**INSTRUCTIONS FOR SUFLAVE BOWEL PREP**

Date of procedure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **THE DAY BEFORE YOUR PROCEDURE \*\*\*\*NO SOLID FOODS\*\*\*** |
| YOU MAY DRINK CLEAR LIQUIDS ONLY that you can see through / IT IS ENCOURAGED TO REPLENISH YOUR ELECTROLYTE LOSS WITH GATORADE/POWERADE/PEDILYTE **(AVOID RED, PURPLE OR BLUE)** |

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| **NOT ALLOWED:**   * **Solid Food** * **Alcohol** * **Milk/Milk Products** * **Orange juice** * **Coffee** | **ALLOWED CLEAR LIQUIDS TO DRINK:**  We encourage you to drink plenty of the following:   * Clear fruit juices **WITHOUT** pulp: apple, white cranberry, white grape, lemonade (sweeteners are permitted). Crystal Light * Water, Tea, clear broth and bouillon (any flavor) * Carbonated soft drinks-regular or diet (Sprite, Ginger Ale, 7-Up, Coke, Pepsi) * Gatorade, Kool-Aid, Jell-O, or other fruit flavored drinks (**avoid red, purple, or blue food color**) * Ice Popsicles (avoid red, purple, or blue food color), Italian Ice |

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| **BETWEEN 5PM AND 6PM THE EVENING BEFORE YOUR PROCEDURE** |
| **Please DISREGARD prep instructions included in your prep kit and proceed as follows:**   * At **5PM**, open both flavor enhancing packets & pour one into each of the SUFLAVE bottles. Fill both provided bottles with LUKEWARM water up to the fill line. After capping the bottles, gently shake the bottles until all powder has been mixed well (dissolved). Refrigerate the solution for at least an hour before drinking. DO NOT freeze. Must be used within 24hours. * At **6PM**, Begin drinking the first SUFLAVE bottle – drink 8oz of solution every 15 minutes until the bottle is empty. You must drink all of the solution within 1 hour. * Then, drink an additional 16oz of water over the next hour. * **If you are diabetic and on Insulin:** take only ½ 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 medications the evening before or the morning of your procedure. |
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| **THE MORNING OF YOUR PROCEDURE** |
| **@**\_\_\_\_\_\_\_\_\_\_\_6 hours before your procedure, drink your second bottle of SUFLAVE prep solution. Drink 8oz of solution every 15minutes until the bottle is empty. You have one hour to complete consumption of the prep. Then chew the attached Gas X tablet.  Take ALL medications as prescribed by your physician for: Cardiac, Respiratory, Anti-Seizure, Anti-Hypertensive (blood pressure), Anti-Anxiety, Gastrointestinal medications with a small sip of water.  **@\_\_\_\_\_\_\_\_\_\_\_NOTHING** by mouth **4 hours** before your procedure time  Please be sure to drink all the prep solution. **THIS IS VERY IMPORTANT!**  **CHECK IN @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ procedure time**  **Please note: Your check in time is subject to change per the request of the surgical center you**  **are scheduled with.** |

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| **If you take any of the following medications, please consult your GI doctor or your primary care provider.**  **Your last dose will be on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Aggrenox Pradaxa Xarelto Coumadin Plavix Lovenox Effient Ticlid Jantoven Eliquis |
| **Do NOT take any NSAIDS 7 days prior to your procedure. In addition, please STOP taking any of the following:**  Advil Alka-seltzer Ibuprofen Arthrotec Vitamin E Iron pills Mobic Multivitamins Motrin Aleve Naproxen Fish Oil(Omega -3) Lodine Diclofenac Naprosyn Meloxicam Pepto-Bismul Excedrin Ginko Biloba Celebrex  **\*\*Aspirin**  **You may take Tylenol or Acetaminophen for pain.**  **\*\*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.**  **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 time of 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 and the remainder of the day. |

**­­ BEFORE YOUR PROCEDURE CHECK MEDICATIONS**

**COLONOSCOPY PATIENTS MUST STRICTLY FOLLOW THE GUIDELINES GIVEN ABOVE, NOT THE INSTRUCTIONS IN/OR ON THE BOX.**

**YOU MUST STOP EATING SOLID FOODS THE DAY BEFORE THE PROCEDURE.**

**YOU MUST STOP DRINKING CLEAR LIQUIDS 4 HOURS BEFORE YOUR CHECK IN TIME.**

**IF YOU CONSUME SOLID FOOD OR DRINK ANY CLEAR LIQUIDS OUTSIDE OF THESE INSTRUCTIONS YOUR PROCEDURE WILL BE CANCELED FOR YOUR SAFETY.**

**IT IS EXTREMELY IMPORTANT THAT YOU FOLLOW THESE INSTRUCTIONS TO ENSURE A GOOD PREP.**

**A GOOD PREP IS THE ONLY WAY WE CAN PROVIDE YOU WITH A THOROUGH EXAMINATION.**