

PROCEDURE LOCATION:

_____ BEEBE OUTPATIENT SURGERY CENTER, 18941 JOHN J. WILLIAMS HWY, REHOBOTH BEACH, DE. 302-644-6992

(Surgical scheduling will call you after 1 pm the day before your procedure to confirm your arrival time).

_____ BEEBE HEALTHCARE OPERATING ROOM, 424 Savannah Road, Lewes, DE 302-645-3000 ext. 4776

(Surgical scheduling will call you after 1 pm the day before your procedure to confirm your arrival time).

READ INSTRUCTIONS FRONT AND BACK 2 WEEKS BEFORE PROCEDURE. A high-quality colonoscopy requires a good clean-out. Poor clean out may result in having to reschedule.

PICK UP AT PHARMACY OR CONTACT GIFT HEALTH @ 833-614-4438

- 1) **Sutab** kit (prescription mailed electronically to your pharmacy), (if problems with insurance, call us for possible alternative preparation).
- 2) Four over-the-counter tablets (**Simethicone, Gas-X, Mylanta Gas**), extra-strength, if possible: not red in color.

COLONOSCOPY PREP INSTRUCTIONS -SUTAB

5 DAYS BEFORE PROCEDURE

No raw fruits or vegetables. No nuts, popcorn, or foods containing seeds. Stay well hydrated.

THE DAY BEFORE THE PROCEDURE

Breakfast- light breakfast such as yogurt, white toast, eggs, cottage cheese and black coffee or tea with some milk.

After breakfast only clear liquids (examples): Coffee (no cream), Tea (no cream), Jell-O (not red or purple), Popsicles (not red or purple), Clear Juice (not OJ), Clear Broth or Bouillon, Carbonated Beverages (includes dark colas).

AT 5 PM: SUTAB

Step 1) Open one bottle with 12 tablets.

Step 2) Fill provided container with 16 oz. of water (up to the fill line) swallow 1 tablet every 1 to 2 minutes. You should finish the 12 tablets and the entire 16 ounces of water within 20 minutes.

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

Step 3) About 1 hour after the last tablet is ingested, fill the container again with 16 oz. of water and drink the entire amount over 30 minutes.

Step 4) Approximately 30 minutes after completing step 3, fill the provided container with 16 oz. of water and drink the entire amount over 30 minutes.

You may continue to drink clear liquids throughout the evening.

9PM: Take 2 gas tablets with water, or chew if chewable tablets.

DAY OF THE PROCEDURE

5 to 6 hours before procedure open the second bottle with 12 SUTAB and repeat step 1-step 4(as above). Then take 2 gas tablets with water, or chew if chewable. You may continue to drink clear liquids up to 2 hours prior to the procedure (no broth).

We require a urine pregnancy test on women of childbearing age before the procedure. Be prepared to give a urine sample when you arrive.

MEDICATIONS

***Blood thinners*:** If you are taking Aggrenox, Brilinta, Clopidogrel, Coumadin, Effient, Eliquis, Elmiron, Persantine, Plavix, Pletal, Pradaxa, Savaysa, Ticlid, vitamin E, Warfarin or Xarelto, **please contact the provider who prescribes these drugs and get instructions about holding them prior to the procedure.**

Reduce or stop **over the counter non-steroidals** (Aleve, Ibuprofen, Motrin, Naprosyn, Meloxicam, etc.), for one week prior to your procedure due to their blood thinning action. Tylenol and acetaminophen CAN be used as a replacement.

If you are using **ASPIRIN** just to preserve your health, i.e. you never had a stroke, TIA (mini stroke), angina (chest pain), heart attack, peripheral vascular disease, coronary artery disease, and you are not blind in one eye, then stop the aspirin for 10 days prior to the procedure.

If you are on **Baby-Aspirin** and had any of those events listed above, keep taking it. Do not stop it for the colonoscopy.

If you have any questions, call our office.

Diabetes: If you have diabetes contact the provider who prescribes your diabetes medicine. You will need instructions on dosing changes before your procedure. Should you begin to feel like your blood sugar is dropping, you may suck on hard candy (not red), a glucose tab, or have sips of clear juice any time prior to the procedure.

Other medications: You can continue your other medications; particularly heart and blood pressure medications. Take them with some water on the day of the colonoscopy.

Stop herbal medicines and nutritional supplements, vitamins, iron, minerals and weight loss medications (such as phentermine) 14 days prior to the procedure.

Please arrive with the following:

- *Picture ID
- *Insurance cards
- *Medication List (including vitamins and supplements)
- *Responsible driver (18 years old or older)

Your driver **MUST** be able to receive instructions, sign for your discharge, and remain at the center during your entire procedure time. You will be considered legally impaired if you receive ANY sedation. No driving for 24 hours.

Remove all jewelry and piercings and leave all valuables at home.

We are unable to use family members as interpreters. If you do not speak/understand English, please let us know if you need an interpreter and we will provide one.

TRAVELING AFTER THE EXAM: Delayed bleeding after polyp removal can occur. If you are planning travel by airplane, or a trip abroad, consider having the procedure one week before the departure or after your return, to avoid having a problem on the airplane or in a foreign country.

Before your procedure, you will be contacted by a nurse from the Beebe Outpatient surgery center or the OR and from the Beebe Registration Desk. It is imperative that you speak to these departments prior to your procedure, or it may be cancelled. Please ensure we have your correct contact phone number to facilitate this call. If you have any insurance changes, please contact our office immediately so we can ensure a smooth process.

WE ARE COMMITTED TO KEEPING YOU SAFE AND ENSURING THAT YOU HAVE A POSITIVE EXPERIENCE WITH US 7-2022