

Colonoscopy Preparation Instructions

SUTAB (AM PROCEDURE)

****Please pick up prep at your pharmacy within a week from being seen in the office****

1. THREE DAYS PRIOR TO YOUR PROCEDURE

- Please start a low residue/low fiber diet.

o Acceptable low residue/low fiber diet include:

- | | | |
|-----------|--------------------|----------------|
| ▪ Meat | ▪ Oatmeal | ▪ Rice |
| ▪ Bacon | ▪ Cream of wheat | ▪ Potato |
| ▪ Fish | ▪ Pancakes | ▪ Squash |
| ▪ Chicken | ▪ Waffles | ▪ Avocado |
| ▪ Cheese | ▪ Cake | ▪ Canned fruit |
| ▪ Eggs | ▪ Saltine Crackers | ▪ Olive oil |
| ▪ Milk | ▪ White bread | ▪ Butter |
| ▪ Yogurt | ▪ Pasta | ▪ Chocolate |

2. THE DAY BEFORE YOUR PROCEDURE

- Start a clear liquid diet, (*this includes the bowel prep!*)

o Acceptable clear liquids include:

- | | |
|---|---|
| ▪ Beef or chicken broth | ▪ Ginger Ale |
| ▪ Jell-O or popsicles (<i>NO RED, PURPLE OR ORANGE</i>) | ▪ Apple juice |
| ▪ Sprite | ▪ Water |
| ▪ 7-UP | ▪ Tea or coffee (<i>PLAIN, NO CREAM OR SUGAR</i>) |

3. PLEASE REFER TO PAGE 3 FOR LAXATIVE INSTRUCTIONS.

****Also, you may not have ANYTHING within 3 hours of your arrival time. ****

Your procedure may be cancelled if you do so.

4. Arrange to take the day off of work since anesthesia will be administered. You **MUST** have a responsible adult driver present at the time of arrival and during your recovery. We cannot start the procedure without your driver present in the building. You will NOT be able to drive yourself home after the procedure. **Uber, Lyft, Taxi, bus or other forms of "public transportation" are NOT acceptable means of returning home after the procedure.** If you do not have an acceptable mode of transportation home after the procedure, your appointment will be cancelled and rescheduled to a different date.

5. All body piercings **MUST BE REMOVED** prior to arrival.

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6. MEDICATION MODIFICATIONS

****PLEASE DO NOT STOP TAKING YOUR ASPIRIN****

- Stop Coumadin 5 days prior to the procedure
- Stop Pradaxa, Xarelto and Eliquis 2 days prior to the procedure
- Stop Plavix 7 days prior to the procedure
- Stop any anti-inflammatory medication 1 day prior to the procedure (including ibuprofen)
- Stop any arthritis medication 1 day prior to the procedure
- **DO NOT TAKE** insulin or any other oral diabetic medications the morning of the procedure. Be sure to check your blood sugar 4 hours prior to your appointment time. If your blood sugar is low, drink a glass of apple juice
- Stop Trulicity, Byetta, Saxenda, Victoza, Ozempic, Wegovy, Rybelsus, and Mounjaro **ONE WEEK PRIOR** to your procedure.
- Stop Canagliflozin, Dapagliflozin, and Empagliflozin, **THREE DAYS PRIOR** to your procedure.
- Please take ½ dose Lantus the night before the procedure (*if you are prescribed this*)
- **Continue to take any other prescription medications that are not listed above. They must be taken no later than 3 hours prior to your arrival time.**

****IF YOU ARE NOT SURE IF YOUR MEDICATIONS FALLS UNDER ANY OF THESE CATEGORIES, PLEASE CONTACT YOUR PHARMACY FOR FURTHER ASSISTANCE. ****

Your exam is scheduled on _____ at _____ am / pm

At _____. Please arrive no later than _____ am / pm

-Please arrive no later than your arrival time to your appointment time

YOUR PROCEDURE MAY BE CANCELLED AND RESCHEDULED IF YOU ARE LATE!

*******PLEASE BE FLEXIBLE. YOUR PROCEDURE TIME MAY VARY DEPENDING ON NUMEROUS FACTORS (cancellations, procedural delays, etc.) *******

Important: It is important that you contact your insurance company **5 DAYS PRIOR** to your procedure date. You may have a co-payment the day of your procedure and are responsible to verify with your insurance in advance. Patients calling to cancel less than 2 business days due to a high co-payment may be subject to a \$150.00 cancellation fee.

Your procedure will be performed by Doctor: _____

Address: _____

Date of procedure: _____ Arrive at: _____ AM/PM

Comments: _____

On the Day Before Your Procedure

What You CAN Do

- You may have clear liquids.
 - Coffee or tea (no cream or nondairy creamer)
 - Clear fruit juices (without pulp)
 - Gelatin desserts (no fruit or topping)
 - Water
 - Chicken broth
 - Clear soda (such as ginger ale)

What You CANNOT Do

- Do not drink milk or eat or drink anything colored red or purple.
- Do not drink alcohol.
- Do not take other laxatives while taking SUTAB.
- Do not take oral medications within 1 hour of starting each dose of SUTAB.
- If taking tetracycline or fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB.

Liquids That Are OK to Drink

- Coffee or tea (no cream or nondairy creamer)
- Fruit juices (without pulp)
- Gelatin desserts (no fruit or topping)
- Water
- Chicken broth
- Clear soda (such as ginger ale)

Note

- SUTAB is an osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.
- Be sure to tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. SUTAB may affect how other medicines work.
- Medication taken by mouth may not be absorbed properly when taken within 1 hour before the start of each dose of SUTAB.
- The most common adverse reactions after administration of SUTAB were nausea, abdominal distension, vomiting, and upper abdominal pain.
- Contact your healthcare provider if you develop significant vomiting or signs of dehydration after taking SUTAB or if you experience cardiac arrhythmias or seizures.
- If you have any questions about taking SUTAB, call your doctor.

To learn more about this product, call 1-800-874-6756.

SUTAB[®]

(sodium sulfate, magnesium sulfate, and potassium chloride)
Tablets

1.479 g/0.225 g/0.188 g



The Dosing Regimen

SUTAB is a split-dose (2-day) regimen. A total of 24 tablets is required for complete preparation for colonoscopy. You will take the tablets in two doses of 12 tablets each. Water must be consumed with each dose of SUTAB, and additional water must be consumed after each dose.

DOSE 1—At 4 PM, The Day Prior to Colonoscopy

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.



Tablets not shown actual size.



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.

DOSE 2—Day of the Colonoscopy

- Continue to consume only clear liquids until after the colonoscopy.
- The morning of colonoscopy (5 hours prior to the arrival time 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.




Tablets not shown actual size.



IMPORTANT: You must complete all SUTAB tablets and required water at least 3 hours before your arrival time.

Please read the full Prescribing Information and Medication Guide in the kit.

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