



SUTAB (LOW VOLUME) PREP FOR COLONOSOPY

Your prescription will be sent to your pharmacy.

Your procedure is scheduled with Dr. _____ on:

Day: M T W TH F **Date:** _____ **Check in at:** _____ AM/PM
Procedure time: _____ AM/PM

4 DAYS BEFORE YOUR PROCEDURE:

- Avoid high fiber foods- no salad, raw vegetables, nuts, seeds, popcorn, beans, peas, corn, or whole wheat.
- Recommended foods- chicken, turkey, pasta, meat, potatoes without skin, white rice, and white bread.

*See low residue diet instructions for further suggestions

DAY BEFORE YOUR PROCEDURE:

DO NOT EAT ANYTHING. Follow **clear liquid diet** instructions.

- Things you can drink: water, black coffee, tea, apple juice, white grape juice, soda, Jell- O, popsicles, broth, and Gatorade or other sport drinks.
- **DO NOT** drink milk or creamer of any kind.
- **DO NOT** drink anything colored red or purple.
- **DO NOT** drink alcohol.

5 PM – Begin Dose 1

Step 1 - Open 1 bottle of 12 tablets.

Step 2 - Fill the provided container with 16 oz of water. Swallow each tablet with a small sip of water, finishing the 16 oz within 30 minutes.

Step 3 - 1 hour after last tablet was ingested

Fill the provided container with 16 oz of water and drink within 30 minutes.

Step 4 - 30 minutes after last tablet was ingested

Fill the provided container with 16 oz of water and drink withing 30 minutes.



Digestive Health
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DAY OF PROCEDURE:

- **DO NOT** eat prior to procedure.
- **DO NOT** use chewing tobacco or smoke 6 hours prior to procedure.

4 HOURS PRIOR TO PROCEDURE – Repeat previous dose process. (Steps 1-4)

You may have clear liquids until 2 hours before your procedure time.

- **DO NOT** chew gum, mints, etc. 2 hours prior to procedure time.

When having a bowel movement, the bottom of the toilet should be visible.
(Liquid stool in shades of yellow, green, or orange are normal)

Important:

You are required to have a driver take you home after the procedure. Arranged transportation will be verified at check in.

Continue taking your prescribed medications, unless you are on a blood thinner and have been told to hold these medications by our office.

Please notify your doctor at least two weeks before the procedure if you take Warfarin (Coumadin), Plavix, Eliquis, Xarelto, Pradaxa, or other blood thinners.

Please call our office during regular business hours with any questions. (775) 829-8855

**Procedure Location:
5250 Kietzke Lane
Reno, NV 89511**

*Clear liquid diet, frequently asked questions, procedure tips and more can be found at
www.digestivehealthreno.com