

SUTAB (THE LONG STORY)

ONE WEEK BEFORE THE PROCEDURE

Sutab is **NOT** recommended if:

- You have ever had an incomplete or poor bowel prep
- You tend to be constipated
- Have suspected Crohn's or ulcerative colitis

In these cases, a liquid bowel prep is more likely to safely and fully clean the colon.

What do I need to do ONE WEEK before the procedure?

- Arrange transportation for your procedure from an **ADULT DRIVER THAT YOU KNOW**. This cannot be a taxi or rideshare.

- If you take **BLOOD THINNERS**:

- Contact the physician who prescribes the medication to determine how to take it before and after your procedure.
- Please do not assume that you can safely follow the same medication adjustments that have been made for your previous procedures.
- These medications include:
 - Coumadin (warfarin)
 - Plavix (clopidogrel)
 - Brilinta (ticagrelor)
 - Effient (prasugrel)
 - Xarelto (rivaroxaban)
 - Eliquis (apixaban)
 - Pradaxa (dabigatran)
 - Savaysa (edoxaban)
 - Bevyxxa (betrixaban)
 - Lovenox (enoxaparin)
 - Arixtra (fondaparinux)
 - Aggrenox (dipyridamole/aspirin)
 - Persantine (dipyridamole)



- If you take **ASPIRIN**:

- If you are taking aspirin recommended by one of your doctors, please **CONTINUE** to take it.
- If you do not have a heart, blood vessel, or clotting disorder and you are taking aspirin on your own without a doctor's advice, please stop taking aspirin 5 days before the procedure.
- If you take other anti-inflammatories, such as ibuprofen, advil, motrin, or aleve, you may continue to do so unless otherwise advised by your physician.

- If you take **PHEENTERMINE**:

- Please hold medication for 7 days prior to procedure date.

- If you take **any GLP-1 medication** (oral or injectable) for **WEIGHT MANAGEMENT** or **DIABETES**, please follow the instructions below carefully.

- **GLP-1 medications include:**

- Tirzepatide (Mounjaro, Zepbound)
- Semaglutide (Ozempic, Wegovy, Rybelsus)
- Dulaglutide (Trulicity)
- Liraglutide (Victoza, Saxenda)
- Orforglipron (or any other oral GLP-1)

- **How to Hold Your Medication**

- **Weekly injections:** Do not take your medication for 7 days before your procedure.
- **Daily oral or injectable medications:** Do not take the medication on the day of your procedure.

- **Important for diabetes patients:**

If you take GLP-1 medications for diabetes and will be holding them for more than 2 weeks, please contact your prescribing doctor for guidance on interim diabetes management.

- **Diet Instructions**

- Do **NOT** follow the standard dietary preparation instructions included in this handout.
- You must have **only a CLEAR LIQUID DIET for the entire 24 hours before your procedure**, regardless of medication type or dosing schedule.

- **If Instructions Are Not Followed**

- If you did not hold your GLP-1 medication as instructed, call our office immediately at 224-407-4400.
- If you have not followed these instructions, your procedure may need to be rescheduled at the anesthesia provider's discretion to ensure safety and reduce complications.

- **Questions?**

If you take any of the medications listed above and have questions or need help with medication adjustments, please schedule a pre-procedural visit with one of our providers.



ONE WEEK BEFORE THE PROCEDURE CONTINUE

- **Stop taking IRON, CHARCOAL, and PEPTO BISMOL.**
- **What if I have a tendency toward CONSTIPATION?**
 - You can consider purchasing Miralax OTC (an over the counter laxative) and take 1-2 capfuls mixed in 8 oz. of fluid daily during the week prior to the procedure. This may help in clearing out a more constipated colon.
 - It seems counterintuitive, but avoiding the high fiber/high residue foods for the entire week prior to the procedure can help achieve the optimal preparation (see detailed list below).
 - You can also consider extending the time you drink clear liquids only to include two days prior to the procedure.
 - If your constipation is significant, you may drink one 10 oz. liquid bottle of lemon flavored magnesium citrate TWO nights before the procedure is scheduled (no prescription needed). If you have kidney disease, magnesium citrate should not be used unless approved by your doctor.
 - If you have had a prior colonoscopy and your preparation quality was not optimal enough for the doctor to examine your colon carefully, Sutab is NOT recommended. Liquid preparations are more likely to be effective along with the "Extended Preparation Instructions" and "Super Modified Preparation Instructions" that are found under the PROCEDURES tab on our website. You are also encouraged to schedule a brief consultation with one of our providers. They can help determine the best preparation for you to try to ensure the highest quality examination.
- **What if I am worried that I will have NAUSEA when I have to drink the preparation?**
 - Please call the office and request a prescription for an anti-nausea medication.



THREE DAYS BEFORE PROCEDURE

What do I need to do THREE DAYS before the procedure?

- Pick up the prescription PREPARATION SOLUTION and over-the-counter SIMETHICONE (gas relief liquid). Adult or infant formulation can be used.
- Purchase any CLEAR LIQUIDS OR LOW RESIDUE FOODS you might want for the next few days leading up to the procedure (see detailed lists below).
- Also, consider purchasing baby wipes with aloe or petroleum based product or diaper rash ointment to help with skin irritation during the preparation.
- Begin to AVOID HIGH RESIDUE FOODS for the next three days:
 - Nuts
 - Popcorn
 - Seeds
 - Flax seeds
 - Chia seeds
 - Poppy seeds
 - Fennel seeds
 - Whole grains or high fiber grains
 - Brown or wild rice
 - Whole grain bread, rolls, pasta, or crackers
 - Whole grain/high fiber cereal (including granola, raisin bran, oatmeal)
 - Bread or cereal with nuts or seeds
 - Legumes
 - Beans
 - Lentils
 - Dried peas, beans, or lentils
 - Fruit
 - Raw fruit with seeds, skin, or membranes
 - Any cooked or canned fruit with seeds or skin
 - Raisins or other dried fruits
- Avoidance of seeds and nuts is especially important if you have a history of constipation or poor bowel preparation on a prior procedure. Avoiding high residue foods for the entire week before the procedure is optimal.
 - Vegetables
 - Corn
 - Potatoes with skin
 - Tomatoes
 - Cucumbers
 - Cabbage
 - Brussels sprouts
 - Green peas
 - Summer and winter squash
 - Lima beans
 - Onions
 - Other
 - Soups with vegetables or legumes
 - Salad dressing with seeds or nuts
 - Pickles
 - Olives
 - Coconut
 - Stone ground mustard
 - These high fiber foods can make the procedure more challenging, so make every effort to avoid them in the 3 days before the procedure.
 - However, if you do accidentally eat a high fiber food, it is not necessary to contact us or cancel/postpone the procedure.
 - It is possible that these solid foods will remain in the colon, which could block our ability to see the lining underneath and carefully inspect the colon for polyps. This could mean that you could be recommended to come back for a follow-up exam at a shorter interval.



NOTE: SEEDS ARE THE ENEMY OF A HIGH-QUALITY COLONOSCOPY PREPARATION!
Seeds can sneak into granola, cereals, bread products, or crackers—
read the ingredient list carefully and avoid!

DAY BEFORE THE PROCEDURE

What foods can I eat BEFORE 2 P.M.?

- For **BREAKFAST and LUNCH ONLY (before 2 p.m.)** you may have **LOW RESIDUE FOODS** — **nothing that crunches in your mouth!!**

- Dairy
 - Cheese
 - Cottage cheese
 - Yogurt
 - Milk
- Protein
 - Eggs
 - Chicken
 - Turkey
 - Pork
 - Fish
 - Shrimp
 - Tofu



- Bread and grains (less than 2 grams of fiber per serving)
 - White bread or bagels (NO whole grain or any seeds)
 - White pasta (NO whole grain)
 - White rice (NO brown or wild rice)
- Condiments
 - Creamy peanut or almond butter (NO crunch)
 - Butter or margarine
 - Vegetable oil or other oils
 - Mayonnaise or sour cream
- Dessert
 - Ice cream
 - Pudding
 - Sherbet/sorbet (NO pieces of fruit or seeds)
 - Cookies or cake made with white flour and NO seeds, fruit, or nuts
- No Alcohol

FOR FURTHER DETAILS AND SAMPLE MENUS, PLEASE REFERENCE THE "LOW RESIDUE DIET OPTIONS"

What can I have to eat/drink for the REST OF THE DAY?

- A **CLEAR LIQUID diet** is what you can have for the rest of the day (after 2 p.m.).
 - Water
 - Coffee (no milk or cream)
 - Tea (no milk or cream)
 - Fruit juice without pulp (lemonade, orange, apple, white grape, white cranberry)
 - Gatorade, Propel, or PowerAde
 - Carbonated beverages (soda or sparkling water)
 - Crystal Light or Kool-aid (or other fruit flavored beverages)
 - Popsicles or Italian ice (without any pieces of real fruit)
 - Jell-O (lemon, lime, or orange; no fruit toppings)
 - Clear soup, broth, or bouillon
 - Hard candies (Jolly Ranchers, Life Savers, lemon drops) or Gummi Bears

- Please **NO RED or PURPLE liquids!**
 - We prefer you avoid red and purple because the remaining liquid in your colon can be tinted red or purple. This could be confused for bleeding.
 - However, if you do accidentally drink a red or purple liquid, it is not necessary to contact us or cancel/postpone the procedure.
- **As a rule, if you can see through it, you can drink it.**
- **Smoothies and protein shakes are NOT considered clear liquids. Examples of these include Ensure, Kate Farms, Premier Protein and Orgain.**



DAY BEFORE THE PROCEDURE

How much of these clear liquids should I drink?

- Your body will lose a significant amount of fluid during the bowel preparation. To prevent dehydration, drink as much fluid as you can before, during, and after consuming the preparation solution.
- Drink at least 8 ounces of fluid each hour you are awake on the day you are undergoing your prep (preferably an electrolyte rich liquid like Gatorade or Propel, but if you don't care for the taste, water is fine too).

REMINDER:

- To have a successful colonoscopy your colon must be clear of any stool. This allows your doctor to see your entire colon.
- For your doctor, a "clean colon is like driving on a country road on a sunny day. A dirty colon is like driving in a snowstorm."
- It is extremely important to follow these preparation instructions to clear your colon of any stool.
- Failure to follow these instructions limits the value of this procedure and your exam may need to be rescheduled.



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What if I have DIABETES?

- Schedule your procedure for the morning if possible.
- If you control your diabetes with ORAL medications alone:
 - Take your normal medication dose on the morning on the day prior to your procedure.
 - Do NOT take any more diabetes medications until after the procedure is complete and you have eaten.
- If you control your diabetes with INSULIN alone:
 - For a colonoscopy, take ½ of your normal insulin dose the day before the procedure.
 - Do NOT take any more diabetes medications until after the procedure is complete and you have eaten.
- If you control your diabetes with BOTH INSULIN and ORAL medications:
 - Follow both sets of instructions as above.
- If you utilize an INSULIN PUMP:
 - Please contact your endocrinologist for specific instructions.
- Check your blood sugar frequently while drinking the preparation solution and the morning of your procedure.



TAKING THE PREPARATION

SUTAB HELPFUL TIPS AND TOOLS

BEFORE STARTING PREP, PLEASE READ ALL INSTRUCTIONS

- We do not recommend taking the tablets all at once as this can increase risk of nausea, vomiting, and dehydration.
- The purpose of the split dose is to ensure adequate cleansing of your colon to improve the views during your colonoscopy.
- Please also make sure that you remove the plastic piece in the Sutab pill bottle. **THIS IS NOT TO BE INGESTED.**

The instructions on the Sutab kit are different — you **MUST FOLLOW OURS** as detailed below!

• At 6:00 p.m. the evening before the procedure:

- Fill the provided container with 16 ounces of clear liquid (up to the fill line).
- Open 1 bottle of 12 tablets.
- Swallow each tablet with a sip of clear liquid and drink the entire amount over 30 minutes. For example, take 1 Sutab pill with a sip of clear liquid every 2-3 minutes until completed with all 12 tablets.
- Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of clear liquid (up to the fill line) and drink the entire amount over 30 minutes.
- Approximately 30 minutes after finishing the second container of clear liquid, fill the provided container with 16 ounces of clear liquid (up to the fill line) and drink the entire amount over 30 minutes.
- After that, remember to continue drinking at least 8 oz. of fluid each hour you are awake.

- **EVENING = drink at least 8 oz. of fluid each hour you are awake.**

MORNING OF YOUR PROCEDURE

• 6 hours before you plan on leaving for your procedure:

- Drink 8 ounces of broth one hour before starting the second round of Sutab pills. This can help reduce the tendency for nausea.

• 5 hours before you plan on leaving for your procedure:

- Drink 200 mg of Simethicone.
 - You may drink it straight or mix it with 1 oz of water.
 - How to measure your dose (liquid only):
 - Adult liquid simethicone:
 - Typical strength is 125 mg per 5 mL.
 - Take 8 mL total to equal 200 mg.

– Infant/Children's liquid simethicone:

- Typical strength is 20 mg per 0.3 mL.
- Take 3 mL total to equal 200 mg.

- Fill the provided container with 16 ounces of clear liquid (up to the fill line).

- Open 1 bottle of 12 tablets.

- Swallow each tablet with a sip of clear liquid and drink the entire amount over 30 minutes. For example, take 1 Sutab pill with a sip of clear liquid every 2-3 minutes until completed with all 12 tablets.

- Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of clear liquid (up to the fill line) and drink the entire amount over 30 minutes.

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

- Complete all SUTAB tablets and required clear liquids at least 3 hours before colonoscopy.

- You **MUST FINISH** the final glass of clear liquid **AT LEAST THREE HOURS BEFORE YOUR PROCEDURE!**

• 3 hours before your scheduled procedure time:

- Absolutely nothing more to eat or drink!

• 40 minutes before your scheduled procedure time:

- Confirm your assigned procedure location (listed in your reminder texts and patient portal).
- Check in at your assigned location (Northbrook or Libertyville).

SEE PAGE 8 FOR MORE DETAILS ON THE DAY OF THE PROCEDURE.



TAKING THE PREPARATION

CAN I TAKE THE PREP EARLIER THAN INSTRUCTED?

Some people are tempted to alter this recommended timing to try to "start early" or optimize their sleep schedule. Please do NOT make adjustments in the timing unless recommended by our office, as completing the preparation too early can lead to a suboptimal preparation, lower the quality of the examination, and make it necessary to have a repeat test performed sooner.

Why? Even if you aren't eating, your small intestine is still making a thick liquid called "chyme" which travels into the colon and blocks the ability to see the lining carefully. This can limit the careful examination of the colon lining, especially for a sneaky type of flat precancerous polyps called sessile serrated polyps.

CAN I SKIP THE SECOND DOSE IF MY STOOL LOOKS CLEAR?

Same answer as above. Even if you aren't eating, your small intestine is still making a thick liquid called "chyme" which travels into the colon and blocks the ability to see the lining carefully. This can limit the careful examination of the colon lining, especially for a sneaky type of flat precancerous polyps called sessile serrated polyps.

ADDITIONAL INFORMATION ABOUT DRINKING THE PREPARATION

• How long until the preparation starts working?

- Individual response to the preparation medications varies from person to person. Some people will begin to have multiple urgent bowel movements within 30 minutes of drinking the solution and others may not have a bowel movement for about 6 hours.
- We encourage everyone to stay within close range of a bathroom after beginning to drink the preparation.

• What if I feel nauseated or I vomit during the preparation?

- Feelings of nausea, bloating, or chills are common during the preparation process. These feelings are temporary and tend to improve after bowel movements begin.
- If you develop nausea or vomiting, stop taking the preparation for 30 minutes to let your symptoms improve. When you resume taking the preparation, slow down the pace of taking the pills to one tablet every 5-10 minutes with a sip of clear liquid.

• What if I have taken all of the preparation and my stools are still formed/solid with only 2 hours to go before I have to leave for my procedure?

- You may use a saline enema or tap water enema to help clear out residual stool.
- These items can be purchased from Amazon, Walgreens, CVS, or Target.

• How can I prevent irritation around the anal area?

- Consider purchasing baby wipes with aloe for wiping (and/or the softest toilet paper that money can buy).
- Pat yourself clean with toilet paper/baby wipe rather than wiping.
- You may apply a petroleum based product or diaper rash ointment to the affected area and nearby skin to reduce discomfort from frequent stools.
- If you have a history of discomfort from hemorrhoids, buy some preparation H or Tucks pads to use as well.



DAY OF PROCEDURE

- **Can I have anything to eat or drink today?**

- Do not have anything at all to eat or drink in the three hours before your procedure is scheduled!
- It is critical that your stomach is empty prior to receiving sedation for the procedure.
- If there are solids or liquids in your stomach when you are sedated, they could be accidentally inhaled, called aspiration. Aspiration can cause significant lung injury.

- **What about my medications?**

- If you take medications for HIGH BLOOD PRESSURE, IRREGULAR HEART BEAT, SEIZURES, ASTHMA, THYROID, or PREDNISONE:
 - Please take your medication with a sip of water the morning of your procedure.

- **What should I bring?**

- The first and last names of all doctors you would like us to send a copy of procedure report.
- Someone to drive you home.
 - Sedation is given during the procedure and although you may feel clear headed, your abilities are impaired.
 - If you have not arranged for someone to drive you home, your procedure will be canceled. Taxi and Uber drivers are not considered a safe option.
 - You will not be able to drive, operate machinery, make any important or legal decisions, or return to work for the rest of the day.
- Your insurance cards.
 - If you have specific questions about coverage for your upcoming procedure, please contact your insurance company.
 - Special note: although your upcoming colonoscopy may be scheduled as a screening procedure, if during the course of your screening the physician removed a polyp or performs a tissue biopsy, the procedure may be considered diagnostic and may not qualify for coverage as a screening service.
 - Insurance company policies vary regarding these matters and we encourage you to contact your insurance company to obtain their policy on these types of procedures.
- Your medication list.

Do not have ANYTHING at all to eat or drink in the three hours before your procedure is scheduled!

- **What should I wear?**

- Wear comfortable, loose fitting clothing that is easy to step into.
- Wear flat shoes (skip the heels).
- Do not wear jewelry or bring valuables.
- You may wear makeup, but please skip the fragrances and body lotion.
- You may wear contact lenses if you are able to take a 60 minute nap with your contacts in place.

- **How long will I be there?**

- Every effort will be made to keep your appointment at the scheduled time, but in medicine, unexpected delays and emergencies may occur and your wait time may be prolonged. We give each patient the attention needed for his or her procedure.
- Typically we run on schedule and the duration from the time of drop off until you leave to go home runs approximately 2 hours.

- **What should I expect after I arrive?**

- After the administrative check in, a nurse will ask questions to ensure the patient understands the procedure and the reason it is planned.
- The nurse will start an intravenous line (insert a needle into a vein in the hand or arm; feels similar to having blood drawn) to administer medications.
- The vital signs (blood pressure, heart rate, and blood oxygen level) will be monitored before, during, and after the examination.
 - The monitoring is not painful, though the first time the blood pressure cuff inflates it can be uncomfortable for 20-30 seconds.



DAY OF PROCEDURE

- **What happens in the procedure room?**

- Vital sign monitors will be placed and values checked again before starting the sedating medications.
- All patients will be given oxygen during the examination through plastic tubing prongs aimed into their nostrils.
- You will position yourself to be lying on your left side.
- The anesthesia provider will administer medications through the IV line.
- Most people have a deep sleep during the examination and are unaware that it was even performed.

- **How long does the colonoscopy actually take?**

- The average time in the procedure room is 20-30 minutes.
- Variability in the length of the procedure time depends upon an individual's anatomy (some colons are easier to navigate than others), quality of the preparation, and quantity of polyps to remove or samples to obtain.

- **What happens after the procedure?**

- You will be recovering for approximately 20-40 minutes.
- Due to the lingering effects from the sedation medication, you may not remember the physician speaking to you. If you gave permission prior to the procedure, the doctor will review the findings with your family member or responsible adult that accompanies you. You will also receive a printed report with the procedure findings and recommendations.
- You will be able to eat and drink right after the procedure is completed.
- You will NOT be able to drive or return to work for the remainder of the day.
 - Although you will be awake by the time you are discharged, the sedative medications cause changes in reflexes and judgment that cause a person to feel well but can interfere with the ability to make decisions, similar to the effects of alcohol.



DAY OF PROCEDURE

ADDITIONAL FREQUENTLY ASKED QUESTIONS

- **What if I have a cold?**
 - If your symptoms are mild and you have no fever, feel free to use Tylenol or other over the counter cold medications and proceed as scheduled.
 - If you have a fever, shortness of breath, or severe cough, please call the office at 224-407-4400 to discuss if you need to reschedule the procedure when you are feeling better.
- **What if I have my period on the day of the procedure?**
 - No problem at all.
 - Feel free to use a tampon and/or a pad.
- **What if I do not want information shared with my ride?**
 - No problem at all.
 - Your doctor will confirm just prior to the procedure what you are comfortable with.
 - Although you may not remember the details of the procedure findings due to the sedation, all of the information is typed up and attached to the photos that were taken. If you have any questions later on when you are clear-headed, just call the office and we can review the details.
- **Are colonoscopies safe?**
 - Colonoscopy is a safe procedure and complications are rare, but they can occur.
 - An anesthesiologist or nurse anesthetist will review your health history and be with you for the entirety of the procedure to ensure your safety. Complications of anesthesia are rare and usually easily treated.
 - You may experience redness, swelling, or warmth at the IV site. Begin by applying a cold compress and elevating the irritated IV site and. If symptoms are not improving, please call our office and ask to speak to a nurse so we can help you further.
 - Aspiration (inhaling) of food or fluids into the lungs, the risk of which can be minimized by not eating or drinking for the recommended period of time before the examination.
 - The colonoscope can cause a tear or hole in the tissue being examined, which is a serious problem, but fortunately, very uncommon (approximately 1 in every 3,000-5,000 colonoscopies).
 - Bleeding can occur from biopsies or the removal of polyps, but it is usually minimal and stops quickly or can be controlled.
 - Lastly, colonoscopy is the best test for preventing colon cancer, but it is not perfect. Due to visual limitations that can occur, it is possible to miss seeing a polyp.