



Colonoscopy Bowel Preparation Instructions



If your colon is not clean or not adequately prepped when you arrive to the procedure unit, your procedure may need to be rescheduled.

★ **SCHEDULE** your colonoscopy.

My procedure is scheduled for _____ and to arrive at _____

Please call our office at 940-514-8211 if your procedure was not scheduled during your office visit.

★ **LOCATION** Your procedure will be at the following location:

- Denton Surgery Center
2515 Scripture St
Denton, TX 76201
Phone: 940-383-7100
□ Denton Presbyterian Hospital
3000 N Interstate 35 Denton,
TX 76201
Phone: 940-898-7000
□ Medical City Surgery Center
3316 Colorado Blvd Denton,
TX 76210
Phone: 940-349-5500

★ **ARRANGE** for a ride to and from your procedure.

- ★ You must have an adult bring you to and from your procedure. Uber/Lyft/Taxi are not an acceptable form of transit for your procedure.
★ You should not drive a car, operate machinery, or make any legal decisions on the day of your procedure.

★ **PICK UP YOUR PREP MEDICATIONS FROM THE PHARMACY**

Pick up your prescription for SUTAB and one 10 oz bottle of MAGNESIUM CITRATE.

- ★ Magnesium citrate is an over-the-counter laxative and you will need one 10 oz bottle as a part of the prep the day before your colonoscopy.

★ **7 DAYS PRIOR** to the procedure, start a low-fiber diet.

✗ HIGH FIBER FOODS TO AVOID:

- ★ Whole grain breads, cereals, granola
★ Nuts, seeds, raw vegetables or fruit
★ Fiber supplements
★ Beans, corn/popcorn

✓ FOODS YOU MAY EAT INCLUDE:

- ★ Cream of wheat/grits, white rice, and refined pastas/noodles
★ Cooked fresh/canned vegetables as well as fruits/vegetables that have no seeds, including asparagus, beets, carrots, mushrooms, green beans, and potatoes without skin; bananas, cantaloupe and avocado
★ Chicken, fish, beef, pork, tofu, eggs

Day Before Procedure – CLEAR LIQUID DIET ONLY – NO SOLID FOODS

CLEAR LIQUID DIET INCLUDES:

✗ NO SOLID FOODS ✗

✓ Water, broth (vegetable, beef, and/or chicken), clear carbonated and non-carbonated soft drinks, Gatorade/Powerade/Propel, popsicles, Jell-O, coffee and/or tea (without milk or cream) ✓

DAY BEFORE PROCEDURE

▶ **CLEAR LIQUID DIET ONLY** – ALL DAY

See diet info above.

▶ **At 12:00 NOON :**

Take one 10oz bottle of **Magnesium Citrate**

▶ **At 6:00 PM** - Start Bottle 1 of Sutab

Finish Bottle 1 of Sutab by 9:00PM

Use the dosing instructions below

DAY OF PROCEDURE

▶ **Continue CLEAR LIQUID DIET ONLY**

▶ **At ____ AM :** (Five hours prior to arrival time)- Start Bottle 2 of Sutab

Must complete by ____ AM

Use the dosing instructions below

▶ **NO FOOD OR DRINK 2 HOURS BEFORE THE PROCEDURE**

THE EVENING BEFORE – Sutab Bottle 1

6:00 PM

- Take 4 Sutab tablets, each with a sip of water
- Fill the provided container up to the fill line with water and drink it all *immediately*



6:30 PM

- Take 4 Sutab tablets, each with a sip of water
- Fill the provided container up to the fill line with water and drink it all *immediately*



7:00 PM

- Take 4 Sutab tablets, each with a sip of water
- Fill the provided container up to the fill line with water and drink it all *immediately*

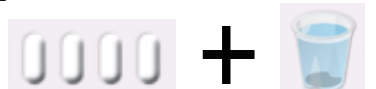


Drink ADDITIONAL water: Fill the provided container up to the fill line with water and drink it ALL. **Repeat this step.** Complete this portion of the prep by 9:00PM. **IF YOU EXPERIENCE PREPARATION-RELATED SYMPTOMS**, such as nausea, bloating, or cramping, pause or slow down the rate of drinking the additional water until your symptoms diminish.

THE MORNING OF – Sutab Bottle 2

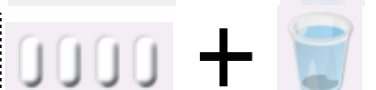
____ AM

- Take 4 Sutab tablets, each with a sip of water
- Fill the provided container up to the fill line with water and drink it all *immediately*



____ AM

- Take 4 Sutab tablets, each with a sip of water
- Fill the provided container up to the fill line with water and drink it all *immediately*



____ AM

- Take 4 Sutab tablets, each with a sip of water
- Fill the provided container up to the fill line with water and drink it all *immediately*



Drink ADDITIONAL water: Fill the provided container up to the fill line with water and drink it ALL. **Repeat this step.** Complete by ____ AM, two hours prior to procedure arrival. **IF YOU EXPERIENCE PREPARATION-RELATED SYMPTOMS**, such as nausea, bloating, or cramping, pause or slow down the rate of drinking the additional water until your symptoms diminish.

____ AM 2 hours before the procedure, NO FOOD OR DRINKS are allowed. Absolute fasting is required.