

CENTER FOR HEALTH AND CANCER PREVENTION  
1301 FIRST COLONIAL RD, SUITE 201  
VIRGINIA BEACH VA, 23452  
(757) 412-4919, VIRGINIACOLONOSCOPY.COM

## PREPARATION FOR COLONOSCOPY

(Please read all instructions carefully before beginning your prep. Not following all instructions could result in cancellation of your procedure after arrival.)

### SUTAB

(You will need to obtain SUTAB from any pharmacy)

#### 7 DAYS PRIOR TO PROCEDURE

1. If you take any aspirin, aspirin products, or 'antiplatelet' drugs (Clopidogrel, Plavix, Effient, etc.) prescribed by a physician, you **MUST** receive clearance from our office to stop those drugs 5 - 7 days prior to your procedure.
  - a. **\*\*\*Make certain our office knows that you take these medications and that we have ok'ed you to stop them or not.**
    1. Do **NOT** stop these medications without a prior 'ok' from our office
2. If you take Coumadin, Xarelto, Eliquis, Pradaxa, or any other blood thinners, make certain our office knows.
  - a. You **MUST** have our prior 'ok' on when to stop these medications prior to your procedure
3. If you have any questions regarding stopping aspirin, platelet drugs, or blood thinners, call our office at (757) 412-4919 or our on-call nurse at (757) 620-6612 if it's after office hours.
4. Continue to take your heart and blood pressure, or other required, medication as prescribed prior to the procedure.
5. You may continue to take your Prilosec, Zantac, Protonix, Nexium, or other GI medications.

#### 1 DAY PRIOR TO PROCEDURE Be certain you drink plenty of fluids today!

1. You will be on a liquid diet all day for breakfast, lunch, and dinner.
  - a. If you are not diabetic, fruit juice or sports drinks are best. You can have any juice that does not have pulp or fiber.
  - b. You can have apple juice, bouillon, broth, soda, black coffee, or tea, Ensure, Kool-Aid, Boost, Gatorade, and plain Jell-O.
  - c. **NO SOLID FOODS, MILK OR MILK PRODUCTS, SMOOTHIES, ALCOHOL, OR ANYTHING CONTAINING RED OR PURPLE DYE.**
2. **Between 4-6 pm begin taking the 12 SUTAB tablets** (fill the provided cup with 16oz of water. Ingest one tablet with a sip of water and repeat) until finished.
  - a. Follow with another 16 oz. SUTAB cup of water one hour after taking the last pill.
  - b. Follow with a final 16 oz. SUTAB cup of water 30 minutes after finishing the previous cup.

#### DAY OF PROCEDURE (Please remove all jewelry and piercings prior to procedure)

1. Starting at \_\_\_\_\_ am (**5.5 hours prior to your procedure**) you will begin taking the 12 SUTAB tablets with 16oz of water until finished.
  - a. Follow with another 16 oz. SUTAB cup of water one hour after taking the last pill.
  - b. Follow with a final 16 oz. SUTAB cup of water 30 minutes after finishing the previous cup.
    - i. Take any of your approved daily medications at this time.
2. The entire solution should be **COMPLETED 3** hours prior to procedure time.
  - a. **Do not drink anything else, including water, until after your procedure**
3. You will need a responsible adult to drive you home after the procedure due to the sedation. You will not be able to drive until the following day.
  - a. **NO TAXI CABS OR RIDE SHARE APPS** (unless you are accompanied by someone)
4. Please leave all valuables at home (**with the exception of your insurance card and identification card**) so nothing comes up misplaced or missing.