

PATIENT NAME: PROCEDURE: PHYSICIAN: LOCATION:

DATE: ARRIVAL TIME: Procedure time:

**\*\*PLEASE HAVE NOTHING BY MOUTH AFTER ON (including gum or mints)**

Additional instructions:

## SUTAB Bowel Preparation

Please read the entire prep instructions at least one week before your procedure. If you have questions, please call our office:

Office number: 859-341-3575

Procedure Scheduling: 859-655-4480 between 8 am and 4:30 pm

Ambulatory Surgery Center: 859-655-4475 between 6:15 am and 2:30 pm

Please note that not following these instructions may result in cancellation / rescheduling of the procedure. Please contact the office if there have been any changes in your medical condition from the time you had scheduled your procedure to the date of your procedure (including but not limited to: heart attack, stroke or beginning taking blood thinning medication) Not doing so may result in cancellation of your procedure.

If you are unable to keep your appointment, please provide at least a 72 hour notice. Not doing so will result in a \$100 cancellation / no show fee.

A thorough cleansing of the bowel is essential for a successful exam. Please read and follow all instructions carefully. Recent studies have shown that splitting the preparation into an evening dose and a morning dose is more effective than drinking it all at once. Be sure to follow our instructions exactly as they are written, even if the result of your prep is clear prior to finishing all of the prep. An inadequate prep could result in rescheduling your procedure or the interval of the next procedure could be reduced due to inadequate prep.

Your safety is our primary concern. Please arrange a responsible adult (age 18 or older) to drive you to our facility, stay at our facility during your procedure and drive you home when you are discharged. It is necessary that your responsible party remains at the facility during your procedure, or the procedure will not be able to be performed. Please anticipate remaining at our facility 2-4 hours. You are to have a responsible adult with you until the effects of the sedation have worn off which may take several hours.

If you have a Port-A-Cath that you would like for us to use for your procedure, it is our policy that the Port-A-Cath is required to be flushed within 30 days of your procedure or we will be unable to access the port.

## 7 or more days prior to the procedure

- Pick up SuTab from your pharmacy
- Purchase four chewable Simethicone tablets (example- Gas X, available over the counter)

- Arrange for a ride. If you do not have a ride, we will cancel the procedure. Please remember that by law, you cannot drive the rest of the day of the colonoscopy.
- Read and familiarize yourself with the preparation instructions below.
- Please note if you take the medication Phentermine (ie- Adipex, Oby-Cap, Suprenz, T-diet, Zantryl, Lomaira) you will need to stop this medication 5 days prior to procedure.
- Review and plan dietary needs.
- Recommended to avoid nuts, seeds or berries with seeds the week prior to your procedure.

**Examples of clear liquids:** (start clear liquid diet 1-2 days prior to procedure as instructed below)

- o Coffee or Tea (No milk or creamer)
- o Dietary Supplements: boost or ensure any flavor except chocolate and strawberry. No supplement after midnight.
- o Plain Jell-O / Popsicles (No red or purple color)
- o Clear soups and/or broth (strain all vegetables and noodles)
- o Clear fruit juice- No pulp, grapefruit juice, Tomato juice
- o Sorbet that does not contain milk or chunks of fruit.
- o Soft drinks / Ginger Ale / Gatorade (No red or purple)
- o DO NOT drink Alcohol

\*\*\*\*\* IF YOU TAKE BLOOD THINNING MEDICATION \*\*\*\*\*

- We are verifying with your Cardiologist that you may hold your blood thinner. Please wait until you hear from us before stopping the medication.
- We have verified with your Cardiologist that you may hold your blood thinner .

STOP TAKING THE MEDICATION:                      DAYS PRIOR TO PROCEDURE.

YOU WILL BE INSTRUCTED ON WHEN TO RESUME TAKING YOUR BLOOD THINNER FOLLOWING YOUR PROCEDURE

- Begin clear liquid diet 1 days prior to procedure per physician recommendation if checked here.
- Begin clear liquid diet 2 days prior to procedure per physician recommendation if checked here.

## 1 day prior to the procedure

- Start on a clear liquid diet when you get up and continue all day. Do not eat any solid foods. Do not consume anything that is red. Throughout the day, make sure to drink at least 8 glasses (2 quarts) of fluids.
- If you have Diabetes: drink dietary supplements throughout first day of the colon prep up until midnight (no chocolate or strawberry flavor)

## Between 5 and 6pm complete steps 1 through 3:

Step 1 – Fill the provided cup with 16 oz. of water (to the fill line) and open one bottle of 12 tablets. Take 1 tablet every 1-2 minutes with water. Finish all 12 pills within 20 minutes. Make sure to drink all 16 ozs of water.

Step 2 – One hour after completing the tablets. Fill the provided cup with 16 oz. of water and drink slowly over the course of 30 minutes. Make sure to complete all of the water.

Step 3 – 30 minutes after completing step 2, Fill the provided cup with 16 oz. of water and drink slowly over the course of 30 minutes. Make sure to complete all of the water.

\*\*\*Bowel movements usually start within 1-2 hours after ingestion of the first tablet and can continue 1-2 hours after you finish. If at any point during the process you feel nauseated, slow down the speed at which you drink the water. \*\*\*

- Take 2 Simethicone tablets with the last glass of water.
- Continue to drink clear liquids until bedtime. It is important that you drink large amounts of liquid in order to keep your body hydrated and for colon cleansing.

## On the day of the procedure

- **Starting 6 hours** before your scheduled arrival time, repeat steps 1 through 3 using the remaining bottle of 12 tablets of SUTAB. You must finish the final glass of clear liquid at least 2 hours before your procedure
- Take 2 Simethicone tablets with the last glass.
- STOP drinking any liquids 2 hours before your scheduled arrival time.
- Take your heart (do not take blood thinner), blood pressure and seizure medications the morning of the procedure.
- If you have diabetes, do not take your oral diabetic medication today.
  - Take ½ of long acting insulin
  - Hold regular insulin
  - Bring a dose of regular insulin
- Refrain from smoking the morning of the procedure

- If you wear dentures avoid using adhesive the day of the procedure as the dentures may be removed.
- If you use an inhaler please bring it with you the day of the procedure.
- Be advised premenopausal women will be required to provide urine specimen for pregnancy test prior to procedure.

#### FREQUENTLY ASKED QUESTIONS:

- **Is there any way that I can make this taste better?** You can try sucking on hard candy or rinse your mouth with water or a mouthwash.
- **Why avoid red liquids?** The red color can persist in the colon and potentially look like blood.
- **One of the medications I was instructed to take the morning of my procedure is red. Can I take it?** Medications should be taken the morning of your exam regardless of the color.
- **I feel like vomiting and do not think I can drink any more. What should I do?** It is important that you continue to drink the solution if possible. Without a clean bowel, the doctor will not be able to thoroughly see inside of your colon to complete the examination. You can stop drinking for 30 minutes, then resume. If you do vomit, wait 30-60 minutes then begin drinking the solution again. If not improved, call us and have a phone number of an open pharmacy in case we need to call in a prescription.
- **I drank a lot of the solution and have not gone to the bathroom yet. What should I do?** Keep drinking and be patient. Most people have a bowel movement after an hour; however, some patients may take several hours.
- **I am taking the prep and now having loose, watery stool. Do I still need the rest of the prep?** Yes, you may have solid stool higher in the colon that needs to be eliminated.
- **I already have diarrhea before taking the prep, do I still need to take the laxative?** Yes, you must take the entire prep. Your colon is approximately six feet long. The entire colon must be emptied for your physician to see the colon clearly.
- **I see yellow color in the toilet bowl and a few flecks. What do I do?** If you drank the entire solution or if your last bowel movements were clear enough that you were able to see the bottom of the toilet, you should be fine. It is okay if you have some flecks of material. The yellow color is a result of bile that normally colors the feces. This should not interfere with the examination.
- **My bottom is sore. What can I do?** To clean the area, avoid rubbing. Gently pat with a wet washcloth
- **Can I drink alcoholic beverages?** Alcoholic beverages can cause dehydration and some wines thin your blood. Therefore, we strongly suggest that you do not drink any alcoholic beverages prior to your procedure.
- **Can I chew gum or suck on candy?** Yes, up until 2 hours prior to arrival. Nothing with soft centers or red color
- **What if I am still passing stool the morning of the test?** Please call the office.

- **Can I brush my teeth?** Please do. You may brush your teeth and rinse your mouth without swallowing.
- **Can I have chicken soup?** You can have broth; no noodles, chicken or vegetables are allowed.
- **Can I have the colonoscopy if I am on my period?** Yes, the procedure can still be performed. We ask that you use a tampon if possible but it's not absolutely necessary.

**COMMERCIALY INSURED PATIENTS  
PAY AS LITTLE AS \$40  
ON YOUR PRESCRIPTION**  
Patients without insurance may pay as little as \$60.

**SUTAB<sup>®</sup>**  
(sodium sulfate, magnesium sulfate, and potassium chloride)  
Tablets  
1.479 g/0.225 g/0.188 g

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**BIN:** 004682  
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Patients can take this card to their pharmacist to save on SUTAB<sup>®</sup> tablets. For more information please visit [www.sutab.com](http://www.sutab.com). Terms and conditions apply, see back of offer for more details.

**To Patient:**

Present this card to your pharmacy along with a valid prescription for SUTAB®. Commercially insured patients will receive savings up to the program maximum after paying the first \$40.00. Patients without insurance will receive savings up to the program maximum after paying the first \$60.00. Any additional amounts due are your responsibility. This offer is limited to one use and is not transferable. By using this card, you acknowledge that you meet the eligibility criteria and will comply with the terms and conditions. If you have any questions, call 1-844-926-4140.

**Pharmacist Instructions for Commercially Insured Patient with Product Coverage:**

Submit the claim to the primary Third Party Payer first, then submit the balance due to **Change Healthcare** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (OCC 8). The patient is responsible for the first \$40.00 and reimbursement for the balance, up to the program maximum, will be received from **Change Healthcare**.

**Pharmacist Instructions for Commercially Insured Patient without Product Coverage:**

Submit the claim to the primary Third Party Payer first, then submit the balance due to **Change Healthcare** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (OCC 3). The patient is responsible for the first \$40.00 and reimbursement for the balance, up to the program maximum, will be received from **Change Healthcare**.

**Pharmacist Instructions for a Cash Paying Patient:**

Submit this claim to **Change Healthcare**. A valid Other Coverage Code (e.g. 0,1) is required. The patient is responsible for the first \$60.00 and reimbursement for the balance, up to the program maximum, will be received from **Change Healthcare**.

For pharmacy processing questions, please call 1-800-422-5604.

**Eligibility Criteria:**

This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, or any other federal or state program, or where prohibited by law. Offer valid only for prescriptions filled in the United States. Braintree Laboratories, Inc. reserves the right to discontinue this offer at any time. It is a violation of federal law to buy, sell, or counterfeit this certificate. Offer expires December 31, 2022