

SUTAB PREP



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Report to the outpatient department at

Date: _____ **Time:** _____

We ask for 3 day notice to cancel your procedure. Missed appointments or cancellations without 3 day notice will incur a \$100 fee. Please bring your drivers license and insurance card to your appointment.

ONE WEEK BEFORE YOUR PROCEDURE

Do not take **IRON**, vitamins or herbal supplements. Continue to take your usual medications **UNLESS** stated by our physician. Do not take fish oil 2 days prior to procedure. **Avoid food with seeds (flax seed, popcorn, corn, nuts, berries, etc.)**

If you are taking glucagon like peptides receptor agonists such as Ozempic, Mounjaro, Semaglutide, and others in this category, please hold this medication for 7 days prior to procedure.

DAY BEFORE YOUR PROCEDURE

DO NOT EAT ANY SOLID FOODS THE DAY BEFORE YOUR TEST

Stay on clear liquids the entire day prior to procedure. It is important that you stay hydrated by using a variety of clear liquids from the list below.

- Bouillon (99% fat free) and Broth
- Apple Juice
- Plain coffee (no cream)
- Popsicles (no red or purple)
- Jello (no red or purple)
- Ginger Ale, Water, Sprite, 7-UP
- Soft drinks (Coke, Diet Coke, Dr. Pepper, etc.)
- Plain tea (no flavoring)
- Hard candy (such as sour balls)

NO MILK OR MILK PRODUCTS - Including Coffee Mate

NO PULP

NO RED OR PURPLE PRODUCTS

DIABETICS: Reduce your insulin from _____ units of _____ in the AM to _____ units. In the PM, reduce your insulin from _____ units of _____ to _____ units. If you take oral diabetic medications – do **NOT** take them the **morning of your procedure**. Please check your blood sugar before you leave home and let the nurse know the results before the procedure. Please monitor your blood sugar while prepping for the procedure.

ESSENTIAL MEDICATIONS: On the morning of the procedure, DO take your heart, blood pressure, seizure, anxiety, and depression medications with small sip of water **before 5am**.

BLOOD THINNERS: If you take antiplatelet agents or anticoagulants (blood thinners) such as Plavix/ Clopidogrel, Effient/ Prasugrel, Brilinta/ Ticagrelor, Pradaxa/ Dabigatran, Xarelto/ Rivaroxaban, Eliquis/ Apixaban, Coumadin/Warfarin, etc., your physician will give you instructions on holding these medications prior to procedure. You do not need to stop aspirin.

** Hold your _____ for _____ days prior to your procedure.

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DOSE 1 – ON THE DAY PRIOR TO COLONOSCOPY AT 6PM

Take the tablets with water.

STEP 1: Open 1 bottle of 12 tablets.

STEP 2: Fill the provided container with minimum of 16 ounces of water (up to the fill line). Swallow 1 tablet with a sip of water every 5 minutes until all 12 tablets have been swallowed (over 1 hour time frame).



IMPORTANT: If you experience preparation-related symptoms (for example, nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.

Drink additional water

STEP 3: Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to fill line), and drink the entire amount over 30 minutes.

STEP 4: Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to fill line), and drink the entire amount over 30 minutes.

DOSE 2 – 8 HOURS PRIOR TO COLONOSCOPY AT _____:

- 8 hours prior to the colonoscopy, open the second bottle of 12 tablets.
- Repeat STEP 1-4 as instructed above.



- **Nothing by mouth after midnight other than your prep, this includes gum, candy, mints, and all tobacco products.**
- **You must follow the instructions carefully to ensure your system will be clean, clear, and ready for examination. If instructions are not followed, the physician may be unable to perform your procedure.**
- **Someone must accompany you to your procedure to drive you home. You will be sedated and unable to drive for the remainder of the day.**
- **Failure to follow these instructions will result in a delay of your procedure time.**

If you have questions, please call our office at (501) 664-6980.

You will be billed separately from the Out-Patient Facility.

As a courtesy, we ask for 3 day notice to cancel your procedure. Missed appointments or cancellations without 3 day notice will incur a \$100 fee.