INTERNAL MEDICINE ASSOCIATES LLC

DR SAHAGUN'S SUTAB AND 2 DAY CLEAR LIQUIDS INSTRUCTIONS

Have you had a heart attack within the last year?	**☐ Yes**	**☐ No**
Do you have any heart or blood vessel (vascular) stents?	**☐ Yes**	**☐ No**
Have you had any blood clots within the last year?	**☐ Yes**	**☐ No**
Have you recently had a medical procedure done?	**☐ Yes**	**☐ No**
Are you on any blood thinning medications such as Plavix (Clopidogrel), Coumadin (Warfarin), Lovenox (Enoxaparin), Eliquis or Pradaxa?	**☐ Yes**	**☐ No**

7 DAYS BEFORE THE PROCEDURE

- **STOP** taking iron containing products, such as multivitamin with iron.
- **STOP** eating foods with seeds, nuts, popcorn, etc.
- **STOP** eating all green leafy green vegetables (spinach, kale, cabbage, lettuce)
- **STOP** all GLP-1 agonist medication such as Ozempic, Rybelsus, Trulicity, Mounjaro, etc. If you take this medication for diabetes, please contact your managing provider for guidance on preventing hyperglycemia.

5 DAYS BEFORE THE PROCEDURE

- **STOP** taking herbal supplements, such as ginger/garlic pills, ginseng, etc.
- **STOP** taking any non-steroidal, anti-inflammatory medication such as Ibuprofen, Motrin, Advil, Naproxen, Aleve, etc. You may continue to take Tylenol.
- Please check with the prescribing physician if on any blood thinners.
- If you are unsure about the medications you are taking, please call your prescribing Doctor's office for clarification.

2 DAYS BEFORE PROCEDURE

- **STOP ALL SOLID FOOD.** You may only have clear liquids starting when you get out of bed in the morning. Please see clear liquid guidelines.

1 DAY BEFORE THE PROCEDURE

- **Continue on your clear liquid diet**. Please see clear liquid guidelines.
- At **5:00pm** follow mixing and dosing instructions for Sutab on the next page. Then continue on the clear liquid diet until midnight.

ON THE DAY OF YOUR PROCEDURE

- **6 HOURS PRIOR TO THE PROCEDURE** drink the 2nd dose of Sutab by following the mixing dosing instructions on the next page, Then NOTHING BY MOUTH 4 hours prior to your procedure.
- Only blood pressure and heart medications may be taken the morning of the procedure with the smallest amount of water possible.

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SUTAB®

(sodium sulfate, magnesium sulfate, and potassium chloride) Tablets

1.479 g/0.225 g/0.188 g

The Dosing Regimen

SUTAB is a split-dose (2-day) regimen. A total of 24 tablets is required for complete preparation for colonoscopy. You will take the tablets in two doses of 12 tablets each. Water must be consumed with each dose of SUTAB, and additional water must be consumed after each dose.

DAY 1, DOSE 1—The day **BEFORE** your colonoscopy

Swallow the 12 tablets with the first 16 ounces of water

STEP 1 Open 1 bottle of 12 tablets.

STEP 2 Fill the provided container with 16 ounces of water (up to the fill line). **Swallow 1 tablet every 1 to 2 minutes. You should finish the 12 tablets and the entire 16 ounces of water within 20 minutes.**

Tablets not shown actual size.

IMPORTANT: If you experience preparation-related symptoms (for example, nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.

Drink the additional two 16 ounces of water

STEP 3 Approximately **1 hour** after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

STEP 4 Approximately **30 minutes** after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

DAY 2, DOSE 2—The day **OF** your colonoscopy

Swallow the other 12 tablets with another 16 ounces of water

- The day of your colonoscopy (5 to 8 hours prior to your colonoscopy and no sooner than 4 hours from starting Dose 1), open the second bottle of 12 tablets.
- Repeat STEP 1 to STEP 4 from DAY 1, DOSE 1.

Tablets not shown actual size.

IMPORTANT: You must swallow all tablets and drink all the water at least 2 hours before your colonoscopy.

Note

- SUTAB is an osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.
- Be sure to tell your doctor about all the medicines you take, including prescription and non-prescription medicir vitamins, and herbal supplements. SUTAB may affect hov other medicines work.
- Medication taken by mouth may not be absorbed prope when taken within 1 hour before the start of each dose o SUTAB.
- The most common adverse reactions after administratior of SUTAB were nausea, abdominal distension, vomiting, and upper abdominal pain.
- Contact your healthcare provider if you develop significa vomiting or signs of dehydration after taking SUTAB or if you experience cardiac arrhythmias or seizures.
- If you have any questions about taking SUTAB, call your doctor.

To learn more about this product, call 1-800-874-6756.

Please read the full Prescribing Information and Medication Guide in the kit.

Provided as an educational service from Braintree

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CLEAR LIQUID GUIDELINES

START LIQUID DIET 2 DAYS BEFORE YOUR PROCEDURE

BLACK COFFEE, HOT OR ICED TEA

(NO ESPRESSO, CREAM OR DAIRY)

7-UP, SPRITE, GINGER ALE

APPLE JUICE OR WHITE GRAPE JUICE

CHICKEN OR BEEF BROTH – NO CREAM OR DAIRY SOUPS

JELLO – LEMON OR LIME ONLY

POPSICLES – LEMON OR LIME ONLY

GATORADE – LEMON OR LIME OR CLEAR ONLY

WATER

ANYTHING YOU CAN SEE THROUGH SHOULD BE OKAY, AS LONG AS IT HAS NO PARTICLES. IF YOU ARE UNSURE OF SOMETHING, PLEASE FOLLOW THE ABOVE GUIDELINES OR CALL OUT OFFICE WITH QUESTIONS. MONDAY-FRIDAY 8AM-5PM (907) 276-2811

NO SOLID FOOD. NO DAIRY. NO ALCOHOL. NOTHING BLUE, PURPLE, RED OR ORANGE COLORED.

You are required to arrange a driver for your procedure. You should not work, drive or make any major decisions for up to 12 hrs after your procedure. For your safety, you cannot be released to a taxicab. To avoid cancellation, please ensure you have a reliable driver arranged prior to your procedure date.

FAILURE TO FOLLOW THESE INSTRUCTIONS COULD RESULT IN CANCELLATION OF YOUR PROCEDURE AS WELL AS A $250.00 FEE.

Thank you for affording us the opportunity to provide you with our healthcare services.

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