

Colonoscopy Preparation with SUFLAVE

Important: Please read all instructions **at least 2 weeks before your procedure**. Failure to follow these instructions may result in **cancellation of your procedure**. Please follow **only the instructions provided by our clinic** - do **not** use directions printed on the SuFlave box or online!

Cancellations/Reschedules: If you need to cancel/reschedule your procedure, please give **us 7 business days' notice** and call the office at **(206) 215-4250**.

7 DAYS PRIOR TO THE PROCEDURE

- **Arrange for a responsible adult (at least 18-years-old)** to drive you home and stay with you on the day of your procedure. Your procedure will be **cancelled** if you do not have someone to accompany you home.
- You should have your SuFlave by now. If not, please call your pharmacy. If they do not have SuFlave on hand, ask them to order it for you. If they don't have a prescription, ensure that the pharmacy did not re-shelf the prescription. If no prescription was called in, call the office at (206) 215-4250. If you have a history of not being completely cleaned out for a prior colonoscopy, let us know.
- **If you take blood thinning medications**, you will be informed how to safely stop them pre-procedure. If you have not heard from us 2 weeks prior to your procedure, please call the office. **Please let us know right away if you have started taking blood thinning medications after your procedure was scheduled.**
- **If you are taking medications for diabetes, blood pressure, water pills, or for weight loss like GLP-1**, please refer to the instructions below for adjustment instructions.
- **Inform us** if you have a pacemaker, defibrillator, or other implanted electronic device.
- **Procedure Check-In Time:** Your check-in time may change based on endoscopy center scheduling. If the endoscopy center provides instructions that differ from the time given during your original scheduling, **please follow the endoscopy center's instructions**. You may receive a call from the **endoscopy center** or the **Pre-Anesthesia Clinic**. **Please prioritize answering these calls**, as they may contain important information about your procedure.

3 DAYS PRIOR TO THE PROCEDURE

To help ensure the most effective bowel preparation, we strongly recommend following a **low-fiber diet for a few days before your procedure**. However, **your procedure will not be cancelled** if you are unable to follow this recommendation.

1 DAY PRIOR TO THE PROCEDURE

Do NOT consume alcohol, use marijuana, take mind-altering medications, or use illicit drugs during the 24 hours before your procedure.

NO SOLID FOOD! Begin clear liquid diet only.

The entire day before your colonoscopy, follow a clear liquid diet. Keep yourself **well-hydrated** by drinking a variety of clear liquids **every hour, all day long**. The more you drink, **the better you will feel** and the more effective your preparation will be.

Clear Liquid Diet do's and don'ts	
<p style="text-align: center;">Ok to have</p> <ul style="list-style-type: none"> ✓ Clear sports drinks (Gatorade, Pedialyte, Body Armour) ✓ Black coffee or tea (sugar/honey ok) ✓ Soda (clear or cola) ✓ Water (plain, carbonated or flavored) ✓ Popsicles ✓ Jell-O ✓ Soup (bouillon, broth, bone, consomme) ✓ Coconut water ✓ Gummy Bears or hard candy ✓ Fruit Juice (apple, white grape, white cranberry) ✓ Lemonade ✓ Boost Breeze ✓ Ensure Clear ✓ Clear protein powders 	<p style="text-align: center;">NOT ok to have NOTHING red, blue, or purple</p> <ul style="list-style-type: none"> × Orange, Tomato, Grapefruit, Pineapple Juice × Juice with pulp × Milk (dairy or non dairy) × Smoothies × Milkshakes × Cream × Congee × Boba × Creamy and non-clear soups × Cooked cereal × Barium/ Oral contrast × Alcohol

Early in the day, prepare solution (SUFLAVE) – Open 1 flavor packet and pour the contents into 1 of the provided bottles. Fill the bottle with lukewarm water to top of the line. After capping the bottle, gently shake until all powder has dissolved. For the best taste refrigerate solution before drinking. You will repeat the same steps for both bottles or doses.

Between 4 PM and 6 PM: Begin drinking the first bottle (8-ounces) of **SUFLAVE** solution every 15 minutes until the bottle is empty. Drink at least an additional 16-ounces of water to follow and then continue clear liquids all evening until bedtime.

Additional Information:

Bowel movements can take up to 2 hours to start after beginning the prep, but may take 5-6 hours, depending on the person. If you develop nausea or vomiting, stop and take a 30-minute break from drinking the bowel prep, then resume drinking at a slower rate. Chilling the prep ahead of time may also help reduce nausea. Try using a straw. Please drink all the prep, even if it takes you longer. If you are unable to finish the prep, stop and call our office for further instructions.

Even though you may need to wake up early to complete your bowel preparation, it is **essential** to follow the instructions exactly as provided. This ensures you have **a high-quality exam**. If stool residue remains in your colon, your doctor may not be able to clearly see the colon lining. As a result, **polyps may not be found or removed. Signs of cancer could be missed. Your procedure may need to be rescheduled or repeated.**

DAY OF THE PROCEDURE

Six (6) hours prior to check-in time: Begin drinking the second bottle of SUFLAVE. Drink 8-ounces of solution every 15 minutes until the bottle is empty. Drink an additional 16-ounces of water. Continue drinking clear liquids until 3 hours before check-in. Your stool should be CLEAR YELLOW, like urine. Please do not stop drinking your prep just because you have had several clear bowel movements. It is very important to drink ALL of your prep.

Three (3) hours prior to check-in time: STOP taking anything by mouth, including gum, water, mints, or lozenges. "Nothing else past your lips." Not following this essential instruction may cause a cancellation of your procedure.

Please plan to spend 2 – 3 hours at the facility for your procedure from check-in to discharge.



AFTER THE PROCEDURE

All patients must have a responsible adult (at least 18-years-old) or pre-approved medical transportation service available to take them home after procedure. Please refer to the attached escort policy. It is important to arrange transportation according to the policy provided. Patients without valid escorts may be turned away at the time of procedure. **You CANNOT drive, walk, take a taxi / Uber / Lyft, or take public transportation home WITHOUT a responsible adult with you.** It is very important that you have someone you trust to receive your discharge instructions. You should **not** plan to drive for at least 12 hours after your procedure. **AVOID** alcohol and sedatives for 24 hours after the procedure. If you had biopsies or polyps removed, please **consult with your doctor** for when to safely resume your blood thinning medication.

Our gastroenterologists recommend that you do not plan to travel in an airplane or to remote areas after having a large polyp removed due to a small bleeding risk. Please plan your trips or vacations accordingly.

You will receive discharge instructions from a nurse after the procedure, including an after-visit summary with the results. If tissue was biopsied, you will get a letter, MyChart message, or phone call within 10-14 days of your procedure with your results. If you have not heard within 21 days, please contact our office via phone or MyChart.

*Please check with your insurance carrier to confirm benefits, as plan coverage may change. If your insurance coverage changed from the time of scheduling, please call the number above to update your care team **ASAP** as we may need to check if your new insurance plan is in-network and/or requires prior authorization.*

For billing or coding questions please contact our billing department at 206-320-4476 or 888-294-9333 for Swedish or 206-621-4392 for PacMed ASC.

Medication Management Pre-Colonoscopy

If you are using any of the medications listed below, please follow guidelines.

Injectable Diabetes Medications:

	Long-acting Insulin Products: BASAGLAR®, HUMULIN N®, LANTUS®, LEVEMIR®, NOVOLIN N®, NPH®, SOLIQUA®, TOUJEO®, TRESIBA®, XULTOPHY®	Rapid or short-acting Insulin Products: ADMELOG®, APIDRA®, FIASP®, HUMALOG®, HUMULIN R®, NOVOLIN R®, NOVOLOG®, REGULAR® INSULIN	Mixed or intermediate Insulin Products: HUMALOG MIX 75/25®, HUMULIN 70/30®, NOVOLIN 70/30®, NOVOLOG MIX 70/30®
<u>1 Day Before the Procedure:</u>	Take half of your usual dose.	DO NOT take it because you will be on a clear liquid diet starting at midnight.	Take 75% of your usual dose.
<u>Day of the Procedure:</u>	Take half of your usual dose.	DO NOT take before your procedure. Resume your next dose once you start eating a normal diet again after the procedure.	DO NOT take before your procedure. Resume your next dose once you start eating a normal diet again after the procedure.

Other diabetes medications:

	GLIMEPIRIDE, GLIPIZIDE, GLYBURIDE, CHLORPROPAMIDE, NATEGLINIDE, REPAGLINIDE, TOLAZAMIDE, TOLBUTAMIDE, ROSIGLITAZONE, PIOGLITAZONE, NATEGINIDE, ACARBOSE, MIGLITOL, PRAMLINTIDE, and all DPP-4's: (Januvia, Onglyza, Tradjenta, Nesina)	METFORMIN
<u>1 Day Before the Procedure:</u>	DO NOT take because you will be on a clear liquid diet starting at midnight.	Take your usual dose.
<u>Day of the Procedure:</u>	DO NOT take before your procedure. Resume your next dose once you start eating a normal diet again after the procedure.	DO NOT take before. Resume your next dose once you start eating a normal diet again after the procedure.

Other diabetes, weight loss, or cardiovascular medications:

GLP-1 Agonist	SGLT2*	*SGLT2 exception	Other weight loss prescription	SOME Diuretics
<ul style="list-style-type: none"> • Dulaglutide (Trulicity) • Exenatide extended release (Bydureon bcise) • Exenatide (Byetta) • Semaglutide (Ozempic, Wegovy, Rybelsus) • Liraglutide (Victoza, Saxenda) • Lixisenatide (Adlyxin) • Tirzepatide (Mounjaro, Zepbound) 	<ul style="list-style-type: none"> • Canaglifozin (Invokana) • Dapaglifozin (Farxiga) • Empaglifozin (Jardiance) • Ertuglifozin (Stelagro) • Brenzavvy (bexaglifloxin) • Synjardy XR 	<ul style="list-style-type: none"> • Ertuglifozin (Steglatro) 	<ul style="list-style-type: none"> • Phentermine • Qsymia 	<ul style="list-style-type: none"> • Bumetanide • Furosemide • Amiloride • Spironolactone • Triamterene
<ul style="list-style-type: none"> ✓ If you take your GLP-1 weekly, hold for 8 days prior. ✓ If you take your GLP-1 daily, hold for 24 hours prior. 	Hold for 3 days before procedure	Hold for 4 days before procedure	Hold for 4 days before procedure	Hold the day of procedure

Other medication instructions:

Herbal supplements, oily capsules, Pepto-Bismol, Iron supplements, Chinese remedies, excess vitamins and elements*	Non-Steroidal Anti-inflammatory Medicines (NSAIDS)
<p>Hold for 7 days before procedure</p> <p>*Multivitamins are OK</p>	<p>Aspirin, ibuprofen, Celebrex (celecoxib), diclofenac, etodolac, indomethacin, ketorolac, nabumetone, meloxicam, naproxen, sulindac etc. can safely be continued in the pre-procedural period. Caution is recommended early the day after due to increased risk of bleeding complications.</p>

These are general guidelines that include specific instructions on how to take your diabetes medications, clear liquid nutrition information, and guidance on what to do if you become hypo- or hyperglycemic. This is only intended to be used by patients that have either Type 1 or Type 2 diabetes. Please call the health care provider who manages your diabetes if you have an **insulin pump** or if you have specific questions or concerns that are not answered in this document.

For people with diabetes, any procedure that causes you to miss a meal will require special planning to safely manage your blood sugar. It is important to reduce your diabetes medications and monitor your blood sugar while you are doing the bowel prep for colonoscopy. If you are taking insulin or have a history of low blood sugar, check your blood sugar every 4-6 hours on the day prior to the procedure and on the day of the procedure, as well as any time you feel signs of low blood sugar or high blood sugar. Let your primary care provider know as soon as possible if you do not have a blood sugar meter (glucometer) or if you need any testing supplies refilled. Refer to the listed medication guidelines in this document unless you have been given other instructions by your health care provider.

If you have any questions regarding these instructions, please call the clinic at 206-215-4250 and ask to speak to a nurse. If you have more detailed diabetes questions, please contact your prescribing physician.

Clear Liquid Nutrition

During the portion of the prep where you are to consume only clear liquids and the bowel prep solution, you should aim for **45 grams of liquid carbohydrates for full meals and 15-30 grams of liquid carbohydrates for snacks**. You should aim to consume 30 to 45 grams of liquid carbohydrates every 4-5 hours, during waking hours. Please continue to consume clear liquids without carbohydrates in between clear liquid meals and snacks. See below for carbohydrate counts for various clear liquid choices:

- Apple juice and white grape juice (4 ounces) – 15 grams
- Sports drinks such as Gatorade (8 ounces) – 14 grams
- Jell-O (4 ounces - regular sweetened) – 15 grams
- Popsicles – 15 grams
- Sugar (1 teaspoon to sweeten coffee or tea) – 4 grams

Hypoglycemia (Low Blood Sugar)

Hypoglycemia is the term used when you have too little sugar (glucose) in your blood. The threshold for hypoglycemia is lower than 70 mg/dL. When you are not eating your normal diet and are instead only consuming clear liquids, you are at an increased risk of becoming hypoglycemic, especially if you continue your diabetes medications as normal (see instructions above for how to modify your medications while undergoing bowel preparation). It is recommended that you always carry a source of fast-acting sugar (such as glucose gel, honey, or fruit juice) and a snack in case of hypoglycemia. Please see below for a list of symptoms and step-by-step instructions to follow should you become hypoglycemic.

Symptoms:

Shakiness or dizziness	A hard, fast heartbeat	Numbness or tingling in lips or tongue
Cold, clammy skin or sweating	Weakness	Loss of consciousness (fainting)
Feelings of hunger	Confusion or irritability	Having nightmares or waking up confused or sweating
Headache	Blurred vision	
Nervousness	Seizures	

What you should do:

1. First check your blood sugar. If it is too low (out of your target range), eat or drink 15 to 20 grams of fast-acting sugar. This may be 4 ounces (half a cup) of apple juice or regular (non-diet) soda, a snack cup of Jell-O (with sugar, NOT the sugar-free variety), or 4 to 5 Life Savers™ candies. Do not take more than this, as your blood sugar may rise too high.
2. Wait 15 minutes. Then recheck your blood sugar if you can.
3. If your blood sugar is still too low, repeat the steps above and check your blood sugar again. If your blood sugar still has not returned to your target range, contact your healthcare provider or seek emergency care.
4. Once your blood sugar returns to target range, eat a snack that is allowed on your clear liquid diet (for example, Jell-O that is NOT red, purple, or blue in color).

Hyperglycemia (High Blood Sugar)

Hyperglycemia is the term used when you have too much sugar (glucose) in your blood. The threshold for hyperglycemia is greater than 126 mg/dL. Please see below for a list of symptoms and step-by-step instructions to follow should you become hyperglycemic.

Symptoms:

Thirst, dry mouth	Blurry vision	Fast breathing & breath smells fruity
Frequent need to urinate	Weakness	Wounds or skin infections that don't heal
Feeling tired	Dizziness	Unexplained weight loss if hyperglycemia lasts for more than a few days
Nausea and vomiting	Ketones in your urine	
Itchy, dry skin	Coma	

What you should do:

1. Check your blood sugar. Contact your healthcare provider if your blood sugar is above 400 mg/dL.
2. Drink plenty of sugar-free, caffeine-free liquids such as water. Don't drink fruit juice.
3. Follow your exercise plan.
4. Take your insulin or diabetes medicines as directed by your healthcare team. Also test your blood sugar as directed. If the plan is not working for you, discuss it with your healthcare provider.