

These 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 doctor. If you have IBD (Crohn's or ulcerative colitis) DO NOT use this prep. Contact GI Associates for a different prep. Questions? Call 414-918-3556*

PLEASE REVIEW THIS ENTIRE DOCUMENT 7 DAYS PRIOR TO YOUR PROCEDURE!

5 Days

before your procedure

Start following all MEDICATION GUIDELINES included in this document.

- Contact your prescribing provider before discontinuing blood thinners/anticoagulants.
- Stop taking all vitamin & mineral supplements.

3 Days

before your procedure

Start following LOW FIBER/LOW RESIDUE DIET included in this document.

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

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 (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 upon rising until after your procedure.
- Drink plenty of clear liquids throughout the day to avoid dehydration.

AT 5:00PM:

- Open 1 bottle of SUTAB® pills. Do not cut or crush the pills - they must be taken whole.
- Fill the provided container with 16oz of water. Swallow 1 pill every 3 minutes with a sip of water. Finish taking pills within 40mins. 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 prior to appointment arrival time on day of procedure.

Note: If you experience nausea or cramping, take a short break, continue where you left off and try to finish even if it takes longer. Warm, clear liquids can help.

6 HOURS PRIOR TO APPOINTMENT ARRIVAL TIME:

- Open 1 bottle of SUTAB® pills. Do not cut or crush the pills - they must be taken whole.
- Fill the provided container with 16oz of water. Swallow 1 pill every 3 minutes with a sip of water. Finish taking pills within 40mins. 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

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 in this document.
- 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 (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 your 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
- You **MUST** have a friend/family member adult driver (18+) present 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 (18+) friend/family member.

AFTER THE PROCEDURE.

Because of the sedation you are given during the procedure, you may experience sleepiness, dizziness, forgetfulness or light-headedness. Your judgment 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® prep



Optional Items

- Hemorrhoidal pads



- Alcohol-free baby wipes



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, green/wax beans, mushrooms, pumpkin	Raw vegetables are not allowed No red or golden beets No raw spinach, lettuces or cucumber No corn or peas
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
Legumes & beans	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, garlic, ginger, horseradish, cayenne, chili powder

CLEAR LIQUID DIET

NO SOLID FOODS. CLEAR LIQUIDS ONLY.

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

THE FOLLOWING ARE APPROVED AND CONSIDERED 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
- **Black coffee & tea** No liquid or powdered creamer/milk (dairy/soy/nut/oat); Sugar/sweeteners OK
- **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
- **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



Medication Guidelines

IMPORTANT! Please carefully review this medication list and **consult with your prescribing provider** before discontinuing any blood thinners/anticoagulants or diabetic medications. **DO NOT** make up or double up on any missed medications after your procedure.

	10 DAYS BEFORE PROCEDURE	5 DAYS BEFORE PROCEDURE	4 DAYS BEFORE PROCEDURE	3 DAYS BEFORE PROCEDURE	2 DAYS BEFORE PROCEDURE	1 DAY BEFORE PROCEDURE	DAY OF PROCEDURE
Blood Thinners/Anticoagulants							
• Ticlid® (ticlopidine)	DO NOT TAKE						
• Coumadin® (warfarin) • Effient® (prasugrel) • Plavix® (clopidogrel)	DO NOT TAKE						
• Brilinta® (ticagrelor)	DO NOT TAKE						
• Aggrenox® • Arixtra® (fondaparinux) • Eliquis® (apixaban) • Persantine® (dipyridamole) • Pletal® (cilostazol) • Savaysa® (edoxaban) • Xarelto® (rivaroxaban)	DO NOT TAKE						
• Fragmin® (dalteparin) • Lovenox® (enoxaparin) • Pradaxa® (dabigatran)	DO NOT TAKE						
Vitamins & Supplements							
• Fish Oil • Iron • Multivitamins • St. John's Wort • Vitamin E • All other supplements	DO NOT TAKE						
Weight Loss (see more under Diabetic & Weight Loss Meds)							
• Phentermine/phendimetrazine (all brands)	DO NOT TAKE						
Pain Relievers							
• Aspirin (ASA) • Tylenol® (acetaminophen)	Continue taking <i>Nothing by mouth 4hrs prior to appointment arrival time</i>						
• NSAIDs (Advil, Aleve, ibuprofen, naproxen, diclofenac, meloxicam)	Continue taking in small doses <i>Nothing by mouth 4hrs prior to appointment arrival time</i>						

	DAY BEFORE PROCEDURE	DAY OF PROCEDURE
Blood Pressure - ACE Inhibitors & ARBs		
<ul style="list-style-type: none"> • Accupril® (quinapril) • Aceon® (perindopril) • Altace® (ramipril) • Atancand® (candesartan) • Avapro® (irbesartan) • Benicar® (olmesartan) • Captopril • Cozaar® (losartan) • Diovan® (valsartan) • Edarbi® (azilsartan) • Eprosartan • Fosinopril • Lotensin® (benazepril) • Mavik® (trandolapril) • Micardis® (telmisartan) • Moexipril • Prinivil® (lisinopril) • Vasotec® (enalapril) • Zestril® (lisinopril) 	Take as usual	DO NOT TAKE
Blood Pressure - Diuretics		
<ul style="list-style-type: none"> • Bumex® (bumetanide) • Chlorthalidone • Demadex® (torsemide) • Diuril® (chlorothiazide) • Edecrin® (ethacrynic acid) • Indapamide • Lasix® (furosemide) • Microzide® (hydrochlorothiazide) • Metolazone 	Take as usual	DO NOT TAKE
Blood Pressure - Beta Blockers & Calcium Channel Blockers		
<ul style="list-style-type: none"> • Adalat® (nifedipine) • Bystolic® (nebivolol) • Calan® (verapamil) • Cardene® (nicardipine) • Cardizem LA® (diltiazem) • Corgard® (nadolol) • Covera-HR® (verapamil) • Dynacirc® (isradipine) • Inderal LA® (propranolol) • Innopran XL® (propranolol) • Lopressor® (metoprolol) • Nimotop® (nimodipine) • Norvasc® (amlodipine) • Plendil® (felodipine) • Procardia® (nifedipine) • Sectral® (acebutolol) • Sular® (nisoldipine) • Tenormin® (atenolol) • Tiazac® (diltiazem) • Toprol XL® (metoprolol) • Verelan PM® (verapamil) • Zebeta® (bisoprolol) 	Take as usual	Take as usual



Medication Guidelines - Diabetic

IMPORTANT: If diabetic, consult with your prescribing provider before discontinuing any diabetic medications

	7 DAYS BEFORE PROCEDURE	1 DAY BEFORE PROCEDURE	DAY OF PROCEDURE
Diabetes and/or Weight Loss Injectable & Oral Medications (GLP-1 Agonists)			
<ul style="list-style-type: none"> • Adlyxin® (lixisenatide) • Bydurean® (exanatide ER) • Byetta® (exenatide) • Mounjaro® (tirzepatide) • Ozempic® (semaglutide) • Rybelsus® (semaglutide) 	<ul style="list-style-type: none"> • Saxenda® (liraglutide) • Symlin® (pramlintide) • Tanzeum® (albiglutide) • Trulicity® (dulaglutide) • Victoza® (liraglutide) • Wegovy® (semaglutide) 	<p>If diabetic, consult with your prescribing provider before discontinuing any diabetic medications</p> <p>GLP-1 medications taken weekly should be stopped 7 days prior to procedure</p>	<p>Follow Clear Liquid Diet 24 hours prior to procedure arrival time</p> <p>NOTHING BY MOUTH 4 hours prior to procedure arrival time.</p> <p>DO NOT TAKE GLP-1 taken daily should be stopped the day of procedure</p> <p>AFTER procedure, if eating, take usual dose if due that day</p>

	96 HOURS BEFORE PROCEDURE	72 HOURS BEFORE PROCEDURE	1 DAY BEFORE PROCEDURE	DAY OF PROCEDURE
Diabetes and/or Heart Failure Oral Medications (SGLT2 Inhibitors)				
• Steglatro® (ertugliflozin)	DO NOT TAKE			DO NOT TAKE AFTER procedure, if eating, take usual dose
• Farxiga® (dapagliflozin) • Invokana® (canagliflozin) • Jardiance® (empagliflozin)	DO NOT TAKE			DO NOT TAKE AFTER procedure, if eating, take usual dose
Other Diabetic Medications				
Metformin & metformin combo meds <ul style="list-style-type: none"> • Actoplus Met® (pioglitazone/metformin) • Avandamet® (metformin) • Glucophage® (metformin) • Glucovance® (glyburide/metformin) • Invokamet® (canagliflozin/metformin) • Janumet® (sitagliptin/metformin) • Jentaduet® (linagliptin/metformin) • Kazano® (alogliptin/metformin) • Kombiglyze® (saxagliptin/metformin) • Metaglip® (glipizide/metformin) • PrandiMet® (metformin) • Repaglin® (repaglinide/metformin) • Riomet® (metformin) • Synjardy® (empagliflozin/metformin) • Xigduo XR® (dapagliflozin/metformin) 			DO NOT TAKE EVENING DOSE	DO NOT TAKE Resume usual dose day after procedure
Non-metformin meds <ul style="list-style-type: none"> • Actos® (pioglitazone) • Avandia® (rosiglitazone) • Amaryl® (glimepiride) • Avandaryl® (glimepiride/rosiglitazone) • DiaBeta® (glyburide) • Duetact® (pioglitazone/glimepiride) • Glucotrol® (glipizide) • Glyset® (miglitol) • Januvia® (sitagliptin) • Onglyza® (saxagliptin) • Prandin® (repaglinide) • Precose® (acarbose) • Starlix® (nateglinide) • Tradjenta® (linagliptin) 			Take as usual	DO NOT TAKE AFTER procedure, if eating, take usual dose

IMPORTANT: Diabetic patients should check blood sugar 4x daily if taking insulin.

	1 DAY BEFORE PROCEDURE			DAY OF PROCEDURE		
	AM dose	PM dose	Bed dose	AM dose	PM dose	Bed dose
Insulin						
<ul style="list-style-type: none"> • Lantus® (insulin glargine) • Levemir® (insulin detemir) • Novolin® (isophane) • Soliqua (lixisenatide/insulin glargine) • Tresiba® (insulin degludec) • Xultophy® (liraglutide/insulin degludec) 			Take half of usual dose if normally taken at bedtime	Take half of usual dose after procedure if normally taken in AM	Take usual dose after procedure if eating	Take usual dose
<ul style="list-style-type: none"> • Apidra® (insulin glulisine) • Humalog®, Humalog S® (insulin lispro) • Humulin® (regular insulin) • Novolin® Mix 70/30 • Novolog® (insulin aspart) • Novolog® Mix 70/30 • Pre-mixed insulin: 75/25 • Regular insulin 	Take half of usual fixed dose OR cover carbs with usual carb rotation		Take half of usual fixed dose	DO NOT TAKE	Take usual dose after procedure if eating & check blood sugars	Take usual dose at bedtime if eating & check blood sugars
• Insulin Pens	Same as above					
• Insulin Pumps	Continue insulin without change. Administer additional insulin per carbohydrate or other protocol.					