



GASTROENTEROLOGY
CENTER of NEW YORK

SUTAB BOWEL PREP

East Side Endoscopy

380 2nd Avenue
Concourse A (lower level)
Between 21st & 22nd Street
New York, NY 10010
(212) 375-1065

YOU ARE SCHEDULED TO HAVE A COLONOSCOPY ON _____

YOUR ARRIVAL TIME IS _____ WITH DR. RUBINOV

Telephone number to your Physician (718) 210-2960

PURCHASE AT THE PHARMACY:

- Please bring your prescription for **SUTAB BOWEL PREP KIT** to the pharmacy a few days before your exam to ensure that it will be ready on time.

MEDICATIONS:

PLEASE DO NOT TAKE:

15 DAYS PRIOR TO EXAM:	If you are on a GLP-1 agonist (Ozempic, Wegovy, Trulicity, Mounjaro, Saxenda, Victoza, Rybelsus, and Byetta); please hold for minimum of 2 dosing intervals (should be held for a minimum of 15 days. Contact prescribing physician to manage care during this time if taken for diabetes.
7 DAYS PRIOR TO EXAM:	Effient, Ibuprofen (Advil, Motrin/Aleve)
5 DAYS PRIOR TO EXAM:	Brillinta, Coumadin, Plavix
3 DAYS PRIOR TO EXAM:	Artrixa
2 DAYS PRIOR TO EXAM:	Persantine
1 DAY PRIOR TO EXAM:	Xarelto, Eliquis, Pradaxa, Lovenox, Fragmin, Innohep
1 DAY PRIOR TO EXAM:	Oral diabetic medications (i.e Metformin, Glucophage etc.)
MORNING OF EXAM	Do not take insulin

- You may also wish to discuss the risks and benefits of temporarily discontinuing these medications with your family physician or cardiologist.

PLEASE TAKE:

1 DAY PRIOR	If you are on an Aspirin regimen; please continue it prior to your exam
1 DAY PRIOR	If you use insulin; give yourself ½ the units (The procedure will be canceled if your blood glucose is over 300.
MORNING OF EXAM	Please continue to take medication for heart disease, high blood pressure or seizures on the morning of your exam with a small sip of water

THREE DAYS BEFORE COLONOSCOPY:

NO BEANS, NUTS, SEEDS, QUINOA OR CORN

ONE DAY PRIOR TO COLONOSCOPY:

- You are allowed to eat a low residue meal for breakfast (soft food diet), completed by 10AM
Example: eggs (NO fried), cereals (except whole grain and barley), white or seedless rye toast with butter or margarine, bananas, applesauce, peaches & pears without skin, juice without pulp, coffee, tea, etc.
- Following the soft food diet for breakfast **NO SOLID FOOD! ONLY CLEAR LIQUIDS FOR THE REST OF DAY!**
(Examples of clear liquids: *apple juice, white grape juice, broth of any kind, ices (that melt into clear liquids), coffee/tea (no milk), Jell-o, clear juice/soda (no red/purple). **PLEASE AVOID RED/PURPLE COLORS. NO ALCOHOLIC BEVERAGES***



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3. **5:00 PM** – Open 1 bottle of 12 tablets. Fill the provided container with cool drinking water to the 16oz line on the container. Swallow each tablet with a sip of water, and drink the entire amount of water over 15 to 20 minutes. You must drink two (2) additional 16oz containers of water over the next hour. (Fill the cup up two (2) more times with plain water and drink)
4. **9:00 PM (For procedures scheduled between 7:00 AM and 12:30 PM)**
 6:00 AM (For procedures scheduled at or after 1:00 PM)
- Open 2nd bottle of 12 tablets. Fill the provided container with cool drinking water to the 16oz line on the container. Swallow each tablet with a sip of water, and drink the entire amount of water over 15 to 20 minutes. You must drink two (2) additional 16oz containers of water over the next hour. (Fill the cup up two (2) more times with plain water and drink)

IT IS IMPORTANT TO FOLLOW ALL THE STEPS BELOW COMPLETELY.

Take the tablets with water

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.



IMPORTANT: If you experience preparation-related symptoms (for example, nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.

Drink additional water

STEP 3 Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

STEP 4 Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

At 9:00 PM or 6:00 AM depending on time of procedure (see above):

- Continue to consume only clear liquids until after the colonoscopy
- The morning of the colonoscopy (5 to 8 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1), open the second bottle of 12 tablets
- Repeat **STEP 1** to **STEP 4** from **DOSE 1**



IMPORTANT: You must complete all SUTAB tablets and required water at least 2 hours before colonoscopy.

5. Remain close to toilet facilities.
6. As a reminder, please continue to **ONLY CONSUME CLEAR LIQUIDS (NO SOLID FOODS)**.
7. **You may continue your clear liquid diet until three (3) hours prior to your exam. After this you may not have anything to eat or drink including gum, candy/mints**



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8. The ideal “end result” is to have bowel movements that are clear of all debris and have a yellowish tinge.
9. It is important to take all of the SuTab Bowel Prep Kit so that the doctor will be able to see your entire colon clearly.
10. **YOU MUST HAVE AN ESCORT TO TAKE YOU HOME AFTER THE PROCEDURE. IF YOU DO NOT HAVE AN ESCORT, YOUR PROCEDURE WILL BE CANCELLED.**
11. ANY QUESTIONS REGARDING ANESTHESIA INCLUDING THE BILLING PLEASE CALL YORK ANESTHESIOLOGY AT 631-264-2035.
12. If for any reason you need to cancel your procedure, you must call at least 48 hours in advance to allow other patients to be scheduled for procedures. Cancellation fees may apply if you do not call to cancel and do not show for your procedure.
13. PLEASE CALL THE OFFICE AT (718) 210-2960 IF YOU HAVE ANY QUESTIONS.