



NORTH VALLEY GASTROENTEROLOGY MEDICAL GROUP
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YOUR PHYSICIAN: DR. CHOW DR. DOMA DR. KIM DR. KAPOOR

SUTAB PREPARATION

Patient Name: _____ Date of Procedure: _____ Time: _____

Place: The Endoscopy Center Rideout Memorial Hospital

IF YOUR PROCEDURE IS AT THE ENDOSCOPY CENTER: PLEASE READ RIGHT AWAY!

1. Call your insurance company to verify benefits at The Endoscopy Center.
2. Please do not arrive any earlier than your scheduled time, as a bed may not be available. Doors open at 6:30am.
3. Your procedure will start approximately 30 minutes after your scheduled arrival time.
4. Your length of stay will be approximately 2 hours.
5. You will need to bring a list of all medications taken in the past 30 days.
6. If you wear reading glasses, please bring them. You need them to read your consent and discharge instructions.
7. Wear comfortable clothing- you will be given a patient gown to wear for the procedure.
8. It would be best to leave your valuables at home.
9. If you normally wear a pad for urine or stool incontinence, you may want to do so after the procedure.

SPECIAL INSTRUCTIONS AND RESTRICTIONS:

1. **NO ASPIRIN**, 7 days prior to or 2 weeks after procedure. This includes all Alka-Seltzer + Arthritis medications (e.g. Advil, Motrin, Plavix, etc. unless cleared by your doctor. Tylenol is allowed. Let your doctor know if you are on any blood thinners such as Coumadin.) **PLEASE CALL TO CLARIFY ANY QUESTIONS.**
2. **ON THE DAY OF YOUR PROCEDURE DO TAKE YOUR BLOOD PRESSURE AND HEART MEDICATIONS.**
3. If you take **INSULIN**, **DO NOT TAKE IT** until **AFTER** your procedure.
4. Please bring only ONE person as space is limited. **CHILDREN ARE NOT ALLOWED.**
5. **YOU WILL NEED A DRIVER** the day of your procedure and someone to stay with you. You will be sedated for your procedure and likely to be sleepy. You **MUST NOT DRIVE** (it is illegal and unsafe), operate machinery, use stove/oven, make important decisions, or sign important papers for 24 hours. (We cannot send you home in a taxi.)
6. Your Physician will speak to you and your driver between procedures. Because of the medication you may not remember your doctor talking to you. This makes it very important that your driver be present to hear what the doctor has to say.

DAY BEFORE THE PROCEDURE:

1. Clear liquids or broth may be taken all day long. Black coffee, tea, soda, apple juice, popsicles or Jell-O is allowed (No red Jell-O).
2. Do not have any milk or milk products.
3. **Do not have anything colored Red!!**

At 3pm, the night before;

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 each tablet with a sip of water and drink the entire amount over 15 to 20 minutes.

- If you become uncomfortable, take the tablets and water slower.

Step 3: Approximately 1 hour after the last tablet is swallowed fill the provided container a second time (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.

The morning of the procedure, 5 hours before leaving your house

Step1: Repeat steps 1-4

IF YOU VOMIT OR CAN'T TAKE THE SUTAB, PLEASE CALL THE OFFICE RIGHT AWAY AT (530) 671-3671. If it's after business hours leave a message with the answering service.