



Sutab Prep Method

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Your procedure is scheduled for:

Date: _____

Time: _____

Arrival Time: __One hour prior to your procedure time__

Your procedure will be performed at: **Bethesda Endoscopy Center:**

6100 Executive Blvd

Suite 300

Rockville, MD 20852

301-530-2800

Please arrange for someone to drive you home after the procedure. You will not be allowed to leave alone if you have any type of sedation. If you have no one to take you home, you may arrange for the following private company to provide service:

RMS contact Randy -301-946-8848 or 202-245-2845

For questions or schedule changes contact Rockville Internal Medicine Group @ 301-762-5020 ext. 3056

Note: If you are canceling the night before your procedure, contact the endoscopy center directly and leave a message 301-530-2800 (There is a cancellation fee of 150.00 if you don't give 7 day notice).

If constipated take an over the counter stool softener 3 days prior to your procedure

Preparations for the Colonoscopy

SuTab Kit (prescription is needed).

Part 1- The Day Before: AT 5 PM

Most patients have a bowel movement 3-4 hours after start of the prep but if you are constipated, it may take 6-8 hrs (overnight)

Step 1-Open 1 bottle of 12 tablets

Step 2: Fill the provided container with 16oz of water (up to the fill line) Swallow each tablet with a sip of water, and drink the entire amount of water over 15-20 minutes.

Step 3: You must drink two more 16 oz. containers of water (clear liquids) over the next hour.

Part 2- The Day of Your Procedure.

5 HOURS BEFORE your procedure time you repeat the same steps as part 1.

Step 1: -Open the 2nd bottle of 12 tablets

Step 2: Fill the provided container with 16oz of water (up to the fill line) Swallow each tablet with a sip of water, and drink the entire amount of water over 15-20 minutes.

Step 3: You must drink two more 16 oz. containers of water (clear liquids) over the next hour.

Nothing by mouth 3 hours before your procedure includes water, gum, candy, mints

otherwise your procedure will be canceled or delayed.

DIET/CLEAR LIQUID LIST- SEE ATTACHED

MEDICATION INSTRUCTION SHEET- SEE ATTACHED