

SUFLAVE - COLONOSCOPY PREPARATION INSTRUCTIONS

You are scheduled for a colonoscopy:	Estimated arrival time:	
Date:	(Time of arrival will be confirmed the day before the procedure)	

- You must have a friend or family member (18 years or older) to provide transportation to and from the procedure. If you plan to take a bus, taxi, or medical transport, an adult must accompany you.
- Dress comfortably. Do not wear jewelry or bring any valuables with you. You will need a picture ID and your insurance card.
- After your arrival, anticipate being at the procedure center for 2-3 hours.

OBTAIN SUPPLIES

SUFLAVE bowel preparation (prescription only)

ONE WEEK BEFORE THE PROCEDURE

- Stop taking any iron and fiber supplements.
- DO NOT eat salads, nuts, large seeds, corn, or popcorn. Avoiding these foods will ensure your colon is cleaned out for your procedure.
- Increase fluid intake to stay well-hydrated.

MEDICATIONS:

- Take all your regular medications except:
- If you are on diabetes or weight loss medications, please refer to the last 2 pages.
- You should discuss the management of **blood thinner medications** with your prescribing doctor (Warfarin [Coumadin], Apixaban [Eliquis], Rivaroxaban [Xarelto], Clopidogrel [Plavix], Ticagrelor [Brilinta], Prasugrel [Effient], Dabigatran [Pradaxa], etc.).
- Continue taking daily Aspirin if prescribed by your doctor.
- Hold the following BLOOD PRESSURE medications the morning of the procedure:
 - Lisinopril (Prinvil, Zestril), Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec)
 - o Losartan (Cozaar), Valsartan (Diovan), Irbesartan (Avapro), Olmesartan (Benicar)
 - Any other angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARB) blood pressure medications not listed above.

DAY BEFORE THE PROCEDURE

Diet:

- You need to follow a clear liquid diet ALL DAY. No solid food. Stay well-hydrated.
- Examples of clear liquid diet (no RED or PURPLE color):
 - Clear or clear flavored drinks ONLY and without pulp (e.g., apple juice, white cranberry juice, white grape juice, iced tea, Vitamin water, Snapple, Gatorade, etc.). No orange juice.
 - Black coffee or tea (with sugar or sweetener is okay). No milk, cream, or powdered creamer.
 - Clear soup or broth only. No solids.
 - o Italian ice, popsicles, or plain Jell-O without fruits or toppings. No sherbets or fruit bars.
 - Avoid carbonated drinks if possible. If soft drinks consumed, ensure regular or diet sodas (e.g., ginger ale, cola, Sprite, 7-Up, etc.).

Preparation:

NOTE: Please follow these instructions and not the directions that come with the CLENPIQ package.

- At 6:00 PM, open one flavor-enhancing packet and pour the contents into one bottle.
- Fill the provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake until all the powder has dissolved. For the best taste, refrigerate the solution for one hour before drinking.
- Drink eight ounces of solution 15 minutes until the bottle is empty.
- Drink an additional 16 ounces of water over the next one hour.

Medications:

• Take all your medications other than the ones specified (see the last two pages).

DAY OF THE PROCEDURE

Preparation:

- <u>5 hours</u> before your scheduled arrival time, open one flavor-enhancing packet and pour the contents into one bottle.
- Fill the provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake until all the powder has dissolved. For the best taste, refrigerate the solution for one hour before drinking.
- Drink eight ounces of solution 15 minutes until the bottle is empty.
- Drink an additional 16 ounces of water over the next one hour.
- As a result of the preparation, your stool will be clear, yellow, and liquid.

Diet:

You should not have ANYTHING by mouth (other than your prep solution) after midnight. No
candy or chewing gum. Strictly avoid consuming anything by mouth for 4 hours prior to your
procedure.

Medications:

• Take your regular medications with a **sip** of water other than the ones specified (see the last two pages).

During weekday hours (8 a.m - 4:30 p.m), if you have problems with the preparation and/or have questions, call (860) 679-3238 and ask to speak with the GI nurse.

In the **evening or weekend hours**, if you experience difficulties with the preparation, call the on-call GI fellow at **(860)** 679-2626.

On the day of the procedure, if you need help with directions, call (860) 679-1252.

Frequently Asked Questions (FAQ): https://health.uconn.edu/gastroenterology/patient-care/patient-resources/colonoscopy-frequently-asked-questions/

General Guidance				
Medications	When to Hold			
Metformin (Glucophage, Glumetza, Fortamet)				
Sulfonylureas (Glyburide, Glipizide, Glimepiride)				
Thiazolidinediones (Pioglitazone / Actos,	Continue the day hefere are aready as			
Rosiglitazone / Avandia)				
Glinides (Repaglinide / Prandin, Nateglinide /				
Starlix)	Continue the day before procedure. Hold on the day of procedure.			
DPP-4 Inhibitors (Sitagliptin / <i>Januvia</i> , Saxagliptin				
/ Onglyza, Linagliptin / Tradjenta, Alogliptin /				
Nesina)				
Alpha-glucosidase Inhibitors (Acarbose / Precose,				
Miglitol / Glyset)				
Phentermine	Hold for 7 days prior to procedure.			

SGLT-2 Inhibitors				
Medications	When to Hold			
SGLT-2 Inhibitors: Jardiance (Empagliflozin),				
Farxiga (Dapagliflozin), Invokana (Canagliflozin)				
Combination medications with SGLT-2				
Inhibitors: Glyxambi (Empagliflozin-Linagliptin),	Hold for 3 days prior to procedure			
Qtern (Dapagliflozin-Saxagliptin), Synjardy	Hold for 3 days prior to procedure.			
(Empagliflozin-Metformin), Invokamet				
(Canagliflozin-Metformin), Xigduo (Dapagliflozin-				
Metformin)				
SGLT-2 Inhibitors: Steglatro (Ertugliflozin)				
Combination medications with SGLT-2	Hold for 4 days prior to procedure.			
inhibitors: Steglujan (Ertugliflozin-Sitagliptin)				

GLP-1 Agonists			
Medications	When to Hold		
Exenatide IR (Byetta)			
Liraglutide (Victoza, Saxenda)			
Lixisenatide (Adlyxin)	Taken daily to twice daily. Continue the day		
Pramlintide (Symlin)	before procedure.		
Semaglutide Oral Daily (Rybelsus)	Hold the medication on the day of procedure.		
Insulin Glargine-Lixisenatide (Soliqua)			
Insulin Degludec-Liraglutide (Xyltophy)			
Dulaglutide (Trulicity)	Taken weekly, hold the weekly dose for at least 7		
Exenatide ER (Bydureon)	days before the procedure so that you have not		
Semaglutide (Ozempic, Wegovy)	taken it for at least 7 days .		
Tirazepatide (Mounjaro, Zepbound)			

For patients taking **insulin**, please see the guidance below:

GUIDANCE FOR PATIENTS TAKING INSULIN				
Insulin Type	DAY BEFORE Procedure	MORNING OF Procedure		
SHORT/RAPID-Acting Insulin (a.k.a. Bolus) E.g. Novolog, Fiasp (Aspart), Humalog (Lispro), Apidra, Humulin R (Regular)	Take usual doses.	HOLD - Do not take any insulin.		
INTERMEDIATE-Acting Insulin (taken twice daily) E.g. Novolin-N, Humulin-N (NPH) LONG-Acting Insulin [aka Basal]	Take usual doses.	Take 50% of the usual morning dose.		
E.g. Lantus or Basaglar (Glargine), Levemir (Determir), Tresiba (Degludec), Tuojeo (Glargine)				
Taken once daily in the MORNING	Take usual morning dose.	 Type 1 DM - Take full morning dose. Type 2 DM - Take 50% of morning dose. 		
Taken once daily in the EVENING	Type 1 DM - Take full evening dose. Type 2 DM - Take 50% of evening dose.	Do not take any insulin.		
Taken TWICE DAILY	Take usual doses.	 Type 1 DM - Take full morning dose. Type 2 DM - Take 50% of morning dose. 		
If on [Basal only] OR [Basal + oral meds] AND Basal dose greater than 50 units	 If takes in the morning → Take usual dose. If takes in the evening → Decrease dose by 50%. 	 Type 1 DM - Take full morning dose. Type 2 DM - Take 50% of morning dose. AND 		
Pre-Mixed Insulins (e.g. 70/30; 75/25; 50/50) (taken twice daily)	Take usual doses (last evening dose should be taken before 6 PM and NOT missed).	 Hold any oral diabetes meds. Type 1 DM – Obtain a plan from a primary prescriber. Type 2 DM - HOLD pre-mixed insulins. 		
Insulin Pump* (Must have a clear plan from a primary endocrinologist and bring adequate supplies)	Maintain usual meal plan and basal rate.	 HbA1c >7: Maintain basal rate on day of procedure. HbA1c <7: Decrease basal rate to 50% on day of procedure. 		

^{*}For **insulin pump** patients, the above guidelines should be **individualized** and they should **receive instructions from their endocrinologist**.