

SUFLAVE BOWEL INSTRUCTIONS FOR YOUR COLONOSCOPY

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You are scheduled for a Colonoscopy with Dr. Arenas at the following facility:

- MSC
 TMC GI
 St Joseph GI

You must have a responsible driver to take you home after your procedure. This **DOES NOT INCLUDE** cab, UBER, or the equivalent thereof. Medical Transportation services are acceptable. If you cannot arrange for a responsible individual to take you home, please notify Mesquite Gastroenterology or Surgery Center. **If you arrive at the Surgery Center without acceptable transportation your procedure will be postponed.**

- A prescription will be called into your pharmacy to purchase the **SUFLAVE BOWEL Preparation Kit**. Please be advised that these instructions are different from the SUFLAVE package instructions.
- Arrive a half-hour prior to your procedure time at Mesquite. If scheduled at TMC or St. Josephs, arrive 1 hour prior to your procedure time.
- If you have any questions about these instructions, please contact our office at **520-722-0744 EXT. 214**

2 DAYS BEFORE COLONOSCOPY PROCEDURE: PLEASE FOLLOW LOW-FIBER DIET

Listed are some examples of food options that are okay to eat during your low fiber diet.

Milk & Dairy	Milk, cream, hot chocolate, buttermilk, yogurt, cheese including cottage cheese, sour cream
Breads & Grains	Breads and grains made with refined white flour (including rolls, muffins, bagels, pasta); white rice, plain crackers such as Saltines, low fiber cereal (including puffed rice, cream of wheat, corn flakes)
Fats & oils	Butter, margarine, vegetable and other oils, mayonnaise, salad dressings made without seeds or nuts
Meats	Chicken, turkey, lamb, lean pork, veal, fish and seafood, tofu
Soups	Broth, bouillon, consommé, and strained soups
Desserts	Custard, plain pudding, ice cream, sherbet or sorbet, Jell-O, or gelatin without added fruit or red/purple dye , cookies or cake made with white flour, prepared without seeds, dried fruit or nuts
Beverages	Coffee, tea, hot chocolate or cocoa, clear fruit drinks (NO PULP), soft carbonated drinks, Ensure, Boost, or Enlive without added fiber
Other	Sugar, salt, jelly, honey, syrup, lemon juice

2 WEEKS BEFORE YOUR PROCEDURE	<ul style="list-style-type: none"> • Stop taking Phentermine, Phendimetrazine, or Benzphetamine
7 DAYS BEFORE YOUR PROCEDURE	<ul style="list-style-type: none"> • If you are taking Ozempic, Rybelsus, Mounjaro, Wegovy or other semaglutide containing medications an injection, hold until after your procedure. Oral doses need to be held 24 hours prior to the procedure.
5 DAYS BEFORE PROCEDURE	<ul style="list-style-type: none"> • <u>You must stop taking the following medications:</u> (If cleared by your Primary Care Physician or Cardiologist): Aspirin, NSAIDS (Advil, Ibuprofen, Celebrex, Naproxen, Meloxicam, Diclofenac Aleve) Coumadin, Elixquis, Heparin, Pradaxa, Plavix, Clopidogrel, Xarelto, or other blood thinners. If you must continue, please let us know. • <u>STOP any bulking agents and vitamin supplements:</u> Metamucil, Citrucel, Gemfibrozil, Ginseng, Ginkgo, Garlic tablets, Vitamin E, Multi Vitamins, Fish Oil, and Iron supplements. • Tylenol is acceptable to take during this time. • <u>If diabetic and taking Steglatro, stop taking 4 days before your procedure. If you take Invokana, Farxiga or Jardiance stop at 3 days before your procedure.</u>
2 DAYS BEFORE PROCEDURE	<p>Start a low fiber diet. (No whole grain, raw vegetables, fruit, nuts, popcorn, or seeds of any kind, etc.)</p> <p><u>Take two doses of Miralax powder laxative (1 oz total) around 4:00PM. This is an over-the-counter laxative.</u></p> <ul style="list-style-type: none"> - Stir and dissolve in 8-12 oz of water or clear beverage - Individual responses to laxatives vary. Remain close to a toilet, as multiple bowel movements will occur.
DAY BEFORE PROCEDURE	<p>CLEAR LIQUID DIET ALL DAY (liquids you can see through) which includes: Beverages: Any soft drinks, Gatorade, Kool-Aid, fruit juices NO PULP (apple, white grape, lemonade, etc.), water, tea, coffee. SOUPS: low sodium chicken, beef or vegetable bouillon or broth. OTHER: Hard candies, Jell-O (no fruit or toppings), Popsicles (no sherbets, ice cream or fruit bars) <u>NO DAIRY PRODUCTS, OR ANYTHING THAT IS RED OR PURPLE IN COLOR</u></p> <ul style="list-style-type: none"> • Breakfast, lunch, and Dinner- LIQUID DIET ONLY, drink all the clear liquids you want. NO SOLID FOOD! • Take any heart, blood pressure, seizure, or other necessary medications as usual. • Insulin dependent diabetics should take ½ the usual dose of Insulin the day before your procedure and ½ the usual dose on the day of your procedure. Continue to monitor blood sugar throughout your prep process.
EVENING BEFORE	<p>AT 4PM START YOUR LAXATIVE PREPARATION</p> <ul style="list-style-type: none"> • Add one of the provided flavor packets to one of the bottles of SUFLAVE. Add lukewarm water to the marked fill line on the bottle, re-cap and gently shake until powder has dissolved. • Mixed bottle can be refrigerated to chill, if desired. • Drink 8 ounces of the solution every 15 minutes until the bottle is empty . • You must drink an additional 16 ounces of water throughout the evening. • Continue your clear liquid diet, drink as much clear liquids as you like until bedtime. NO SOLID FOOD!
THE MORNING OF YOUR PROCEDURE	<ul style="list-style-type: none"> • DO NOT chew any gum, suck on hard candies, mints or use chewing tobacco. • At _____ (at least 6 hours prior to your procedure) Add the last flavor packet (if desired) into the remaining bottle of SUFLAVE, fill with water to the marked line, and shake to mix. • Drink the entire contents of the bottle within the next hour, and drink an additional 16 ounces of water no later than 4 hours before your procedure. • Take any heart, blood pressure, seizure, or other necessary medications 4 hours before you procedure (with water only). • STOP DRINKING WATER 4 HOURS BEFORE YOUR PROCEDURE. • Nothing else to drink until after your procedure. • Please bring a list of medications with you. • Please come prepared to pay your outpatient procedure co-pay. Check with your insurance for your required amount.