



Colonoscopy Prep – Sutab

Please review this entire document! These instructions are your physician’s specific instructions. Follow all steps carefully to ensure a successful prep and procedure. *If you are or may be pregnant, please discuss the risks and benefits of this procedure with your provider.* **Questions? Call 312-767-3244.**

10 Days

before your procedure

Review and start following all MEDICATION GUIDELINES on the MDHNGI.com/procedures

- Consult with your prescribing provider before discontinuing any blood thinners/ anticoagulants and/or diabetic medications.

5 Days

before your procedure

Start following LOW FIBER/LOW RESIDUE DIET on MDHNGI.com/procedures

- Stop eating nuts, seeds, corn, popcorn, raw fruits, raw vegetables, whole wheat foods, multi-grain foods, bran and fiber supplements until after your procedure.

Stop taking all vitamins & supplements.

2 Days

before your procedure

Continue following LOW FIBER/LOW RESIDUE DIET.

Take medications as usual unless directed otherwise.

CONFIRM arrangements with your friend/family member adult driver (age 18+).

DO NOT eat solid foods after midnight.

1 Day

before your procedure

Start following CLEAR LIQUID DIET included in this document.

- NO SOLID FOODS, CLEAR LIQUIDS ONLY
- Drink plenty of clear liquids throughout the day to avoid dehydration.

AT 5PM:

- Open one bottle SUTAB® pills. Do not cut or crush the pills – they must be taken whole. Fill the provided container with 16oz of water. Swallow one pill every 3 minutes with a sip of water. Finish taking pills within 40 minutes. Be sure to finish the entire 16oz cup of water.

AT 6:00PM: Drink another 16oz of water, sipping slowly over the next 30 minutes.

AT 6:30PM: Drink a third 16oz of water, sipping slowly over the next 30 minutes. Continue drinking clear liquids to stay hydrated.

IMPORTANT: 2nd dose will be 6 hours appointment arrival time on day of procedure.

6 HOURS PRIOR TO APPOINTMENT ARRIVAL TIME:

- Open one bottle SUTAB® pills. Do not cut or crush the pills – they must be taken whole. Fill the provided container with 16oz of water. Swallow one pill every 3 minutes with a sip of water. Finish taking pills within 40 minutes. Be sure to finish the entire 16oz cup of water.
- Drink a second 16oz of water, sipping slowly over the next 30 minutes.
- Drink a third 16oz of water, sipping slowly over the next 30 minutes
- **Continue following CLEAR LIQUID DIET until 4 hours prior to appointment arrival time.**

4 HOURS PRIOR TO APPOINTMENT ARRIVAL TIME:

- STOP DRINKING, NOTHING BY MOUTH
- No eating, drinking, smoking, or vaping. No gum or hard candy.
- Take any approved medication with a small sip of water at least 4 hours before procedure
- You may brush your teeth, but do not swallow.
- You are ready for the colonoscopy if you followed all instructions and your stool is no longer formed but clear or yellow liquid (like urine or tea).

The Day

of your procedure



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WHAT TO EXPECT

BEFORE THE PROCEDURE

- If you are on blood thinners/anticoagulants, please contact your prescribing physician before discontinuing your medication. **Medication guidelines are included on MDHNGI.com/procedures**
- Colonoscopy prep will likely require the purchase of some over-the-counter medications and food/drinks allowed on the low fiber and clear liquid diets. Shopping list, allowed foods and foods not allowed are included in this document.
- If you are being sedated, please plan to have a friend/family member adult driver (age 18+) for after your procedure.

THE PREP

- Be sure to have access to a restroom. Individual response time to prep may vary. You may have loose stools.
- You may be uncomfortable/bloated and feel chilled until you start having bowel movements (2-4 hours). Drinking warm, clear liquids such as tea, warm apple juice or hot water can help.
- Alcohol-free baby wipes may help ease skin irritation.
- Use over-the-counter hemorrhoid pads if necessary.

THE APPOINTMENT

- Bring to the appointment:
 - List of all current medications (including allergy or over-the-counter)
 - Inhalers
 - Photo ID and up-to-date insurance information
 - Leave valuables (jewelry, smart watches, cell phones) at home or with your driver
- Arrive 1 hour prior to scheduled procedure time.
- You **MUST** have a friend/family member adult driver (age 18+) remain in the building throughout the entire procedure and available to drive you home after your procedure.
- Taxi/cab, Uber/Lyft, bus and medical transport are **NOT** acceptable rides home unless accompanied by an adult (age 18+) friend/family member.

AFTER THE PROCEDURE

Because of the sedation you are given during the procedure, you may experience sleepiness, dizziness, forgetfulness or lightheadedness. Your judgement and reflexes may be impaired. These are normal reactions to the medication that can last for the remainder of the day.

FOR THE REMAINDER OF YOUR PROCEDURE DAY

- **DO NOT** drive a vehicle or operate complex machinery
- **DO NOT** perform any strenuous activity
- **DO NOT** drink alcohol
- **DO NOT** smoke unsupervised
- **DO NOT** make any legal decisions
- Additional information will be included on your discharge instructions

SHOPPING LIST

Required Items

- Allowed food for low fiber/low residue diet
- Allowed beverages for clear liquid diet
- SUTAB[®]

Optional Items

- Hemorrhoidal pads
- Alcohol-free baby wipes



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LOW FIBER / LOW RESIDUE DIET

FOOD CATEGORY	ALLOWED	NOT ALLOWED
Beverages	Coffee, tea, hot chocolate, soda, fruit & vegetable juice without pulp; Less than 2 cups milk/day	No alcohol; No fruit or vegetable juice with pulp; no red or purple
Breads, grains & cereal	White bread, rolls & bagels; Saltines, cheese crackers; Refined dry & cooked cereals including corn flakes, crisp/puffed rice, Cream of Wheat	No whole wheat/whole grain bread, rolls, crackers or cereal; No breads/cereal with bran, oats, seeds, nuts, raisins or dates; No oatmeal
Dairy	Cheese, cottage cheese, plain yogurt, sour cream, buttermilk, cream	No yogurt mixed with granola or berries (or other fruit with skin)
Meats & eggs	Chicken, turkey, fish, seafood, tofu, eggs	No lunch meat, hot dogs, sausage; No spiced/cured meats; No fried, tough, grisly meats
Fats	Butter, cream, mayo, avocado, cooking oils & shortening; creamy peanut/almond butter	No nuts, coconut, spicy salad dressings
Fruits	Ripe, peeled apples, bananas, melon, pears & peaches; cooked/canned fruits without skin/peel/ membranes	No raw fruit with seeds, skin, or membranes inc. berries, pineapple, apples, oranges, grapefruit, watermelon, kiwi, pomegranate, dragon fruit
Vegetables	All vegetables must be well-cooked Asparagus, carrots, mushrooms, pumpkin	Raw vegetables are not allowed No red or golden beets No raw spinach, lettuces or cucumber No corn, peas/snap peas or green/wax beans
Potatoes & starches	Potatoes without skin (white, yellow, sweet & yams), noodles, white rice, hominy	No purple potatoes, fried potatoes, potato skins, whole wheat pasta, brown & wild rice
Beans & legumes	None allowed	None allowed
Nuts & seeds	None allowed	None allowed
Soups	Cream soups made with allowed milk (less than 2 cups/day) & allowed vegetables, broth soups	Soups with more than 2 cups of milk per serving per day
Miscellaneous	White sauce (made from allowed milk), meat gravy, ketchup, mustard, tomato sauce, chocolate, salt, vinegar, lemon juice, ground spices & herbs in moderate amounts	No garlic, ginger, olives, pickles, popcorn, horseradish, cayenne, chili powder



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CLEAR LIQUID DIET

NO SOLID FOODS. CLEAR LIQUIDS ONLY.

Be sure to drink plenty of clear liquids with calories on clear liquid diet days

APPROVED CLEAR LIQUIDS

- **Sports drinks/Gatorade®/VitaminWater®** No red or purple
- **Fruit juice (no pulp)** Apple, white grape, white cranberry; No red or purple
- **Soda & carbonated beverages** No red or purple
- **Clear broth/bouillon** Chicken, vegetable, beef flavors
- **Gelatin/Jell-O®** No red or purple
- **Ice pop/Popsicles®** No red or purple
- **Gummy bears** No red or purple
- **Black coffee & tea** No liquid or powdered creamer/milk (dairy/soy/nut/oat); Sugar/sweeteners OK
- **Water** Plain, flavored, carbonated; No red or purple

- ⊘ NO RED
- ⊘ NO PURPLE
- ⊘ NO DAIRY
- ⊘ NO PULP

IF YOU ARE DIABETIC, AIM FOR 45 GRAMS OF CARBOHYDRATES PER MEAL AND 15-30 GRAMS PER SNACK

Clear liquids with about 15 grams of carbohydrates

- 4oz apple juice, 8oz sports drink, ½ cup gelatin, 2 popsicles/ice pops

Clear liquids with zero carbohydrates

- Black coffee, tea (unsweetened or diet), clear diet soda, seltzer, flavored water, fat-free broth, bouillon or consommé