

SUTAB DAY BEFORE

Prep Instructions



PREP GOALS

The following instructions are intended to maximize the ease, safety, and success of your bowel prep. It is the goal to create a clear to slightly cloudy watery diarrhea with your colonoscopy preparation. If you have difficulties with achieving this goal, please contact the nurse at **904.398.7205**.

For more information on your upcoming colonoscopy, please visit our website at **BORLANDGROOVER.COM**

ONE WEEK BEFORE PROCEDURE

- A prescription will be sent to your pharmacy for this preparation. If for any reason the prescription is not received by the pharmacy within 48 hours, please call our office. **Please do NOT follow the prescription instructions on/in the box. Follow instructions below.**
- Obtain 64 fluid oz. of clear non-carbonated liquid (**Crystal Light/Gatorade**).

THREE DAYS PRIOR TO PROCEDURE

- **Begin a LOW Fiber Diet.**
 - **Some suggestions include:** white bread, white rice, white pasta, yogurt, cottage cheese, chicken (no skin), deli turkey, white fish, eggs, bananas, apple sauce, and canned fruit.



AVOID: eating any nuts, seeds, corn, food with skin, whole grain breads/pasta/cereals, salads, or popcorn three days prior to your procedure.

MEDICATIONS

- If you take daily prescription medication(s), you may do so with a small sip of water up **until four hours prior** to your procedure.
- Take all blood pressure, heart rate, and anti-seizure medications the morning of the procedure with a sip of water.
- Day of procedure **HOLD** all over the counter medications until after procedure (*Examples: Aleve, Motrin/Ibuprofen, vitamins, etc.*).
- If you take diet medications, please contact your provider.
- If you take blood thinners (anticoagulants), please contact your provider.

DIABETIC MEDICATIONS (IF APPLICABLE):

- **HOLD** oral medications morning of procedure.
- **HOLD** short acting insulin the morning of procedure.
- **TAKE** 1/2 the dose of your LONG-acting insulin the evening **BEFORE** your procedure and **HOLD** morning of procedure.
- **MONITOR** your glucose throughout the day and if necessary, take glucose tablets or contact your endocrinologist for additional questions.
- Clear liquids used in your prep should **NOT ONLY** be sugar-free.
- If you take Ultralente insulin/insulin pump or are currently taking three or more injections per day, please contact your endocrinologist for specific instructions.

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DAY BEFORE PROCEDURE

Begin a **Clear Liquid Diet**. The following liquids are OK to drink in any color **EXCEPT** red, orange, or purple coloring:

- Jell-O, Popsicles, Kool-Aid, Sprite/7-Up/Ginger Ale, Gatorade, Crystal Light, Coffee/Tea (*no creamer*), Plain Broth or Bouillon (*chicken, beef, or vegetable*)

DO NOT:

- have any solid food
- drink any beverage containing milk products
- drink any red, orange, or purple liquids
- drink alcoholic beverages

FIRST DOSE

4:00PM

Complete Steps 1-4 as indicated below. If you become uncomfortable, take the tablets and water slower.

STEP 1



At **4:00PM**, (Dose 1) open one bottle of 12 prep tablets, then fill the provided container with 16 oz. of non-carbonated clear liquids (up to the fill line).

STEP 2



Swallow each tablet with a sip of non-carbonated clear liquids and drink the entire amount over 15-20 minutes.

STEP 3



Approximately one hour **AFTER** the last tablet is **swallowed**, fill the provided container a second time with 16 oz. of non-carbonated clear liquids (up to fill line) and drink the entire amount over 30 minutes.

STEP 4



Approximately thirty minutes **AFTER** finishing the second container, fill the provided container a third time with 16 oz. of non-carbonated clear liquids (up to fill line) and drink the entire amount over 30 minutes.

SECOND DOSE

10:00PM

Complete Steps 1-4 as indicated below. If you become uncomfortable, take the tablets and water slower.

STEP 1



At **10:00PM**, (Dose 2) open the second bottle of 12 prep tablets, then fill the provided container with 16 oz. of non-carbonated clear liquids (up to the fill line). Swallow each tablet with a sip and drink the entire amount over 15-20 minutes.

STEP 2



Approximately one hour **AFTER** the last tablet is **swallowed**, fill the provided container a second time with 16 oz. of non-carbonated clear liquids (up to fill line) and drink the entire amount over 30 minutes.

STEP 3



Approximately thirty minutes **AFTER** finishing the second container, fill the provided container a third time with 16 oz. of non-carbonated clear liquids (up to fill line) and drink the entire amount over 30 minutes.

STEP 4



Four hours **prior** to your procedure, **STOP** all liquids. Nothing to eat or drink until after the procedure.

DAY OF PROCEDURE

 **Do NOT eat, drink, or chew until after the procedure** - this includes water, gum, hard candy, chewing tobacco, and mints.

DRIVER REQUIRED:

Due to being under anesthesia, you are required to have an adult (over age 18) drive you home from your procedure. Your driver is required to remain at the facility during your stay if your procedure is after 2 PM. Public transportation is **NOT** permitted without a chaperone, this includes JTA, Uber, Lyft, Taxi, Council on Aging, etc. because your driver will be required to sign a release form when you are discharged. You will **NOT** be permitted to drive for the remainder of the day, sign legal papers, or operate heavy machinery.

REMINDERS:

- ✓ Bring your Identification/Driver's License and Insurance Card(s).
- ✓ Plan to arrive at least one hour prior to your scheduled procedure time and to be at the facility for two-three hours.

