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## SUTAB INSTRUCTIONS

Name \_\_\_\_\_ Procedure \_\_\_\_\_

YOU HAVE BEEN SCHEDULED FOR THE ABOVE EXAMINATION BY DR. \_\_\_\_\_

### PLEASE REPORT TO:

**Rochester Gastro. Assoc.**  
115 Canal Landing Blvd. Ste. 110  
Rochester, N.Y. 14626  
Tel:(585)227-1080

**Unity Hospital Endoscopy Center**  
1555 Long Pond Road  
Rochester, NY 14626  
Tel: (585) 723-7119

**Rochester Gastro. Assoc.**  
20 Hagen Dr., Ste. 330  
Rochester, NY 14625  
Tel: (585) 267-4040

REPORT & REGISTRATION TIME: \_\_\_\_\_

DATE/DAY: \_\_\_\_\_

### PLEASE REVIEW ALL INSTRUCTIONS UPON RECEIPT

***\*You will need to obtain SUTAB from your pharmacy once a prescription has been sent. \****

SUTAB is a split-dose (2 day) regimen. A total of 24 tablets is required for complete preparation for colonoscopy. You will take the tablets in two doses of 12 tablets each. Water must be consumed with each dose of SUTAB, and additional water must be consumed after each dose.

Patients who receive sedation for their procedure must have an adult transport them home. **Ubers, taxis, or any other NON-medical vehicles are NOT ACCEPTABLE** unless you have a family member or responsible adult accompany you. It is required a responsible adult stay with you since sedation effects can last well into the evening.

If you are unable to keep your scheduled appointment, cancellation is appreciated **48 hours** in advance by calling **(585)267-4040 or (585)227-1080** between **8:30 a.m.** and **4:30 p.m.** If you fail to notify us you may be charged. Please call these numbers if you have any further questions.

If you are taking *any* kind of blood-thinning medications, such as **COUMADIN, PLAVIX, ELIQUIS, or XARELTO**, please inform our office at (585)267-4040 or (585)227-1080 **IMMEDIATELY. These medications MAY need to be stopped before the procedure AS DIRECTED BY YOUR MEDICAL PROVIDER.**

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**To ensure an optimal colonoscopy examination, the following guidelines are recommended:**

1. If you are taking semaglutide, dulaglutide (Ozempic, Trulicity, & Wegovy), or *any other GLP-1 medications* **stop** taking it either **one (1) week prior** to your procedure if it's a once weekly dose **or one (1) day prior** if it's a daily dose.
2. If you are taking any SGL-2 medications such as Farxiga, Jardiance, Invokana, or Steglaro, you must **stop taking these 3 days prior to your procedure.**
3. **Stop** any extra dietary fiber, including Metamucil, Citrucel, Fibercon, or similar products for **1 week** before the procedure.
4. **Stop** all iron medications and vitamins containing iron for **1 week** before the procedure.
5. **Do not** eat nuts, raisins, foods containing seeds (strawberries, sesame, poppy, etc.) or uncooked vegetables for **3 days** before the procedure.
6. **Take your regular medications on the morning of the examination, except insulin or other diabetic medications.** Please check with our office prior to taking any insulin or other diabetic medication on the morning of the examination.
7. If taking tetracycline, antibiotics, iron, digoxin, chlorpromazine (Thorazine), or penicillamine, take these medications **at least 2 hours before** and **not less than 6 hours after** administration of each dose of SUTAB.

**DAY BEFORE EXAMINATION**

1. Begin a clear liquid diet, **no solid food is allowed.** Clear liquids include water, strained fruit juice without pulp (apple, white grape, lemonade), clear broth or bouillon, coffee and tea (without cream or non-dairy creamer), Gatorade (**NO** red or pink), carbonated and non-carbonated soft drinks, Kool-Aid (**NO** red or pink), Jell-O (**NO** red or pink), and popsicles (No red or pink).
2. At **6:00pm** open 1 bottle of 12 tablets. Fill the provided container with cool drinking water to the 16oz. line. Swallow each tablet with a sip of water, waiting 1-2 minutes before the next pill, and drink the entire amount of water over 15 to 20 minutes.
3. Approximately **1 hour after** the last tablet is ingested, fill the provided container again with 16 ounces of water to the fill line, and drink the entire amount over 30 minutes.
4. Approximately **30 minutes after** finishing the second container of water, fill the container once again with 16 ounces of water to the fill line, and drink the entire amount over 30 minutes.

**DAY OF EXAMINATION**

1. Continue to consume only clear liquids until after the colonoscopy.
2. The morning of colonoscopy (**5 to 8 hours prior to the procedure and no sooner than 4 hours from starting dose 1**) open the second bottle of 12 tablets and **repeat steps 2 – 3 from the day before.**

***Thank you for the opportunity to accommodate your health care needs.***