



PATIENT NAME

PATIENT ID

DOCTOR

**CHECK IN FOR YOUR PROCEDURE:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Flowood Endo Center: 2510 Lakeland Drive, Flowood

Madison Endo Center: 106 Highland Way, Madison (St. Dominic – Highland Medical Arts Building)

Vicksburg Endo Center: 1815 Mission 66, Vicksburg

Other: \_\_\_\_\_

**SUTAB / MOM COLON PREP – AM PROCEDURE**

**This exam requires careful preparation!**

**\*\*Read through these instructions carefully at least 5 days prior to your procedure.\*\***

***Please follow these printed instructions for the prep,  
NOT the instructions listed on or included in the prep box.***

- Administration of two doses of SUTAB (24 tablets) is required for a complete preparation for colonoscopy. Twelve (12) tablets are equivalent to one dose.
- Water must be consumed with each dose of SUTAB, and additional water must be consumed after each dose.

It is very important that you follow the full program of preparation. The results obtained from the exam are dependent on your colon being carefully cleansed and empty. An improperly prepared bowel may mean the exam will have to be repeated at another time, and more importantly, fecal matter left in the bowel can hide important conditions that may be present.

- Bring all current medications with you to the facility where your procedure will be done.
- **Five (5) days before** your scheduled procedure, stop taking all iron supplements.
- Please leave all jewelry and valuables at home. However, bring insurance cards and driver's license. You might want to bring a sweater.
- You will be given medication to make you sleepy. You must have someone with you who will be responsible for driving you home. The driver must be a responsible adult, 18 years of age or older. In the event that the driver is a licensed minor, a secondary adult must be available to sign the discharge orders. Any exceptions to this requirement must be made by the attending physician in advance. Patients are not allowed to leave alone or by taxi or bus. If you must cancel your procedure, please notify this office as soon as possible.
- Your driver **must** remain at the facility.

**TWO DAYS BEFORE your procedure**

**6:00 PM:** Take 3 tablespoons of Milk of Magnesia.

**After this start a clear liquid diet.** Do not eat any solid food or dairy.

**The entire DAY BEFORE your procedure**

- **Absolutely No Solid Food** until your procedure is completed.
- You may have clear liquids as much as you would like all throughout the day.
- Clear liquids include water, clear juice, black coffee, tea, broth, Jello, soft drinks, and popsicles (nothing red or purple, no dairy products, no orange juice, no alcohol).

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### **DOSE 1 4:00 p.m. DAY BEFORE your procedure**

- Open 1 bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes.
- Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- Continue to drink clear liquids between doses.

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### **DOSE 2 8:00 p.m. DAY BEFORE your procedure**

- Open 1 bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes.
- Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.

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### **The DAY OF your procedure**

- **Absolutely No Solid Food** until your procedure is completed.
  - You may have clear liquids **until 3 hours before** checking in, and then **DO NOT have anything by mouth (including chewing gum, hard candy, or mints) until after your procedure. If you drink anything during this time, your procedure may have to be rescheduled.**
  - **If you take blood thinners or medications to treat a heart condition, hypertension, seizures, or diabetes, see notes below.**
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#### **BLOOD THINNERS**

If you take any of the following medications, **let us know**. You will be given specific instructions based on the procedure you will be having.

Brilinta (ticagrelor)	Eliquis (apixaban)	Plavix (clopidogrel)
Coumadin (warfarin)	Heparin	Pradaxa (dabigatran)
Effient (prasugrel)	Jantoven (warfarin)	Xarelto (rivaroxaban)

If you take any of the following medications, **please hold the dose on the day of your procedure**. You may resume your medication after your test is completed.

Aspirin	Arixta (fondaparinux)	Miradon (anisindone)	Pletal (cilostazol)
Aggrenox (Aspirin/dipyridamole)	Lovenox (enoxaparin sodium)	Persantine (dipyridamole)	Ticlid (ticlopidine HCL)

#### **HEART, BLOOD PRESSURE, AND SEIZURE MEDICINES**

If you take medication for your heart, blood pressure, or seizures, please take these medications on the morning of your procedure with a small sip of water.

#### **DIABETIC PATIENTS**

- Please make sure you have drinks available that are "regular" (not diet or sugar free) in case you develop low blood sugar while you are prepping for your exam.
- If you take a pill to lower your sugar, **DO NOT TAKE IT** before you check in for your procedure.
- If you take insulin, we will try to schedule your procedure in the early part of the day. Do not take Humulin, regular or NPH insulin before arrival on the day of the procedure.
- If you have an insulin pump, continue on your usual basal rate in the morning of your procedure. When eating again, you can resume bolus doses.
- If you take any other insulin preparation such as Lantus, Humalog, or 70/30 Insulin then you must contact your prescribing doctor for instructions.

If you have any questions about these instructions please check our web site at [www.gi.md](http://www.gi.md) or call **601-355-1234** and ask for a **pre-op RN**.

Completed by \_\_\_\_\_