SUTAB AFTERNOON COLONOSCOPY INSTRUCTIONS

Patient Name_____ **Acct#**_____

PROCEDURE DATE: _____ **ARRIVAL TIME:** _____

LOCATION OF PROCEDURE | Select one

☐ **Stone Springs Hospital**
24440 Stone Springs Blvd, Dulles, VA 20166

☐ **Prince William Ambulatory Surgical Center**
8644 Sudley Road, Suite 201, Manassas, VA 20110

☐ **Haymarket Medical Center**
15195 Heathcote Boulevard, Suite 350, Haymarket, VA 20169

☐ **UVA Prince William Surgical Center**
8700 Sudley Rd, Manassas, VA 20110

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.

BEFORE YOUR PROCEDURE

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) 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.

YOUR PREP SCHEDULE

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) **9:00 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) **11:00 PM** Drink 2 additional 16 oz. glasses 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 3

VISIT INFORMATION & NEXT STEPS

WHAT TO BRING / AVOID

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.

INSURANCE & BILLING

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.

NOVA INNOVATIVE GASTROENTEROLOGY, PLCC
24430 Stone Springs Blvd., Suite 250, Sterling, VA 20166
Phone: 571-463-3900 | Fax: 571-470-0064