



Dr. McBride - Dr. Harrington - Dr. Rodgers - Dr. Couch - Dr. Watts

SUTAB BOWEL PREP

*****Please read these instructions carefully before starting this preparation*****

1. TAKE PRESCRIPTION TO ANY PHARMACY TO OBTAIN SUTAB BOWEL PREP KIT.

2. The day of _____, you may have a **LIGHT** breakfast only. Do not drink milk. Do not consume red, orange, blue or purple liquids (i.e., red or orange Jell-O, tomato juice, etc.) Do not drink anything that contains seeds or pulp.

EXAMPLES OF CLEAR LIQUIDS:

- BEVERAGES:** water, lemon-lime or clear sports drinks (Gatorade, PowerAde, etc.)
flavored waters, Sprite, Ginger Ale
- DESSERTS:** lemon and lime Jell-O, popsicles, fruit ices
- JUICES:** All strained clear juice (apple, lemonade, white grape)
- SOUPS:** Clear broths (chicken, vegetable)

▶ ▶ ▶ REMEMBER NOTHING RED, ORANGE, BLUE OR PURPLE ◀ ◀ ◀

3. **4:00 PM** – Open the 1st bottle of Sutab. Fill the provided container with 16oz of water (up to the fill line). Swallow each tablet with a sip of water. Drink the entire amount over 15 to 20 minutes. Approximately one hour after the last tablet is ingested, 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. 30 minutes later fill the cup again and drink the water within 30 minutes.

4. **9:00PM** – Open the 2nd bottle of Sutab & repeat step 3. Take one pill at a time every 3-5 minutes.

IMPORTANT: If you experience preparation-related symptoms (for example, nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.

5. **12:00 AM: NOTHING BY MOUTH AFTER MIDNIGHT**

6. Procedure is scheduled : _____

HHC Warner Robins
478-542-7925

HHC Endoscopy
478-542-7715

Houston Ambulatory Surgery Center
478-329-3100

HHC Perry
478-218-1746

A representative will call you the day prior to your procedure, to let you know what time you should arrive. If you have not received a call by 2:00 p.m. the day before your procedure, please call to obtain your procedure time. **YOUR ARRIVAL TIME IS ASSIGNED BY THE FACILITY WHERE YOU ARE HAVING YOUR PROCEDURE, PLEASE DO NOT CALL THE OFFICE (HOUSTON SURGICAL ASSOCIATES) FOR YOUR ARRIVAL TIME.**

NOTE: If you take blood pressure or heart medication, you may take your medication, the morning of your procedure with a sip of water only. Please hold all other medications unless instructed otherwise.

You must have someone remain at facility during your exam, drive you home and take care of you the remainder of the day.

Your follow up appointment is _____ at _____ a.m./ p.m.