DHI Digestive Health Institute
A Pinnacle GI Partner

(517) 332-1200
michigangastro.com

Procedure Date: _____

Appointment Details: _____

Physician: _____

Scheduler: _____

Location:

☐ **Lansing Surgery Center**
1707 Lake Lansing Rd,
Lansing, MI 48912

☐ **McLaren Outpatient Care Center**
3520 Forest Rd,
Lansing, MI 48910

Colonoscopy -Suflave-Split Prep

The purpose of this procedure is to directly visualize the mucosal lining of the colon in order to inspect for disease. The principal risk of colonoscopy is the remote possibility of perforation. Immediately prior to the passage of the instrument, you may be given intravenous Demerol, Versed, or Propofol. If you are allergic to any of these, latex or eggs please be certain you have notified the scheduler. The administering physician will discuss the risks of sedation with you at the facility.

Important Medication Instructions

- Do not take blood thinners, (Aggrenox, Plavix, Effient, Pradaxa, Lovenox, Ticlid, Coumadin, Trental, Persantine, Heparin, or Fragmin) please be certain you have notified the scheduler.
- **YOU MUST DISCONTINUE ANY DIET MEDICATIONS OR WEEKLY INJECTABLE DIABETIC MEDICATIONS (OZEMPIC, TRULICITY, MOUNJARO, ETC) 7 DAYS PRIOR TO PROCEDURE. IF YOU SUSPECT YOU MAY BE ON ONE, PLEASE ENSURE YOU HAVE NOTIFIED YOUR SCHEDULER.**

****FAILURE TO HOLD MEDICATIONS TO GUIDELINE REQUIREMENTS WILL RESULT IN CANCELLATION OF YOUR PROCEDURE.**

Medication Hold List

HOLD _____ STARTING _____ UNTIL AFTER PROCEDURE.

HOLD _____ STARTING _____ UNTIL AFTER PROCEDURE.

Labs

Please have any ordered blood work drawn 24-48 hours before procedure.

☐ A requisition for your blood work has been sent to the lab.

☐ You do not need blood work at this time.

☐ Please complete requested blood work before your follow up.

Note: Female patients of menstruating years will be required to provide a urine specimen when you arrive to the hospital/facility.

7 Days
before your appointment

Check the Medication Hold List and stop taking medications on listed days.

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5 Days
before your appointment

Please refrain from eating whole nuts, seeds or corn.
You will also need to stop taking fiber and iron supplements.
Increase your hydration with electrolyte rich fluids like: Propel, Gatorade, Powerade, Liquid IV, Pedialyte

1 Day
before your appointment

1. You are required to be on a **CLEAR LIQUID DIET ALL DAY. (This starts at 12:00 A.M. or when you wake up in the morning). NO SOLID FOOD.** Drink 8oz clear liquids hourly throughout the entire day.
2. Take all other medication as usual (unless noted on the **MEDICATION HOLD LIST** but not within two hours of prep dose.
3. Diabetic instruction-1/2 insulin units (no Diabetic oral medications).
4. By **12:00 PM** open the flavor enhancing packets and pour one into each bottle of Suflave. Fill the provided Suflave bottle with lukewarm water to the fill line, mix well and refrigerate until you begin drinking it later.
5. At **6:00 PM** begin drinking one bottle of Suflave solution. Drink 8oz every 15 minutes until the solution in the first bottle is gone. It is not unusual to have nausea and vomiting from the this laxative. If this occurs, stop the laxative, suck on hard candy or mints and resume drinking the laxative 30 minutes later. You must continue drinking clear liquids throughout the evening consuming at least 16 oz of clear liquids with one hour of finishing the first does of prep.
6. If there is no bowel movement or your stools have not become clear (NO PARTICLES, **SHOULD** LOOK LIKE ICED TEA) by 10pm, please drink 32oz of clear liquids mixed with 7 capfuls of MiraLAX or one 10oz bottle of Magnesium Citrate. Continue drinking clear liquids.

Day
of your appointment

1. You may only have clear liquids the day of your test (**NO Ensure this day**) to complete your prep.
2. Five hours prior to your arrival, begin drinking the second bottle of Suflave solution. Drink 8oz every 15 minutes until gone. Drink an additional 16oz of clear liquids over the next half hour and then have nothing else by mouth prior to your procedure.

You must be finished with your prep at least 3.5 hours prior to your arrival, then have NOTHING by mouth. (No gum, mints, Ensure, chewing tobacco, smoking, vaping, hard candy, etc.) until after the procedure is completed. Failure to do so will result in the cancellation of your procedure.

3. **Diabetics**: Please check your blood sugar and take this information with you to the hospital/ facility. Do not take your insulin or diabetic pills this morning. Bring all of your insulin with you to the procedure.
4. Please only take your heart, blood pressure, seizure, anti- rejection and anti-anxiety or respiratory medications, at 6 AM with a small sip of water. You may use your inhalers.
5. Please bring your photo ID and insurance cards with you to the facility on the day of the procedure. Failure to do so may result in cancellation of your procedure.

CLEAR LIQUID DIET

It is essential that you follow a clear liquid diet while prepping for your procedure. Notice that the color of the liquids you consume is important. **(Refrain from consuming any red, blue, or purple liquids).**

You can have:

- Coffee, tea, or cola
- Apple, white grape, or white cranberry juice
- Up to 3 cans or bottles of Vanilla or Butter Pecan Ensure Original, High Protein or Plant based. Diabetics may use Glucerna instead of Ensure.
- Plain jello
- Clear soups and/or broth (strain off all vegetables and/or noodles)
- Popsicles
- Artificially sweetened powdered drinks (Kool-aid, Tang, Crystal light)
- Electrolyte/Sports drinks (Powerade, Gatorade, Propel, Liquid IV, Vitamin water
- Sorbet that does not contain milk or chunks of fruit (Italian Ice)

No dairy such as cheese, yogurt, milk, milk products, cream etc.

No grapefruit, tomato, V-8, or orange juice (no pulp or opaque juices)

No alcohol

Shopping List

A prescription for Suflave has been sent to _____ pharmacy.
-Miralax- OVER THE COUNTER, one or two bottles for a total of 119gms.
-Magnesium Citrate (10oz)- OVER THE COUNTER (if preferred).
-Hard candy or peppermints to use if laxative causes nausea.

Important Driving Instructions

You must have an adult 18 years or older remain with you during the procedure and drive you home afterward. Your procedure will be cancelled if you don't have a driver. **Non-Emergent Medical Transportation Services are suitable and a list can be provided upon request.**
If you are under 18 years old or have a POA/Guardian, you must have them present for your procedure. Please bring all related paperwork.

Results and Follow-Up

Please go home and rest for the remainder of the day. Do not drive or work for the rest of the day.

Your physician will discuss test results with you and your family member following the procedure. You will be given written instructions for diet, activity, and follow up instructions. If biopsies were taken, your instruction sheet will also provide information on how you will receive results.

Billing Procedure

There may be up to 4 charges associated with your procedure (Physician, Hospital/Facility, Anesthesia, and Lab). Please verify with your insurance carrier your benefit coverage for each, as well as verifying your screening and diagnostic benefits. Financial Counseling is available for procedures at Lansing Surgery Center.

Please refer to fact sheet included in your prep from the pharmacy for information regarding possible side effects.

If you have urgent concerns after hours, please call 517-332-1200 and you will be directed to our answering service.