

## **SUTAB - 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.

### **PURCHASE SUPPLIES**

**SUTAB** tablets (prescription only) **\*If you are having an upper endoscopy performed at the same time, please ask for a different bowel preparation.\***

### **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 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 (*Prinivil*, *Zestril*), Benazepril (*Lotensin*), Captopril (*Capoten*), Enalapril (*Vasotec*)
  - Losartan (*Cozaar*), Valsartan (*Diovan*), Irbesartan (*Avapro*), Olmesartan (*Benicar*)
  - OR any other angiotensin-converting enzyme (ACE) inhibitors/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.
  - Italian ice, popsicles, or plain Jell-O without fruits or toppings. No sherbets or fruit bars.
  - Avoid carbonated drinks if possible. If soft drinks are 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 SUTAB kit.

- At **5:00 PM**, take **12 SUTAB** tablets with 16 ounces of water. Swallow one tablet every 1 to 2 minutes. You should finish the 12 tablets and the entire 16 ounces of water within 20 minutes.
- 1 hour after the last tablet is ingested, drink another 16 ounces of water over 30 minutes.
- 30 minutes after finishing the second 16 ounces of water, drink another 16 ounces of water over 30 minutes.

### *Medications:*

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

- Do not take other laxatives while taking SUTAB.
- Do not take oral medications within 1 hour of starting each dose of SUTAB.
- If taking tetracycline or fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB.

## DAY OF THE PROCEDURE

### *Preparation:*

- 7 hours before your scheduled arrival time, take **12 SUTAB** tablets with 16 ounces of water. Swallow a tablet every 1-2 minutes. You should finish the 12 tablets and the entire 16 ounces of water within 20 minutes.
- 1 hour after the last tablet is ingested, drink another 16 ounces of water within 30 minutes.

- 30 minutes after finishing the second 16 ounces of water, drink another 16 ounces of water within 30 minutes.
- As a result of the preparation, your stool will be clear, yellow, and in a liquid form.

*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 on the weekend**, if you experience difficulties with the preparation, you can contact 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
<b>Metformin</b> ( <i>Glucophage, Glumetza, Fortamet</i> )	Continue the day before procedure. Hold on the <b>day of</b> procedure.
<b>Sulfonylureas</b> (Glyburide, Glipizide, Glimepiride)	
<b>Thiazolidinediones</b> (Pioglitazone / <i>Actos</i> , Rosiglitazone / <i>Avandia</i> )	
<b>Glinides</b> (Repaglinide / <i>Prandin</i> , Nateglinide / <i>Starlix</i> )	
<b>DPP-4 Inhibitors</b> (Sitagliptin / <i>Januvia</i> , Saxagliptin / <i>Onglyza</i> , Linagliptin / <i>Tradjenta</i> , Alogliptin / <i>Nesina</i> )	
<b>Alpha-glucosidase Inhibitors</b> (Acarbose / <i>Precose</i> , Miglitol / <i>Glyset</i> )	Hold for <b>7 days</b> prior to procedure.
<b>Phentermine</b>	

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

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

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

GUIDANCE FOR PATIENTS TAKING INSULIN		
Insulin Type	DAY BEFORE Procedure	MORNING OF Procedure
<b>SHORT/RAPID-Acting Insulin</b> (a.k.a. Bolus) E.g. Novolog, Fiasp ( <i>Aspart</i> ), Humalog ( <i>Lispro</i> ), Apidra, Humulin R ( <i>Regular</i> )	Take <b>usual doses</b> .	<b>HOLD</b> - Do not take any insulin.
<b>INTERMEDIATE-Acting Insulin</b> ( <i>taken twice daily</i> ) E.g. Novolin-N, Humulin-N (NPH)	Take <b>usual doses</b> .	Take <b>50%</b> of the usual morning dose.
<b>LONG-Acting Insulin [aka Basal]</b> E.g. Lantus or Basaglar ( <i>Glargine</i> ), Levemir ( <i>Determir</i> ), Tresiba ( <i>Degludec</i> ), Tuojeo ( <i>Glargine</i> )		
• Taken <b>once daily</b> in the <b>MORNING</b>	Take <b>usual morning dose</b> .	<ul style="list-style-type: none"> <li>• <b>Type 1 DM</b> - Take <b>full</b> morning dose.</li> <li>• <b>Type 2 DM</b> - Take <b>50% of morning dose</b>.</li> </ul>
• Taken <b>once daily</b> in the <b>EVENING</b>	<b>Type 1 DM</b> - Take <b>full evening dose</b> . <b>Type 2 DM</b> - Take <b>50% of evening dose</b> .	<b>Do not take any insulin.</b>
• Taken <b>TWICE DAILY</b>	Take <b>usual doses</b> .	<ul style="list-style-type: none"> <li>• <b>Type 1 DM</b> - Take <b>full</b> morning dose.</li> <li>• <b>Type 2 DM</b> - Take <b>50% of morning dose</b>.</li> </ul>
<ul style="list-style-type: none"> <li>• If on [<b>Basal only</b>] OR [<b>Basal + oral meds</b>] <b>AND</b></li> <li>• Basal dose greater than 50 units</li> </ul>	<ul style="list-style-type: none"> <li>• If takes in the <b>morning</b> → Take <b>usual dose</b>.</li> <li>• If takes in the <b>evening</b> → <b>Decrease dose by 50%</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Type 1 DM</b> - Take <b>full</b> morning dose.</li> <li>• <b>Type 2 DM</b> - Take <b>50% of morning dose. AND</b></li> <li>• <b>Hold any oral diabetes meds.</b></li> </ul>
<b>Pre-Mixed Insulins</b> (e.g. 70/30; 75/25; 50/50) ( <i>taken twice daily</i> )	Take <b>usual doses</b> ( <i>last evening dose should be taken before 6 PM and NOT missed</i> ).	<ul style="list-style-type: none"> <li>• <b>Type 1 DM</b> - Obtain a plan from a primary prescriber.</li> <li>• <b>Type 2 DM</b> - <b>HOLD</b> pre-mixed insulins.</li> </ul>
<b>Insulin Pump*</b> ( <i>Must have a clear plan from a primary endocrinologist and bring adequate supplies</i> )	Maintain usual meal plan and <b>basal rate</b> .	<ul style="list-style-type: none"> <li>• <b>HbA1c &gt;7: Maintain</b> basal rate on day of procedure.</li> <li>• <b>HbA1c &lt;7: Decrease</b> basal rate to <b>50%</b> on day of procedure.</li> </ul>

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