

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

TWO DAY PREP - SuFLAVE Prep Instructions



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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 ☆

Instructions for Colonoscopy - SUFLAVE LIQUID BOWEL PREP

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) TWO Days Prior to Procedure: You MUST be on a clear liquid diet TWO FULL DAYS PRIOR. (NO SOLID FOODS)

○ **YOU WILL REMAIN ON THE CLEAR LIQUID DIET TILL YOUR PROCEDURE IS COMPLETED.**

○ 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.**

C) Day Prior To Procedure: (You Are Still On The Clear Liquid Diet)

○ You will need to take any **Thyroid, Blood Pressure, Anxiety Medication** and only take a **half dose** of your diabetic medication.

D) At 6pm complete the following 2 STEPS for part 1 of your 2-part prep.

- Open 1 bottle and fill with lukewarm water to the fill line. Add one lemon lime flavor pack if desired. Put the cap on bottle and shake until all powder has dissolved. You may chill solution in fridge or add ice if desired. Drink 8 ounces of solution every 15 minutes until the bottle is empty.
- At 7:00pm, drink 16oz of water, finish within 30 minutes

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

★ 5. 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.

E) Day OF Procedure: 6 HOURS PRIOR TO PROCEDURE

1. At _____ AM, repeat ALL of Step D above, as part 2 of your prep using the other bottle of SuFlave
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