SUTAB PREP

Patient:			Doctor:		
Date of pro	ocedure:	Time to report:			
Location:	Endoscopy Center, 1st Floor 1825 Rt 23 S Wayne, NJ <i>973-996-4009</i>	Chilton Hospital Access Co 97 W Parkway Pompton Pl <i>973-831-5115</i>	ains, NJ 1176 Ham	e Surgical Center burg Tpke Wayne, NJ <i>973-709-1900</i>	
Diabetes: (Blood Thinner:(see below	*): Pacemaker:	Defibrillator:	Latex allergy:	
	o iron supplement, seeds, nuts procedure.	, quinoa, corn, popcorn, toma	atoes, cucumbers or	salad for three days	
PREPARATION: Please obtain One SUTAB boxed kit from your pharmacy at least several days before the procedure:					
ON THE DAY BEFORE THE PROCEDURE: Before 10 am., you may have a light breakfast. This can include cereal, breads, and milk products, but					
Be		-	ide cereal, breads, ai	nd milk products, but	
cannot include fresh fruits, vegetables, salad or meats. <u>After 10 a.m</u> ., only clear liquids can be consumed. Clear liquids are as follows:					
AI		_	Bouillon	Taa	
	Water Clear juices (appl Jell-O 7-Up, ginger ale,	e, grape) Italian ices seltzer Black coffee	Gatorade	Tea	
۸t	around 4 p.m.	Senzer Black confee	Galorade		
1. Open one bottle of 12 tablets.					
2. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a					
sip of water. Try to swallow all the tablets and drink the entire amount of water over 15-20 minutes.					
If you become uncomfortable-take the tablets and water slower.					
3. Approximately 1 hour after the last tablet is swallowed, fill the provided container a second time with					
16 ounces of water and drink the entire amount over 30 minutes.					
4. Approximately 30 minutes after finishing the second container of water, fill the provided container					
	with 16 ounces of water and drink the entire amount over 30 minutes.				
Clear liquids may be continued for the remainder of the evening.					
ON THE DAY OF THE PROCEDURE:					
If you take blood pressure pills, pills for your heart, seizure medications or Parkinson's					
medications, take them as usual with small sips of water.					
6 hours before your colonoscopy exam: Take the second bottle of 12 tablets and the simethicone by repeating steps 1 through 4 as directed					
Ta		ets and the simethicone by re	peating steps 1 through	ugh 4 as directed	
• 7	above.				
You MUST FINISH drinking all liquids and water at least 4 hours prior to your scheduled arrival time or your procedure will be delayed. DO NOT CONSUME ANYTHING ELSE BY MOUTH-NOT EVEN WATER. Do not smoke marijuana or vape within 24 hours of the procedure. No gum chewing the morning of the procedure.					
- Do not bring valuables such as jewelry with you. The Endoscopy Facility cannot be responsible for your					
belongings.					
- After the procedure you must not drive, work or perform any activity that could result in injury.					
- Y	ou must have a friend or fai approximately 1½ hours af allowed.	•	•		

* SPECIFIC MEDICATIONS:

- Blood thinners: If you take Coumadin, Pradaxa, Eliquis, Xarelto, Effient, Plavix, Ticlid or other *blood thinners/ anticoagulants* make sure you have discussed this with your physician.

- GLP-1 agonists such as Ozempic, Wegovy, Trulicity and Mounjaro. Make sure you have specifically discussed these medications with your physician or your procedure may be cancelled. Rev 10/23