

### 1215 Tibbals Street // Holdrege, NE 68949

Phone: 308.995.2211

#### INSTRUCTIONS FOR SUFLAVE BOWEL PREP

Date of procedure Name of Patient	Date of procedure		
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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)

#### **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:

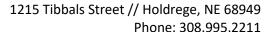
- Clear fruit juices **WITHOUT** pulp: apple, white cranberry, white grape, lemonade (sweeteners are permitted). Crystal Light
- Water, Tea, clear broth and bouillon (any flavor)
- Carbonated soft drinks-regular or diet (Sprite, Ginger Ale, 7-Up, Coke, Pepsi)
- Gatorade, Kool-Aid, Jell-O, or other fruit flavored drinks (avoid red, purple, or blue food color)
- Ice Popsicles (avoid red, purple, or blue food color), Italian Ice

#### 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.

THE MORNING OF YOUR PROCEDURE								
•	·	tle of SUFLAVE prep solution. Drink 8oz of						
solution every 15minutes until the be	ottle is empty. You have one hour	to complete consumption of the prep. Then						
chew the attached Gas X tablet.								
Take ALL medications as prescribed I	by your physician for: Cardiac, Res	spiratory, Anti-Seizure, Anti-Hypertensive (blood						
pressure), Anti-Anxiety, Gastrointest	inal medications with a small sip o	of water.						
@NOTHING by mouth 4	<b>4 hours</b> before your procedure tin	ne						
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.

#### BEFORE YOUR PROCEDURE CHECK MEDICATIONS

If you take an Your last dose	•	_	ations, please	consult you 	ır Gl doctor o	r your prima	ary care pr	ovider.	
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.									
<u>Transportation:</u> 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.									

# 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.