparagus, green beans, wax beans, eggplant, pumpkin, and squash (without seeds)	Raw vegetables, vegetables with seeds, broccoli, brussels sprouts, cabbage, corn, cauliflower, onions, sauerkraut, squash
Nuts & Seeds	None	Avoid all nuts and seeds
Miscellaneous	Butter, cream, mayonnaise, or vegetable oils in small amounts; margarine, gravy, ketchup, mustard, oils, chocolate, cocoa, vinegar, salt, salad dressings without seeds, ground spices and herbs in small amounts	Cayenne, chili powder, garlic, horseradish, relish, olives, pickles, popcorn, peanut butter, jam, jelly, marmalade
Soups	Bouillon, broths, cream soups (made with milk allowance and allowed foods)	Soups with non-permitted foods

Billing Information

When calling your insurance company for coverage/benefits, it is important to know what type of procedure you will be having:

1. **Preventative screening colonoscopy:** You have no symptoms, no personal/family history of colon polyps and/or cancer, and are at least 45 years old.
2. **High risk screening colonoscopy:** You have no symptoms. However, you are having a colonoscopy due to personal/family history of colon polyps and/or cancer.
3. **Diagnostic/therapeutic colonoscopy:** You are having symptoms (e.g. abdominal pain, rectal bleeding, change in bowel movements, etc.).

Please note that if you are having symptoms, this will supersede a screening.

Who will bill me

You may receive bills from separate entities associated with your procedure. These may include the physician performing the procedure, the facility, the pathologist/laboratory and/or anesthesia. Each entity has their own separate charges and bills.