



Tyron A. Alli, MD  
Alexander B. Bernal, MD  
John J. Cannella III, MD  
Jason J. Cisler, MD  
Rebecca A. Ehlers, MD  
Helen Fasanya-Uptagraft, MD  
Benjamin S. Hall, MD

Kimberly S. Harmon, MD  
Jordan D. Holmes, MD  
Grant F. Hutchins, MD  
Deepti A. Jacob, MD  
William C. Livingston, DO  
John C. Mitchell II, MD  
Matthew M. McMahon, MD

Thomas R. McGinn, MD  
Sheeva K. Parbhu, MD  
Trevor J. Pearson, MD  
Kyle D. Rosa, DO  
Michael E. Schafer, MD  
Marc A. Scheer, DO  
Bradley J. Schroeder, MD  
Brian W. Ward, MD

## SUTAB Split

### PLEASE READ ALL INSTRUCTIONS ON THE DAY YOU RECEIVE THEM

Your procedure is schedule on \_\_\_\_\_ with Dr. \_\_\_\_\_ at \_\_\_\_\_.  
Please arrive at \_\_\_\_\_.

Please contact our office if you develop Covid or upper respiratory infection between the time you scheduled to the day of your appointment.

Your doctor has referred you for a colonoscopy. Bowel preparation (cleansing) is needed to perform an effective colonoscopy. Recent studies have clearly shown split-dose preparation results in higher quality examinations with increased detection of precancerous polyps. Any stool remaining in the colon can hide lesions and result in the need to repeat the colonoscopy. It is critical that you follow the instructions as directed.

\*Your prescription will be electronically sent to the pharmacy 2 weeks prior to your procedure. Please contact your pharmacy to ensure your prescription is ready for pick up. If your prescription is not picked up in a timely manner you take the chance of it being restocked.

If you are of child-bearing potential, please contact your doctor to arrange for urine pregnancy test 7 days prior to your procedure. If you are certain you could not be pregnant, and prefer to refrain from prescribed testing, you may sign a pregnancy waiver the day of the procedure confirming you could not be pregnant.

IF YOU MUST CANCEL YOUR PROCEDURE, PLEASE CALL OUR OFFICE AS SOON AS POSSIBLE AT 402-397-7057.

### FIVE DAYS BEFORE YOUR PROCEDURE

\*Become familiar with all prep instructions and contact our office with any questions.

\*Remember to stop medications that you were previously instructed to hold. (This does not apply to all patients, only those who have been directed to hold specific medications).

\*Refrain from eating all types of nuts, popcorn, seeds and granola 5 days prior to the procedure.

\*STOP: All Herbal supplements, no curcumin/turmeric, vitamins, stool bulking agents, such as Metamucil or Citrucel, and Iron supplements

\*DO NOT STOP- If you have been told by a physician to take aspirin daily---continue to take it

## **THE DAY BEFORE YOUR COLONOSCOPY**

\*UPON AWAKENING BEGIN FOLLOWING CLEAR LIQUID DIET- A clear liquid diet is described as "a drink you can see through." DO NOT CONSUME LIQUIDS THAT ARE RED, PURPLE OR BLUE IN COLOR. Drink clear liquids every hour throughout the day from the list that follows:

- Clear fruit juices (white grape or apple juice)
- Water, tea or coffee (without cream)
- Kool-Aid or PowerAde
- Clear soup, broth or bouillon
- Popsicles
- Hard candies
- Soda pop (7-up, Sprite, regular or diet Pepsi/Coke, Ginger Ale, Orange Soda)
- Jell-O

\* NO SOLID FOOD - NO ALCOHOL - NO RECREATIONAL DRUG USE

**FOR DIABETIC PATIENTS: Please consume clear liquids that are not sugar free. This will give you calories to assist with your blood sugar levels.**

\*Follow the steps listed below:

5:00 PM, take the first dose of SUTAB as follows: open 1 bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow 1 tablet every 1 to 2 minutes. You should finish the 12 tablets and the entire 16 ounces of water within 20 minutes. If you become uncomfortable, take the tablets and water slower.

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

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

You may continue to drink clear liquids until you go to bed.

## **THE DAY OF THE COLONOSCOPY**

\*NO SOLID FOOD - NO ALCOHOL - NO RECREATIONAL DRUG USE - NO CHEWING/SMOKELESS TOBACCO PRODUCTS

Six hours prior to your arrival for your procedure, begin taking the second dose of SUTAB following the exact directions as the night before with the second bottle of pills. The pills must be completely finished 4 hrs. prior arrival to the facility.

\*You may take morning medications before 6:00 AM with a few sips of water. (please refer to "Special Instruction" sheet if you are diabetic).

**TAKE NOTHING ELSE BY MOUTH AFTER YOU HAVE FINISHED THE SUTAB PILLS AND 48 OUNCES OF WATER.**

\*You must have a driver to take you home. Ideally, it is preferred that you have someone drive you to the facility, WAIT while you have your procedure, and then accept responsibility for your dismissal upon leaving the facility. During the check-in process, you will be expected to validate your responsible driver in the event your driver does not present at check-in. If this validation process cannot occur, your procedure will be canceled. PUBLIC TRANSPORTATION IS NOT AN ACCEPTABLE FORM OF TRANSPORTATION FOLLOWING YOUR PROCEDURE UNLESS ACCOMPANIED BY A RESPONSIBLE ADULT WHO HAS A VALID DRIVER'S LICENSE. If you are scheduled at a hospital please know individual hospital policies may require you to have a responsible party stay with you for twenty-four hours.

## **FOLLOWING YOUR COLONOSCOPY**

\*DRINK 8 OUNCES OF LIQUID SIX TIMES BEFORE RETIRING FOR THE NIGHT.

\*Do not drive, operate machinery, return to work or make important decisions for the remainder of the day.

\*You may resume normal activities the next day unless the doctor states otherwise.

## **FREQUENTLY ASKED QUESTIONS**

### **Why do I have to drink my prep at two different times?**

Recent studies have clearly shown split-dose preparation results in higher quality examinations with increased detection of precancerous polyps.

### **What if I feel like I am going to vomit or what if I start to vomit while taking the prep?**

Stop the taking the prep for 30-45 minutes until symptoms subside, then resume prep.

### **What if I take all the prep and I do not have a bowel movement?**

If no stool by 9:00 PM, you should use a fleets enema. This can be purchased over the counter at any pharmacy. If still no results, call the doctor who will be performing your colonoscopy at 402-397-7057.

### **If I have clear colored stool return after consuming the first half of the prep, do I have to take the second half of the prep?**

Yes, it is important that you take the entire prep as instructed. Digestion continues throughout the night requiring the second half of the prep to be completed to ensure the best results.

### **What should my bowel movements look like after I take the entire prep?**

Your bowel movements should be clear yellow liquid. They will look like urine or lemonade. If your bowel movements are still brown and haven't been clear, please call our office at 402-397-7057. This line is answered 24 hours a day.

### **What if I have rectal discomfort?**

You may apply petroleum based product or diaper rash ointment to the rectal area if you experience discomfort from frequent stools.

### **Does my driver have to stay with me during the procedure?**

If your driver does not wish to remain in the lobby, a contact number can be given to the nursing staff. These arrangements must be made during the check-in process or your procedure will be canceled. Typically, the driver can return two hours after they drop you off or they can be called prior to your dismissal time. Public transportation can only be used if you are accompanied by a responsible adult who has a valid driver's license.

### **Can I eat after my procedure?**

Usually you may resume your normal diet unless otherwise instructed.

### **Will I be asleep for my procedure?**

In the procedure room an anesthesia provider will position you comfortably and give you medications through an IV, known as MAC anesthesia, to cause relaxation and sedation. This will cause you to fall asleep but you can breathe on your own and will wake up quickly. Based on your individual procedure and medical history you and your GI physician may determine to use an anesthetic known as moderate sedation (twilight sedation) or even no sedation at all, as appropriate.

## **WHAT TO BRING TO YOUR PROCEDURE**

\*Completed forms from Midwest Endoscopy Services, Lakeside Endoscopy Center or Methodist Endoscopy Center ONLY if your procedure is at one of these locations. \*The first and last name of all doctors you want to receive a copy of your procedure report. \*A responsible adult to drive you home. It will be mandated and enforced that you have someone to accept responsibility for your dismissal and provide you transportation home. No exceptions will be made to the Center's policy. Sedation is given during your procedure and impairs your ability to drive and make decisions. IF YOU HAVE NOT ARRANGED FOR SOMEONE TO DRIVE YOU HOME, YOUR PROCEDURE WILL BE CANCELED.

\*Your insurance card and photo ID

## **WHAT TO WEAR TO YOUR PROCEDURE**

\*Wear comfortable, loose fitting clothing. Wear flat shoes or tennis shoes. Please leave jewelry and valuables at home.

If you have additional questions, please contact our office at 402-397-7057.

8901 Indian Hills Drive, Suite 200

Omaha, Nebraska 68114

*p* 402.397-7057

*f* 402.397-6656

17001 Lakeside Hills Plaza, Suite 200

Omaha, NE 68130

*p* 402.885.8700

*f* 402.885.8719

808 East Pierce Street, Suite 301

Council Bluffs, Iowa 51503

*p* 712.396.2997

*f* 712.796.1194