



SUTAB Instruction Sheet

Name: _____

Check in on ____/____/____ (Date) at time: _____ (AM/PM)

If the facility has not contacted you, pre-register with the facility within 24-48 hours prior to your procedure.

_____ Alaska Regional Hospital	<u>(907) 264-1232</u> 2801 Debarr Rd, Anchorage, AK 99508
_____ Providence Day Surgery	<u>(907) 212-6013</u> 3200 Providence Dr. Anchorage, AK 99508
_____ Surgery Center of Anchorage	<u>(907) 563-1800</u> 4001 Laurel St Suite 101, Anchorage, AK 99508
_____ South Anchorage Surgery Center	<u>(907) 929-8790</u> 1917 Abbott Rd, Anchorage, AK 99507

Arrange for a Ride. Due to sedation, you will be unable to drive yourself home. **Please make the proper arrangements with an adult you know to drive you home and stay with you. You may not ride in a taxi/ride share unescorted.** Failure to make arrangements will result in the cancellation of your procedure.

BLOOD THINNING MEDICATION INSTRUCTIONS: *please verify with your cardiologist*

5 days before your procedure: No COUMADIN, PLAVIX, EFFIENT, BRILINTA, & IRON SUPPLIMENTS

2 days before your procedure: No ELIQUIS, AGGRENOX, PRADAXA, XARELTO or RIVAROXABAN

DIABETICS: Do not take oral diabetic medications the night before or the morning of your procedure.

Three (3) days: prior to procedure, **avoid** the following: **NUTS, SEEDS, GRAINS, GRANOLA, CORN, POPCORN**

The Day prior to your procedure _____, you will **start your clear liquid diet, (no solid foods).**

You may NOT have **dairy** products, **red or purple** food dyes color, and **alcohol.**

You MAY drink the following liquids; sports drinks, water, black coffee, tea, vegetable, chicken or beef broth, soda, clear juices without pulp, white grape juice, apple juice, white cranberry juice, popsicles and Jell-o are other examples of other clear liquids

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 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.

- Continue to consume only clear liquids until after the colonoscopy
- Repeat STEP 1 to STEP 4 from DOSE 1



Day Before Your Procedure (_____):

- Begin clear liquid diet (see page 1 for dietary list)

- Beginning **5:00PM** follow instructions above to **take the first dose of prep along with 2 tabs of Ondansetron and Simethicone (Gas X).**

Day of Your Procedure (_____):

- Take second dose at _____

- Follow instructions above to **take the second dose of prep along with 2 tabs of Ondansetron and Simethicone (Gas X).**

****NOTHING BY MOUTH AFTER _____ or your procedure can be postponed or cancelled****