



Dr. Jeffrey Cloud

**INSTRUCTIONS FOR SUTAB BOWEL PREP**

**Procedure Date** \_\_\_\_\_ **Patient Name** \_\_\_\_\_

**Location** \_\_\_\_\_

**Sutab Prep Kit** is taken as a split dose (2 day) regimen. Both bottles of 12 pills are required for a complete preparation. For ingredients and contraindications, please refer to the box. Please read these instructions completely prior to beginning your colonoscopy prep. It is extremely important that you follow these instructions to ensure a good prep. A good prep is the only way we provide you with a thorough examination.

**\*\*\*You will also need to purchase over the counter Gas X chewable tablets\*\*\***

**\*\*\*It is important to drink the additional water as recommended in the instructions for use\*\*\***

**PRIOR TO YOUR PROCEDURE: CHECK MEDICATIONS**

If you take any of the following medications, please consult your prescribing doctor on your primary care provider. Your last dose will be on \_\_\_\_\_

Please contact your prescribing physician for instructions on how to take any of the medications listed below prior to procedure: include but not limited to:

Aggrenox Pradaxa Xarelto Coumadin Plavix Lovenox Effient Ticlid Jantoven Eliquis

**DO NOT TAKE ANY OF THE FOLLOWING MEDICATIONS 7 DAYS PRIOR TO YOUR PROCEDURE**

Advil	Anaprox	Ibuprofen	Vitamin Elron	Piroxicam
Mobic	Relafen	Multivitamin	Pills	Lodine
Aleve	Iodine	Naproxen	Motrin	Orudis
Nabumetome	Naprosyn	Ketoprofen	Fish oil	Diclofenac
Alka-seltzer	Meloxicam	Arthrotec	Elron Pills	

**\*\*Aspirin**

**\*\*If you are taking aspirin under the direction of a cardiologist to prevent a stroke or heart attack, then we will likely have you continue taking it.**

\*Tylenol is OK if you need a pain relief.

**DIABETIC INSTRUCTIONS**

If you are diabetic and on Insulin: Take only 1/2 of your evening dose and DO NOT take the morning dose the day of your procedure.

If you are diabetic and on oral medications: DO NOT take diabetic medication the evening before or the morning of your procedure.

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## TRANSPORTATION

You must make arrangements for someone to drive you home, if you will be receiving any type of anesthesia or sedation. This person must be with you at the time of the check-in. If you do not have a ride, your procedure will be cancelled. If you are responsible for young children, make arrangements for their care during your procedure.

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## THE DAY PRIOR TO YOUR PROCEDURE

### \*\*\*NO SOLID FOODS\*\*\*

YOU MAY DRINK CLEAR LIQUIDS ONLY. IT IS REQUIRED TO REPLENISH YOUR ELECTROLYTE LOSS WITH GATORADE/POWERADE (AVOID RED, PURPLE, OR BLUE).

### AVOID THE FOLLOWING

- Solid food
- Alcohol
- Mild or Milk Products
- Orange Juice

### ACCEPTABLE CLEAR LIQUIDS INCLUDE

- DRINK ONLY CLEAR LIQUIDS THROUGHOUT THE DAY
  - Water
  - Fruit Juice Without Pulp
  - Black Coffee
  - Clear Broth or Bouillon
  - Clear Pop
  - Lemonade or Limeade (No Pulp)
  - ICE Popsicles (No Red, Green, or Purple)
  - Jell-O (No Red, Green, or Purple)
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## THE EVENING PRIOR TO YOUR PROCEDURE

### At 5:00pm:

**Step #1:** Fill provided container with 16 oz of water and open one bottle of SUTAB tablets.

**Step #2:** Swallow 4 tablets individually with a sip of water and wait 20 minutes. Then repeat 2 more times until all 12 tablets are gone. Once all of the pills have been taken, chew a Gas X tablet.

**Step #3:** Allow one hour for pills to digest, then continue to Step #4.

**Step #4:** You must drink 2 more 16 oz containers of water over the next few hours.

\*\*You may continue to consume the approved clear liquids on the instruction sheet throughout the evening.

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## THE DAY OF YOUR PROCEDURE

6 and a half hours prior to your procedure. **Repeat Steps #1-#3.**

For Questions, call: 308.995.2942

Specailty Clinic

Mon-Fri 8am-5pm

308.995.2211

Doctor or PMHC After Hours Emergency Room

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