# SUTAB

**D** A prescription for SUTAB has been submitted to your pharmacy

□ Have the enclosed prescription filled at your pharmacy (<u>If not covered - please call our office</u>)

#### FOLLOW THE BELOW INSTRUCTIONS ONLY !!

Disregard any instructions that may come with your prescription.

#### **ONE WEEK BEFORE PROCEDURE**

Discontinue the use of all iron pills or products containing iron.

#### THE DAY BEFORE PROCEDURE

Consume clear liquids **ONLY** the entire day prior to your procedure. For best results, you are encouraged to drink plenty of liquids throughout the day and evening. *(see clear liquid diet sheet)* 

**5:00** PM –Fill 16-ounce container with water and start taking ONE (1) TABLET at a time with a sip of water until all TWELVE (12) TABLETS ARE GONE within 20 minutes.

- One (1) hour after the last tablet, drink another 16-ounces of water over 30 minutes.
- **30 minutes after last dose of water, drink another 16-ounces of water over 30 minutes.** WE ENCOURAGE YOU TO DRINK PLENTY OF CLEAR FLUIDS THE REST OF THE EVENING.

A watery bowel movement should begin in approximately one hour.

You will continue to have loose bowel movements for 1 to 2 hours after you finish drinking the solution.

- \*<u>TRI-COUNTY CENTER PATIENTS</u> During a phone call from pre-surgical screening staff, you will be/have been instructed of the time to take the second SUTAB dose.
- MCLAREN MACOMB PATIENTS ONLY During a phone call from the Endo Dept with your procedure arrival time, you will also be/have been given the time to finish your morning prep (usually finish 3 hours prior to the arrival time).

#### THE MORNING OF PROCEDURE

□ \*At time instructed during pre-screen phone call - TAKE SECOND DOSE

\*Fill 16-ounce container with water and start taking ONE (1) TABLET at a time with a sip water until all TWELVE (12) TABLETS ARE GONE within 20 minutes.

• Drink TWO (2) more 16-ounce glasses of water within one (1) hour time frame.

□ Nothing else (including water) by mouth until after completion of your procedure.

**D** Report for appointment at the time assigned.

#### (586) 286-5400

More information and FAQ at <u>www.tcgastro.com</u>

TRI-COUNTY GASTROENTEROLOGY, PC

Bruce Kovan, DO Andrew Rosenfeld, DO Samuel Gun, DO Jaspreet Ghumman, DO Fernando Gamarra, MD Johnathon Markus, MD

# **CLEAR LIQUID DIET**

Black tea (no cream) Black coffee (no cream) Jell-O – NO RED flavors Soft drinks – NO RED flavors Clear juices – NO RED flavors Popsicles – NO RED flavors Hard candy – NO RED flavors Bouillon Broth

### **RECOMMENDATIONS:**

Gatorade (NO RED flavors) Apple juice White grape juice Sprite / 7UP Ginger ale Squirt

# YOU MAY NOT HAVE:

Tomato juice Orange juice Lemonade Milk Milk products Solid foods

## IT IS RECOMMENDED THAT PLENTY OF CLEAR LIQUIDS BE CONSUMED THROUGHOUT THE DAY FOR MORE EFFECTIVE BOWEL PREPARATION.