**PREPARATION FOR COLONOSCOPY USING SUTAB BOWEL PREP**

**Important – Please read all instructions completely**

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your examination is scheduled for the **Endoscopy Center at St. Mary, Franciscan Building Suite 103 (215-750-7700)**

**Scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. You will need to report to the Endoscopy Center approximately 45 minutes prior to your procedure time. You will be sent an email/text by the Endoscopy Center to confirm the appointment. The Endoscopy Center may reach out to you if additional information is needed pertaining to your procedure. Please be prompt.**

1. Clear liquid diet the day prior to your procedure (**NO SOLID FOODS)** and continued until 4 hours prior to procedure.

● Juices without pulp (apple, white grape, or lemonade) ● Soda or non-carbonated soft drinks

● Black coffee or tea (NO milk; sugar is allowed); water ● Clear broth or bouillon

● Plain Jell-O (NO red) ● Ice pops (NO red)

1. At \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PM,** Open bottle 1 (12 tablets). Fill the provided container with 16oz of water (to the fill line). Swallow the 12 tablets over 30 minutes with at least 16oz of water. Continue clear liquids.
2. Approximately 1 hour after the last tablet is ingested, fill the container again with 16oz of water and drink over 30 minutes.
3. Approximately 30 minutes after finishing the second container of water, fill it again with 16oz of water and drink entire amount over 30 minutes. Continue clear liquids.
4. At \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**AM**, repeat step 2 to 4, opening the second and final bottle of 12 pills.
5. Please note that you **MUST** finish drinking the final glass of water at least 4 hours PRIOR to the start of your colonoscopy. **DO NOT DRINK ANYTHING AFTER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM!**

**IMPORTANT NOTICES**

Please be sure that a member of your family or a friend accompanies you to and from the office to drive you home. This is necessary because of the sedation you will be given for the examination. You are not permitted to drive at any time following the procedure. You may resume driving the following day. You must have arrangements to have a friend or family member take you home after the examination. Taxis are not acceptable.

**Please take your heart and/or blood pressure medications with a sip of water 4 hours prior to the procedure. Please read page 2 of this letter regarding discontinuation of blood thinners. Do not take oral diabetes medication the morning of the examination. If you are a diabetic who takes insulin, you are instructed to contact the prescribing physician for necessary insulin dosage adjustments.**

**\*\*\*If this examination is to be cancelled, please inform our office no later than 48 hours prior to the examination.\*\*\***

**PRE-PROCEDURAL INSTRUCTIONS**

**MEDICATION RESTRICTIONS**

1. **If you take anticoagulants or “blood thinners”, please speak with your cardiologist or family physician before stopping these medications.**

 Anticoagulants:

 Aggrenox - 5 days Lovenox – 24 hours Ticlid - 5-7 days

 Coumadin - 5 days Plavix - 5-7 days Trental - 7 days

 Effient - 5-7 days Pletal - 3 days Xarelto - 1-2 days

Eliquis - 1-2 days Pradaxa – 1-2 days

1. **If you take aspirin or aspirin-containing medications for heart problems, circulation problems or are unsure, please contact your cardiologist or family physician on whether or not these medications should be held.**

 **If you do not have heart or circulation problems, stop aspirin and all aspirin-containing medications FIVE (5) days before your procedure.**

Aspirin-containing medications:

 Ascripton Ecotrin Fiorinal Percodan

 Bayer Empirin Lortab ASA Soma Compound

 Bufferin Enteric-coated aspirin St. Joseph Aspirin

 Darvon Compound 65 Excedrin Norgesic Forte P-A-C

1. **Stop ALL non-aspirin AND non-steroidal pain relievers THREE (3) DAYS before your procedure.**

Non-aspirin containing medications:

Advil Daypro Ketoralac Relafen

Aleve Diclofenac Lodine Sulindac

Anaprox Dolobid Meloxicam Vicoprofen

Ansaid Feldene Mobic Voltaren

Arthrotec Flurbiprofen Motrin

Cataflam Ibuprofen Naprosyn

Clinoril Indocin Naproxen

1. **There are NO RESTRICTIONS on the following pain medications:**

Acetaminophen (Tylenol) containing products (Tylenol, Darvocet, etc.), as well as:

 Avinza Flexeril Oxy IR Ultracet

 Baclofen Kadian Oxycontin Ultram

 Celebrex Lorcet Pamelor Valium

 Darvocet Lortab Panadol Vicoden

 Duragesic Patches Methadone Perocet Zanaflex

 Elavil MS Contin Percogesic Zonegram

 Excedrin-Aspirin Free MSIR Tramadol

 Fioricet Neurontin Trileptal

**If you have any questions, please call our office about your medications.**

**What is a colonoscopy?** Colonoscopy is a procedure that enables your physician to examine the lining of the colon (large bowel) for abnormalities by inserting a flexible tube that is about the thickness of your finger into the anus and advancing it slowly into the rectum and colon.

**What preparation is required?** The colon must be completely clean for the procedure to be accurate and complete. Your physician will give you detailed instructions regarding the dietary restrictions to be followed and the cleansing routine to be used. Follow your doctor’s instructions carefully. If you do not, the procedure may have to be canceled and repeated later.

**What can be expected during a colonoscopy?** Colonoscopy is usually well tolerated. There is often a feeling of pressure, bloating or cramping at times during the procedure. Your doctor may give you medication through a vein to help you relax and better tolerate any discomfort from the procedure. You will be lying on your side or on your back while the colonoscope is advanced slowly through the large intestine. As the colonoscope is slowly withdrawn, the lining is again carefully examined. The procedure usually takes 15-60 minutes. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. The physician will decide if the limited examination is sufficient or if other examinations are necessary.

**What if the colonoscopy shows something abnormal?** If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope to obtain a biopsy (a sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. If polyps are found, they are generally removed. None of these additional procedures typically produce pain. Remember, biopsies are taken for many reasons and do not necessarily mean that cancer is present.

**What are polyps and why are they removed?** Polyps are abnormal growths from the lining of the colon which vary in size from a tiny dot to several inches. The majority of polyps are benign (noncancerous), but the doctor cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer. Tiny polyps may be totally destroyed by fulguration (burning), but larger polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon which could require emergency surgery.

 **What happens after a colonoscopy?** After a colonoscopy, your physician will explain the results to you. If you have been given medications during the procedure, someone must accompany you home from the procedure because of the sedation used during the examination. Even if you feel alert after the procedure, your judgment and reflexes may be impaired by the sedation for the rest of the day making it unsafe for you to drive or operate any machinery. You may have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly with passage of flatus (gas). Generally, you should be able to eat after leaving the colonoscopy, but your doctor may restrict your diet and activities, especially after polypectomy.

**What are the possible complications of a colonoscopy?** Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures. One possible complication is a perforation or tear through the bowel wall that could require surgery. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through the colonoscope. Rarely, blood transfusions or surgery may be required. Other potential risks include a reaction to the sedatives used and complications from heart or lung disease. Localized irritation of the vein where medications were injected may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying hot packs or hot moist towels may help relieve discomfort. Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact your physician who performed the colonoscopy if you notice any of the following symptoms: severe abdominal pain, fever and chills or rectal bleeding of more than one-half cup. Bleeding can occur several days after a polypectomy.

**How accurate is colonoscopy?** Colonoscopy is an accurate method to detect colon cancer and polyps but is not perfect. There may be up to a 10% miss rate for detecting polyps or other growths. It is also important to know that a colonoscopy screening program can reduce, but not eliminate, the risk of developing colon cancer.

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