



YOUR PROCEDURE IS SCHEDULED FOR: _____, ____ / ____ / ____ . PLEASE ARRIVE AT ____: ____ am / pm

LOCATION:

- 1) GI NORTH ENDOSCOPY 4150 Deputy Bill Cantrell Memorial Rd Ste 200 Cumming, Ga. 30040
- 2) Northside Hospital-Forsyth, 1200 Northside Forsyth Drive Cumming, Ga. 30041 (pt. services)

SUTAB BOWEL PREP FOR COLONOSCOPY (SPLIT DOSE)

****FOLLOW THESE INSTRUCTIONS AND NOT THE ONES ON THE BOX****

- Please inform your doctor if ANYTHING HAS CHANGED WITH YOUR HEALTH OR MEDICATIONS SINCE YOUR LAST VISIT.
- Please leave **ALL** jewelry and electronic devices at home (**cell phones, smart watches, Fitbits**)
- **Drivers MUST be 18 years or older and MUST** check-in at front desk before the pt. will be taken back (**they may return to their car but CANNOT leave the property**). **PLEASE ARRIVE ON TIME.**

3 DAYS BEFORE EXAM

- **Do not eat corn, beans, nuts, popcorn, quinoa, seeds any food or fruits with seeds.**

1 DAY BEFORE EXAM (Date) _____

- **No solid food all day** – only **clear liquid diet (NO RED OR PURPLE color)**, including:
 - Water, clear broth, coffee or tea (without milk or creamer)
 - Sport Drinks such as Gatorade, PowerAde, Propel or Vitamin Water (NO RED OR PURPLE)
 - Fruit flavored drinks such as Crystal Light, Kool-Aid, Capri Sun (NO RED OR PURPLE)
 - Apple juice, white cranberry juice, carbonated beverages or soda (NO RED OR PURPLE)
 - JELL-O, Italian ices, ice popsicles, sorbet, hard candy (NO RED OR PURPLE)
 - **NO juice with PULP or MILK of any kind (Soy, Silk, Almond, Oat, Coconut... to name a few).**
 - **NO ALCOHOLIC BEVERAGES**
- **BOWEL PREP INSTRUCTIONS:**
 - **At 6pm**, Open ONE bottle of 12 tablets. Fill the provided dosing cup with 16 ounces of water (up to fill line). Swallow one to four tablet(s) at a time with a sip of water until you have taken all 12 tablets, and drink the entire amount of water over 15 to 20 minutes.
 - Approximately **ONE HOUR** after swallowing the last tablet, fill the provided dosing cup with 16 ounces of water (up to fill line), and drink the entire amount over 30 minutes.
 - Approximately, **THIRTY MINUTES** after finishing the second dosing cup of 16 ounces, fill the provided dosing cup with 16 ounces of water (up to fill line), and drink the entire amount over 30 minutes.
 - Continue clear liquid diet until midnight. **DO NOT EAT ANY SOLID FOOD.**

DAY OF THE EXAM (Date) _____

- **SIX HOURS (at _____ am)** prior to your scheduled procedure time, open the second bottle of 12 tablets. Fill the provided dosing cup with 16 ounces of water (up to fill line). Swallow one to four tablet(s) at a time with a sip of water until you have taken all 12 tablets, and drink the entire amount of water over 15 to 20 minutes.
- Approximately **ONE HOUR** after swallowing the last tablet, fill the provided dosing cup with 16 ounces of water (up to fill line), and drink the entire amount over 30 minutes.
- Approximately, **THIRTY MINUTES** after finishing the second dosing cup of 16 ounces, fill the provided dosing cup with 16 ounces of water (up to fill line), and drink the entire amount over 30 minutes.
- **DO NOT DRINK ANYTHING OR EAT ANYTHING after _____ am (3 hours prior to your procedure).**

****If you experience preparation-related symptoms such as nausea, bloating and/or cramping, pause or slow the rate of drinking the additional water until symptoms diminish.****

DIABETIC PATIENTS:

- If you take **ORAL** diabetic medication HOLD on the day of the prep and day of the procedure and resume after scope
- If you take **INSULIN**, take ½ the regular evening dose (on the night of prep) and nothing in the morning of the procedure. Monitor blood sugar carefully
- If you have an **INSULIN PUMP**, turn it off the morning of the procedure and monitor blood sugar carefully

HEART AND BLOOD PRESSURE MEDICATIONS:

- Take all heart and blood pressure medications with a tiny sip of water as usual. **HOLD ALL OTHER MEDICATIONS** until after the procedure
- IF YOU TAKE A BLOOD THINNER, BE SURE YOU HOLD IT AS DIRECTED BY YOUR CARDIOLOGIST BEFORE THE PROCEDURE