Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***You must call 48-hours in advance to reschedule or cancel or you will be charged a $150 fee.***

**IMPORTANT**

**1. NOTHING by mouth 3 hours**

**prior to your procedure:\_\_\_\_\_\_\_\_\_**

(THIS INCLUDES ANY MEDICATION! If you take blood pressure, heart or seizure medication, you MUST take it 3 hours before your procedure!)

**2. Do not consume gum, mints and/or tobacco products 3 hours prior to the procedure!**

**3. DO NOT STOP any inhalers you are prescribed.**

**Diabetics:** Day before procedure:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No diabetic medicine the day of the procedure

**Meds & Vitamins to Avoid 5 Days Prior**

(*Continue all meds unless otherwise noted)*

- Aleve, Naprosyn (naproxen) - Iron

- Motrin, Advil (ibuprofen) - Fish Oil

- Excedrin - BC Powder

- Multivitamin -Vitamin E

*Instructions for Blood Thinners & Aspirin:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Clear Liquid Diet**

- Broth

- Black Coffee (no cream/creamer)

- 7-Up or Sprite (flat)

- Tea (sweet or unsweet)

- Jell-O (green or yellow)

- Hard Candy (peppermint/butterscotch)

- Water/Flavored Water (clear)

- Fruit Juice (apple, cranberry, white grape)

- Popsicles (green or yellow)

- Powerade or Gatorade (clear, green or yellow)

- No alcohol products

Nothing red, blue or purple except cranberry/cranapple juice.

Call (601) 268-5680 if you have

questions or need to reschedule.

**Prep & Diet Instructions**

**Day Before Procedure (Morning)**

* Start clear liquid diet when you wake up
* **NO SOLID FOODS!**

**Day Before Procedure (Evening)**

* Starting at 6pm night before procedure
* **STEP 1**: Open 1 bottle of 12 tablets of SUTAB.
* **STEP 2**: Fill provided container with 16oz of water. Swallow tablets one at a time with a sip of water and drink entire 16 oz over 15-20 mins.
* **STEP 3**: 1 hour after the last tablet is ingested, drink an additional 16oz of water over the course of 30 mins.
* **STEP 4:** 30 mins after finishing 2nd container of water, fill container with additional 16oz of water and drink over 30 mins.
* A bowel movement should occur 1-2 hours later **(You must drink plenty of fluids the day before your procedure to ensure an effective prep.)**

**Morning of Procedure**

* You will ingest the 2nd bottle of 12 tablets of the prep at this time.
* Complete steps 1-4 as listed above 5-8 hours prior to procedure, but no sooner than 4 hours from starting Dose 1.
* All SUTAB tablets and required water must be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_.
* Nothing by mouth including gum, mints and/or smokeless tobacco products after time listed above.

**Other Details**

* Disregard prep instructions provided by the pharmacy.
* A licensed driver must check in with you and remain in the lobby during your procedure. If you use transportation services, you must also have a responsible adult with you for 24 hours after the procedure.
* Dress for comfort. Loose clothing, no jewelry/valuables
* Women of childbearing age are required to give

a urinalysis (pregnancy test) upon arrival

* If you are on home oxygen, please bring it with you to the procedure.
* Your prep has been sent to pharmacy on file.

**If instructions are not followed correctly, your procedure may be delayed or rescheduled.**