Procedure Date:	Scheduled	
	With:	
Arrival Time:	Procedure	
	Time:	
Procedure		
Location:		

You have been scheduled for a Colonoscopy with Wake Gastroenterology. <u>Please read all instructions ahead of</u> <u>time so you can be adequately prepared for this procedure.</u>

The following table will help you understand preparation instructions you must follow in the days prior to your procedure.

5 Days Prior	4 Days Prior	3 Days Prior	2 Days Prior	1 Day Prior	Day of Procedure
√Fil	√Normal Diet l & Pick-Up Bowel I	Prep Rx	✓ Soft Low Fiber Diet	<ul> <li>✓Clear Liquid Diet</li> <li>✓Begin your Prep at: 6:00 PM</li> </ul>	✓ Begin your final Prep Regimen at: ✓ Nothing to eat or drink after prep finished

## SPECIAL MEDICATION INSTRUCTIONS

We recommend you make the following medication changes prior to your procedure.

- Blood-thinning medications (such as Coumadin, Ticlid, Plavix, Persantine, Aggrenox, and Lovenox) may need to be discontinued prior to your procedure. \*\*See "Special Instructions" noted on your prep handout for any medication change recommendations\*\*
- Unless prescribed by your physician, please avoid the following medicines if possible: aspirin, aspirin products (e.g. Alka-Seltzer, BC Powder, etc.) or non-steroidal anti-inflammatory drugs (e.g. Ibuprofen, Nuprin, Advil, Aleve, Motrin, etc.) for 5 days prior to your appointment.
- Continue taking your other prescribed medications (e.g. blood pressure pills) as usual; if you have any questions about your medications, call your prescribing physician. Do not take iron pills for 7 days prior to your procedure.
- Diabetic Patients: If you take an oral hypoglycemic ("sugar pill"), do not take it the day of your procedure. If you are taking insulin, you should only take half (1/2) of your usual scheduled insulin dose before your procedure. You must check with your prescribing physician to clarify this.

<u>Part One of your SuTAB Regimen</u> (Evening Before Procedure)	
<ol> <li>Open one (1) bottle with 12 tablets.</li> <li>Fill provided container with 16 ounces of clear liquid (up to fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes.</li> <li>Approximately one hour after the last tablet, refill the container again and drink over 30 minutes.</li> <li>Approximately 30 minutes after the second container of water, refill the container again and drink over 30 minutes.</li> </ol>	Date: Begin your prep at 6:00pm
Part Two of your SuTAB Regimen (Morning of Procedure)	
<ol> <li>Open one (1) bottle with 12 tablets.</li> <li>Fill provided container with 16 ounces of clear liquid (up to fill line). Swallow each tablet with a sip of water and drink</li> </ol>	Tablets not shown actual size.
<ul><li>the entire amount over 15 to 20 minutes.</li><li>3) Approximately one hour after the last tablet, refill the</li></ul>	Date:
container again and drink over 30 minutes.	Time:
<ol> <li>Approximately 30 minutes after the second container of water, refill the container again and drink over 30 minutes.</li> </ol>	

NOTHING BY MOUTH FOUR HOURS PRIOR TO PROCEDURE - Unless otherwise directed. Any intake of liquid or food the morning of the exam will result in the delay or possible cancellation of your procedure.

**REMINDER:** Review <u>ALL</u> scheduling packet materials for information about the procedure, bringing a driver, billing details, cancellation policy and more!