

## SUTAB BOWEL PREPARATION

DATE OF PROCEDURE: \_\_\_\_\_ ARRIVE AT: \_\_\_\_\_

PROCEDURE TIME: \_\_\_\_\_

\_\_\_ **Memorial City Hosp: 920 Frostwood Dr., Digestive Health Center, Phone Number: 713-242-4300**

\_\_\_ **Physicians Endoscopy Center (PEC): 3030 S. Gessner Rd, suite 150., Houston Tx 77063  
Phone Number: 713-587-0909**

\*\*\* You must pre-register at <https://www.onemedicalpassport.com/?fid=164> \*\*\*

\_\_\_ **Memorial Village Surgery Center: 1120 Business Center Dr, Suite 110., Houston Tx 77043  
Phone Number: 713-337-1111**

\*\*\* You must preregister at [www.mhsc-mv.com](http://www.mhsc-mv.com) under online clinical history. \*\*\*

### **Bowel Preparation:**

The bowel must be clean so that the physician can clearly view the colon. It is very important that you read and follow all of the instructions given to you for your bowel preparation well in advance of the procedure. Without proper preparation, the colonoscopy will not be successful, and the test may have to be repeated.

**ONLY patients with Chronic constipation** will need to take 4 tablespoons of Milk Magnesia at bedtime 2 nights prior to your exam.

**YOU MUST HAVE NO SOLID FOOD THE DAY PRIOR TO YOUR  
PROCEDURE!!**

**DO NOT FOLLOW INSTRUCTIONS ON YOUR BOWEL PREP BOX!!**

### **DOSE 1 – DAY PRIOR TO YOUR COLONOSCOPY:**

**Between 4:00 and 7:00pm, STEP 1** – open 1 bottle of 12 tablets. **STEP 2** – fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount of water over 15 to 20 minutes. **STEP 3** – Approximately 1 hour after the last capsule is ingested, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount for over 30 minutes. **STEP 4** – Approximately 30 minutes after finishing the second container of water, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount for over 30 minutes.

### **DOSE 2 – DAY OF COLONOSCOPY:**

**Five hours before leaving your home**, open the second bottle of 12 tablets. Repeat **STEP 1** to **STEP 4** from Dose 1.

**YOU MUST COMPLETE ALL SUTAB TABLETS AND THE REQUIRED WATER AT LEAST 4 HOURS BEFORE YOUR COLONOSCOPY. DO NOT CONSUME ANYTHING (INCLUDING WATER) AFTER COMPLETING YOUR BOWEL PREP!**

## GENERAL IMPORTANT INFORMATION REGARDING YOUR PROCEDURE

**ONE WEEK before exam:** If you take blood thinners such as Coumadin, Eliquis, Aggrenox, or Plavix, or diabetes medicines such as insulin please notify our office for specific instructions. It will be necessary for you to contact the physician who prescribes your blood thinners to obtain clearance to discontinue the medication. You must follow their instructions to stop the medication exactly as written.

**Four Days before your exam make these changes:** Continue your medicines as usual, except for blood thinners as listed above. Avoid the following foods: corn, peas, lima beans, large hard seeds such as grape seeds, and nuts. Eating these foods may compromise your examination and make the colonoscopy less accurate.

**The day of your exam:** Take your heart and/or blood pressure medicines with a small sip of water. Do not take diuretics (water pills) unless they are a combined pill with your blood pressure medicine.

A responsible adult must take you home. Taking the bus, Metro, or taxi alone is NOT permitted. For the remainder of the day, you may not drink alcohol, make legal decisions, or use hazardous equipment. This means that you absolutely may NOT drive a car, even though in your opinion you are safe to do so. Remember, your judgement and coordination are impaired.

**DO NOT DRINK ANYTHING AFTER THE SECOND HALF OF YOUR PREP!**

**DOING SO MAY RESULT IN YOUR PROCEDURE BEING CANCELLED!**

**After your exam:** It is not unusual for you to have some cramping after the exam. Passing gas will relieve this and you should feel normal. It would be abnormal for you to experience the following: fever, bleeding, vomiting, or abdominal pain. Please call our office number if you experience these symptoms within 7-10 days after your procedure.

**Cancellation Fees:** As stated in our financial policy, a reminder that if you cancel, or reschedule within 24 hours of your procedure, OR do not show up for your procedure you will be **subject to a fee of \$150** which will be applied to your account.

**Clear Liquids:** Water, broth, bouillon, apple juice, white grape juice, white cranberry juice, Jell-O (yellow or green), Sprite, Coffee & Tea without milk or creamer, Sports drink, Gatorade, Kool Aid (NOT RED), Italian Ice (NOT RED). NO ALCOHOLIC beverages the day before nor the day of your colonoscopy. **DO NOT** chew tobacco, or smoke at least 6 hours prior to the procedure.

**To obtain results of your exam:**

- 1) The doctor will speak with you and your designated agent following the procedure.
  
- 2) If you had biopsies of any type (tissue or polyp) your results will be mailed to you in 2-3 weeks.