

!! DO NOT FOLLOW THE INSTRUCTIONS LOCATED ON THE PREP BOX !!



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DR. RAJESH PUTCHA PREP INSTRUCTIONS

Procedure Date and Time: _____

Arrival Time: _____

Facility: _____ (See MAP Attached)

☆ Do Not Eat Any Nuts, Seeds or Popcorn One Week Prior to Your Procedure ☆

Prep Instructions for Colonoscopy - SUTAB Tablet BOWEL PREP

(Prescription purchase, 2-part split dose) (24 tablets total)

Your prescription will be sent to GIA pharmacy – 682.707.3760

GIA Pharmacy will contact you to arrange payment and delivery to your home.

A) You will purchase a 238-gram (8.3 OZ) bottle of MiraLAX (over the counter) ☆

B) Day PRIOR to Procedure: You MUST be on a clear liquid diet ALL DAY. (NO SOLID FOODS)

- List of liquids: Tea, Black Coffee (no creamer), coke, sprite, diet sodas, chicken or beef broth, Jell-O, popsicles, apple juice, cranberry juice (natural red), Gatorade, Powerade, and water. **Absolutely NO RED Jell-O or RED/ PURPLE products. No Orange Juice, Milk, Milk Products, or Milk Alternatives.**
 - You will need to take any **Thyroid, Blood Pressure, Anxiety medication** and only take a **half dose** of your diabetic medication.
- C) At **6pm** complete the following 3 STEPS for part 1 of your 2-part prep. **(1 Tablet Every 5 Minutes)**
- **Open 1 bottle of 12 tablets, fill 16oz cup with water, swallow each tablet slowly (12 tabs) with sips of water within 60 minutes.**
 - **At 7:00pm, drink another 16oz of water, finish with 30 minutes**
 - **At 8:00pm, drink another 16oz of water, finish with 30 minutes**

If you become uncomfortable at any time, slow down drinking the solution or water.

- ★ At **9:00PM: MIX** one 238gram container of MiraLAX in 64 oz of water. Drink half (32oz) of this mixture for over 1 hour. **If by 10pm** you're still not passing clear liquids or have had a bowel movement drink the other half (32oz) of mixture over 1 hour.

D) Day OF Procedure 6 HOURS PRIOR TO PROCEDURE

1. At _____ **AM**, repeat ALL of Step C above, as part 2 of your prep using the other 12 tablet bottle of SUTAB
2. You **MUST** have transportation from the facility by an adult member of your family or friend, otherwise your procedure will be **Canceled**.
3. You may take your **Thyroid, Blood Pressure, and Anxiety Medication** with small sips of water no later than 2 hours prior to your procedure. **DO NOT take your diabetic medications.**
4. **Nothing by mouth 4 hours PRIOR to your procedure.**

If you are taking any **weight loss medications; Plavix, Coumadin (Warfarin), Lovenox, Eliquis, Xarelto, or any other blood thinners, notify our office (nurses) for instructions as when to **STOP** these medications before your procedure. If you are taking aspirin 325mg, switch to 81mg 7 days prior to your procedure and stay on this dose leading up to the procedure. **If you are already taking 81mg of aspirin, stay on this up until the day prior. STOP any Semaglutides, Fish Oil and Omega-3 at LEAST 7 days PRIOR to your procedure, please refer to the GLP-1 form.**

Notify Our Office If You Do NOT Have Your Prep Kit One Week Prior To Your Procedure