

Sutab with Bravo PM (scheduled after 10AM) - Colonoscopy/EGD Preparation Instructions

Appointment Date: Check In Time: Procedure Performed by:

Please review the Bravo instruction video: <https://salemgaastro.com/videos/>

Let your doctor or staff know if you have an allergy or sensitivity to nickel.

Stop_____ on _____ (per provider instruction)

It is IMPORTANT to follow these instructions regarding your acid-blocking medications or we will not get accurate results.

You should also not use Zantac (Famotidine), Pepcid (Famotidine), or Tagament (Cimetidine) 48 hours before study.

You will need:

- **Sutab** bowel prep. Please pick up ahead of time. This prescription was sent to your pharmacy when your procedure was scheduled. *Please contact our office if the prescription is not covered or has a high cost*
- **Gas-X Extra Strength** tablets/capsules/chewable (Ok if tablets are pink) or generic equivalent (simethicone 125mg). Purchase over-the-counter. You will need 8 of these.

Special Medication and Diabetic Directions: See separate instructions.

If you have an MRI within the next 30 days of this test please inform the radiology technician so they can make sure the probe completely passed from your body. This probe does contain a small amount of metal.

Follow up: Please come to your follow up appointment with the clinic nursing staff and bring the receiver and your journal.

One week before

Stop taking iron pills, vitamins or herbal supplements in the pill form.

Take your usual prescription medication during prep unless told not to.

Aspirin, Ibuprofen and Tylenol are OK if needed.

Avoid foods with seeds (flax seeds, popcorn, nuts and berries). They clog the colonoscope.

Two days before

Stop taking fiber supplements: Metamucil, Citrucel, etc.

1 Day before your colonoscopy

When you awake, begin Clear Liquid Diet. No Solid Food.

NO SOLID FOOD. You may have: water, coffee, tea, (No milk or creamers) clear fruit juices without pulp or cloudiness, soda pop, Gatorade, chicken bouillon or clear broth, popsicles, and JELL-O. Avoid the color **red** in all liquids. Avoid alcohol.

6:00 PM: Open 1 bottle of Sutab tablets. Fill the container with water to the 16 ounce fill line on the mixing container. Swallow each tablet with a sip of water, and drink the entire amount of water over 15 to 20 minutes. Stay extremely close to your restroom.

Take 4 GasX pills.

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.

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

Day of your colonoscopy

Continue Clear Liquid Diet. No Solid Food.

Take your regular morning medications at least 2 hours before your appointment.

5 hours prior to your check in time: Open 1 bottle of Sutab tablets. Fill the container with water to the 16 ounce fill line on the mixing container. Swallow each tablet with a sip of water and drink the entire amount of water over 15 to 20 minutes. Stay extremely close to your restroom.

Take 4 GasX pills.

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.

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

After laxative and water is completed, continue drinking clear liquids.

IMPORTANT: You must complete all SUTAB tablets and water at least 2 hrs prior to colonoscopy.

No chewing tobacco for 6 hours prior to procedure.

DO NOT put ANYTHING in your mouth the 2 hours before your procedure.

This includes but is not limited to: bowel prep, medication, hard candy, chewing gum.

No Food. No Drink. 2 hours.

Take **ESSENTIAL** medications (blood pressure, heart and seizure medications for example) **at least 2 hours before your exam.**

You also need to arrange for an **adult driver** that is able to walk on their own, help you in and out of a car, drive you home and remain with you for 6 hours.

If these instructions have not been followed your appointment may be delayed or cancelled.

Return the receiver and journal on_____.

If you received these instructions by email, you will also receive an attachment with additional important information.

Please be extremely careful with this equipment and if you have any problems call our office.

If it is after hours we have an on call doctor that can help you.

Any questions please call 503-399-7520 press option 2 for scheduling.