

PROCEDURE DATE: _____ DOCTOR: _____

ARRIVAL TIME: _____ PROCEDURE TIME: _____

Welcome to our practice! We are delighted to have you here. To ensure that your procedure goes smoothly, **PLEASE READ THE FOLLOWING INFORMATION IN ITS ENTIRETY, WHEN YOU RECEIVE YOUR PACKET.**

Procedure Locations:

Procedures **ARE NOT** performed in our office

- Alabama Digestive Health & Endoscopy Center (ADHEC)**
Address: 513 Brookwood Blvd, Suite 400, Birmingham, AL 35209
- Grandview Endoscopy Center (Physician's Plaza I)**
Address: 3686 Grandview Parkway #610., Birmingham, AL, 35243
- Grandview Medical Center**
3690 Grandview Parkway, 4th Floor "Outpatient Surgical Services", Birmingham, AL. 35243
- Outpatient Services East (OSE)**
FACILITY WILL CALL YOU THE DAY BEFORE WITH THE ARRIVAL TIME
Address: 52 Medical Park Dr E #401, Birmingham, AL 35235
- Prattville Baptist Medical Center (Outpatient Registration)**
FACILITY WILL CALL YOU THE DAY BEFORE WITH THE ARRIVAL TIME
Address: 124 S. Memorial Dr., Prattville, AL 36067
- Shelby Ambulatory Surgery Center (Located in the Physician's Center)**
Address: 1010 1st Street North #140., Alabaster, AL 35007
- St. Vincent's St. Clair**
FACILITY WILL CALL YOU THE DAY BEFORE WITH THE ARRIVAL TIME
Address: 7063 Veterans Parkway, Pell City, AL 35125

Procedure Checklist:

- Arrange for a driver to stay the duration of your procedure (approximately 2-4 hours) as you CANNOT be dropped off.
- Bring your driver's license and insurance card.
- Bring a current list of your medications.
- Do not bring valuables and please remove all jewelry before arriving at the procedure center.
- Please do not wear lotion or perfume.
- Wear comfortable, loose-fitting clothing to your procedure.

IMPORTANT INFORMATION

-Please contact our office if you take a **blood thinner** and have not been instructed when to hold this medication.

- On the morning of your procedure, you may take your **heart, seizure, blood pressure, and reflux medications** with a **sip of water**.

- **Do not** use any of the following products 6 hours prior to your arrival: **cigarette, dip, or vape**.

- If you currently take or start taking any **GLP-1** medications, orally or by injection, for weight loss or diabetes and have not been instructed when to stop taking them, please contact our office.

DAILY MEDICATIONS	Adlyxin (Lixisenatide)	Byetta (Exenatide)	Rybelsus (Semaglutide)	Saxenda (Liraglutide)	Victoza (Liraglutide)
WEEKLY MEDICATIONS	Bydureon (Exenatide)	Mounjaro or Zepbound (Tirzepatide)	Ozempic (Semaglutide)	Trulicity (Dulaglutide)	Wegovy (Semaglutide)

- For patients that take GLP-1 medications **DAILY**, hold the medication the **DAY** of the procedure
- For patients that take GLP-1 medications **WEEKLY**, hold the medication **8 DAYS** prior to the procedure

- **If you have diabetes:** Check with your physician regarding your dose of insulin and other diabetic medications needed the day before and the day of your procedure. Typically, we recommend that you do not take your oral hypoglycemic or insulin the morning of your procedure. Check your blood sugar frequently while taking the prep solution and the morning of your procedure.

If you have any questions, please call your provider's office.

Timeline for Colonoscopy

Shopping List:

- **Please go ahead and purchase your Prep / have your prep prescription filled. Even if this appointment is several months ahead.**
- Plan a trip to the grocery store to stock up on the low-fiber, low-residue foods listed in this packet as well as the ALLOWED clear liquids (see below)
- Due to frequent trips to the bathroom, moist toilet paper wipes and Vaseline, Desitin or Calmoseptine may help soothe a sore bottom
- Drinking straws may help with the prep intake (they help bypass the taste buds on the front of the tongue)
- Anti-gas tablets (Gas-X, etc.) may help with the bloating

Clear Liquids Allowed:

- Gatorade or PowerAde (no red or purple)
- Clear fruit juices (white grape juice or apple juice)
- Water
- Kool-Aid (no red or purple)
- Clear soup (broth or bouillon)
- Popsicles (no red or purple)
- Tea or coffee (no cream or milk)
- Jello-O (no red or purple)
- 7-Up, Sprite, Pepsi/Coke-Diet or Regular, Ginger Ale
- Boose Breeze or Ensure Clear (dairy-free)

5 Days Prior to Your Procedure

- Stop taking any iron, fiber, herbal supplements, or multivitamins
- Stop taking aspirin that is not prescribed by a doctor for a specific medical reason.

3 Days Prior to Your Procedure

Start the Low Residue Diet below. Following this diet will help your doctor see as much of your colon as possible. Residue on the colon may make it difficult to detect possibly cancerous polyps and lesions.

Low Residue Diet with foods to AVOID

- Corn of ANY kind
- Raw or dried fruits and vegetables, especially anything containing seeds, skins, stalks, or pulp:
 - salads, broccoli, brussels sprouts, cauliflower, cabbage, onions, asparagus, raw carrots, tomatoes, okra, cucumbers, squash, etc.
 - berries, oranges, grapefruit, kiwi, apple skins, prunes, figs, dates, raisins

Fruit juice with pulp (including prune juice)

- Peas and beans (black-eyed peas, black, lima, pinto, butter, navy, northern beans, etc.)
- Seeds: sunflower seeds, sesame seeds (including hamburger buns)
- Nuts: peanuts, walnuts, pecans, almonds, pistachios, etc.
- Bread products containing whole grains and/or bran:
 - multi-grain bread, whole wheat bread or crackers
 - any breads or crackers containing nuts, seeds, or fruit
 - granola, high fiber cereals, oatmeal, cereal with seeds, nuts, dried fruit, or coconut
- Tough, fibrous meats

Low Residue Diet with RECOMMENDED Foods:

- Strained juices (no pulp), coffee, tea, carbonated beverages, milk
- Ripe bananas
- Tender **cooked** and canned vegetables without skins or seeds: carrots, asparagus tips (no stalks), green beans, spinach
- Well-cooked tender meats such as beef, lamb, ham, pork, fish, chicken
- Smooth (not chunky) peanut butter
- White breads (avoid multi-grain or anything with seeds) including rolls, biscuits, muffins, crackers, waffles
- White rice, pasta, potatoes (without skin)
- Low fiber cereals (Rice Krispies, Corn Flakes, etc.)
- Bouillon, broth, cream soups, soups made with approved vegetables
- Eggs, yogurt, cheese, cottage cheese
- Sorbet, popsicles, ice cream

1 Day Before Your Procedure:

The Day Before The Colonoscopy

***** Clear Liquids Only *****

DO NOT EAT ANY SOLID FOOD - BEGIN CLEAR LIQUID DIET

NO ICE CREAM, NO YOGURT, NO MILKSHAKES, NO SMOOTHIES, NO ALCOHOL

CLEAR LIQUIDS ONLY - ALL Day

Examples of Clear Liquids

- Clear chicken or beef broth (Consommé)
- Popsicles **EXCEPT** red, purple, or blue
- Coconut Water - NOT Coconut Milk
- Apple juice or White grape juice **ONLY**
 - **NO OTHER JUICES**
- Coffee and Tea - **NO cream or dairy products**
- Gatorade - **NO** red, purple, or blue
- Soft Drinks - **NO** red, purple, or blue
- Crystal Light, Kool-Aid, etc. - **NO** red, purple, or blue
- Jell-O - **NO** red, purple, or blue
- Hard Candy - **No** Red, Orange, Purple, Blue

SUTAB Prep Instructions

What you will need to purchase:

- 4 Simethicone (Gas-X) 160mg or 180mg tablets/soft gets (this can be purchased over the counter)
- Make sure you have your prep RX filled

The day before your procedure:

- Take 2 tablets of Simethicone (Gas-X) 160mg or 180mg right before drinking your prep.
- At 6:00 P.M. open 1 bottle of 12 tablets. Fill the provided container with 16oz of water (up to the fill line). Swallow each tablet one at a time with a sip of water waiting 2 minutes between each pill and drink the entire amount of water over 15-20 minutes.
- Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16oz of water (up to the fill line), and drink the entire amount over 30 minutes.
- Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 oz of water (up to the fill line), and drink the entire amount over 30 minutes.
- Continue **CLEAR LIQUID DIET** until midnight.

After Midnight on the morning of your procedure:

- **NOTHING** to eat or drink other than the prep and required water.
- Take 2 tablets of Simethicone (Gas-X) 160mg or 180mg right before drinking your prep.
- **5 HOURS BEFORE YOUR PROCEDURE ARRIVAL TIME** open the second bottle of 12 tablets. Fill the provided container with 16oz of water (up to the fill line). Swallow each tablet one at a time with a sip of water waiting 2 minutes between each pill and drink the entire amount of water over 15-20 minutes.
- Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16oz of water (up to the fill line), & drink the entire amount over 30 minutes.
- Approximately 30 minutes after finishing the second container of water, fill the provided container with 16oz of water (up to the fill line), & drink the entire amount over 30 minutes. You must complete all SUTAB tablets & required water at least 3 hours before the procedure.
- If you normally take medication for blood pressure, reflux, seizures, pain, anxiety or breathing problems in the morning, take these with a sip of water just before leaving the house.

IF YOU ARE A TOBACCO USER OR VAPE, DO NOT USE ANY TOBACCO PRODUCTS (CIGARETTES/DIP) OR VAPE 6 HOURS PRIOR TO ARRIVING!