

COLONOSCOPY PREPARATION WITH SUFLAVE			
PLEASE PURCHASE	<ul style="list-style-type: none"> • SUFLAVE bowel prep kit (by prescription) Contact our office if you cannot obtain your prescription. 		
7 DAYS BEFORE	<ul style="list-style-type: none"> • Stop fiber supplements and iron supplements, including multivitamins 		
3 DAYS BEFORE	<table border="1"> <tr> <td> <p>Begin a LOW FIBER Diet including:</p> <ul style="list-style-type: none"> • White or sour dough bread • White Rice, Pasta • Eggs, Chicken, Turkey, Fish • Cheese, Yogurt, Milk, Ice Cream, Pudding • Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes) • Pureed fruits/vegetables (smoothies, strained puree soups) • Creamy peanut or almond butter </td> <td> <p>High Fiber Foods to AVOID:</p> <ul style="list-style-type: none"> • Raw fruits/vegetables with seeds, skin, membranes • Cooked/canned fruit/vegetables with skin/seeds/peel • Whole wheat or multigrain bread or crackers • Nuts, Seeds • Popcorn • Oatmeal, bran cereal • Brown rice, quinoa </td> </tr> </table>	<p>Begin a LOW FIBER Diet including:</p> <ul style="list-style-type: none"> • White or sour dough bread • White Rice, Pasta • Eggs, Chicken, Turkey, Fish • Cheese, Yogurt, Milk, Ice Cream, Pudding • Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes) • Pureed fruits/vegetables (smoothies, strained puree soups) • Creamy peanut or almond butter 	<p>High Fiber Foods to AVOID:</p> <ul style="list-style-type: none"> • Raw fruits/vegetables with seeds, skin, membranes • Cooked/canned fruit/vegetables with skin/seeds/peel • Whole wheat or multigrain bread or crackers • Nuts, Seeds • Popcorn • Oatmeal, bran cereal • Brown rice, quinoa
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2 DAYS BEFORE	<ul style="list-style-type: none"> • Continue LOW FIBER Diet • Avoid solid foods after midnight 		
1 DAY BEFORE	<ul style="list-style-type: none"> • MORNING: Start a CLEAR LIQUID Diet: <ul style="list-style-type: none"> ○ Water ○ Apple, White Grape, White Cranberry Juices without Pulp ○ Clear Soup/Broth ○ Tea or Black coffee (no milk/creamer) ○ Gatorade/Powerade/Vitamin Water (no red, purple, orange color) ○ Jello (no red, purple, or orange color) ○ Popsicles/Italian Ice (no red, purple, or orange color) • 6PM: Take SUFLAVE Dose 1 <ul style="list-style-type: none"> ○ Open 1 flavor enhancing packet and pour contents into 1 bottle ○ Fill the provided bottle with lukewarm water up to the fill line. Cap the bottle and shake the bottle until all powder has dissolved. For best taste, refrigerate the solution for 1 hour before drinking. Do not freeze. ○ Drink 8 oz of solution every 15 minutes until bottle is empty ○ Drink an additional 16 oz of water during the evening • Bowel movements should begin 1-2 hours after starting SUFLAVE but effect can sometimes be delayed by up to 4-6 hours 		

DAY OF COLONOSCOPY

5 HOURS BEFORE	<ul style="list-style-type: none"> • Take SUFLAVE Dose 2 <ul style="list-style-type: none"> ○ Follow the same instructions as outlined for Dose 1 ○ Drink an additional 16 oz of water during the morning • By the end of the cleanse your stool should be a clear liquid with yellow or green tinge
3 HOURS BEFORE	<ul style="list-style-type: none"> • Stop drinking/eating clear liquids • Do not chew gum or mints • Take regular medications with a small sip of water the morning of your procedure, unless otherwise instructed by your physician
30 MIN BEFORE	<ul style="list-style-type: none"> • Arrive at endoscopy suite 30 MIN PRE PROCEDURE (no later!) • Bring list of current medications, including doses • Bring a Photo ID and Insurance Card • Bring any applicable Referrals • Please do not bring any valuables

GENERAL INSTRUCTIONS:

IF YOU HAVE DIABETES	<ul style="list-style-type: none"> • Contact your Primary Care Provider or Endocrinologist for instructions regarding your medications
IF YOU TAKE MEDICATION TO THIN YOUR BLOOD	<ul style="list-style-type: none"> • Contact your Gastroenterologist for further instructions at (212) 427-8761 • Medications include, but are not limited to: <ul style="list-style-type: none"> ○ Heparin, Lovenox, Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Edoxaban (Lixiana, Savaysa), Betrixaban (Bevyxxa), Clopidigrel (Plavix), Prasugrel (Effient), Brilinta (Ticagrelor)
IF YOU TAKE ASPIRIN OR BLOOD PRESSURE MEDICATIONS	<ul style="list-style-type: none"> • You may continue to take these medications
ESCORT	<ul style="list-style-type: none"> • Please ensure that you have an escort (responsible adult over the age of 18) to pick you up at the end of the procedure. Thank you.