SUTAB MORNING APPOINTMENT COLONOSCOPY INSTRUCTIONS

Patient Name_____ Acct#_____

Location of Procedure: ◯ Stone Springs Hospital
Address
◯ Prince William Surgery Center
Address

PROCEDURE DATE: _____
ARRIVAL TIME: _____

Please purchase the following:
SuTab prescription from your pharmacy
Peppermint candy to ease nausea.
Bottle of Miralax if you have constipation or a BMI over 35.

7 DAYS BEFORE PROCEDURE:

1) If you have fewer than 3 bowels movements a week OR BMI over 35, start taking 1 capful of Miralax every morning.
2) If you are taking OZEMPIC, WEGOVY, MONJARO, RYBELIUS, TRULICITY, VICTORZA or other GLP-1, stop.

5 DAYS BEFORE PROCEDURE:

1) NO seeds, nuts, whole grains, tomato skins, raw vegetables, corn, popcorn, bran, and chia seeds.
2) STOP iron supplements, vitamin E, Omega-3 fish oil, flax seed oil, and cod liver oil, herbal medications, and phentermine.

3 DAYS BEFORE PROCEDURE:

1) At 6:00 PM – Take 2 bisacodyl tablets (beige pouch)
2) Stop 325 mg aspirin and other NSAIDS (Aleve, Advil, Motrin, ibuprofen, naproxen, Excedrin, Bufferin, Celebrex, Mobic etc.), unless specified. Tylenol is okay to take.
3) Confirm your ride from procedure to home. Start eating softer foods.

If you have diabetes, oral hypoglycemics may need to be held in the morning of the procedure. Please check with the physician who prescribed this medication. Insulin may also need to be adjusted.

DAY BEFORE PROCEDURE:

1) Upon waking, you may only consume clear liquids: water, sports drink (blue, green, white, yellow), apple juice broth, coffee/tea (no cream/milk), soda, Jello, popsicles. Stay well hydrated.
2) **5:00 PM** Open bottle of 12 tablets. Fill provided container with 16 oz. of water (to the fill line). Swallow 1 tablet with a sip of water over the course of an hour. Take all 12 tablets and all 16 oz. of water. If you become uncomfortable, drink slower and have a peppermint to settle your stomach.
3) **7:00 PM** Drink 2 additional 16 oz. glass of water. It is important to stay hydrated and keep drinking plenty of additional clear liquids before bedtime.

DAY OF YOUR PROCEDURE at _____(time)

1) Repeat steps 2 and 3 from above. If you become uncomfortable, drink slower and have a peppermint to settle your stomach.
2) Take blood pressure or anxiety medications with a small sip of water.

NOTHING BY MOUTH AFTER FINISHING PREP SOLUTION.

PLEASE READ PAGE 2

WHAT TO BRING: Comfortable clothing; ID, insurance card, list of medications.

DO NOT bring: Jewelry, any valuables, contact lenses. DO NOT apply lotion, cream, or ointment on your skin.

DRIVER: Required to have an adult driver REMAIN on premises during procedure and to drive you home and assume responsibility for your care afterwards. Otherwise, procedure will be canceled.
YOU WILL NOT BE ALLOWED TO DRIVE AFTER PROCEDURE BECAUSE OF ANESTHESIA.

CANCELLATIONS: Must be made Mon-Fri 9AM-4PM. Cancellations made NO less than 72 hours from scheduled procedure & NO SHOWS will have a $200.00 fee added to account, not billable to insurance.

We will bill your insurance as a courtesy to you.

COLONOSCOPY CATEGORIES:
SCREENING COLONOSCOPY: Age 45 without any symptoms. No history of colon polyps, colorectal cancer, gastrointestinal symptoms, family history of advanced/ early colon polyps or colorectal cancer. If there is a family history of parents, siblings or children with colorectal cancer, a screening is recommended 10 years prior to the age of diagnosis of the family member.
SURVEILLANCE COLONOSCOPY: Patient without symptoms but may have a personal history of GI disease such as ulcerative colitis or Crohn's Disease, colon polyps and/or colorectal cancer. Patients in this category are requested to undergo colonoscopy at shortened intervals. Diagnostic testing copays and coinsurances may apply.
DIAGNOSTIC COLONOSCOPY: Patient has current gastrointestinal symptoms, GI disease, iron deficiency anemia and/or any other abnormal tests or studies. Diagnostic testing copays and coinsurances may apply.

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