

Colonoscopy Prep for SUFLAVE



The Dosing Regimen

SUFLAVE is a split-dose (2-day) regimen. A total of 2 bottles are required for complete preparation for colonoscopy. You will take 2 bottles of liquid in two separate doses. One dose of SUFLAVE is equal to one bottle plus one flavor enhancing packet.



*** DO NOT FOLLOW THE INSTRUCTIONS ON THE SUFLAVE CONTAINER, FOLLOW EACH STEP BELOW***

The day before your test, you should already have your bowel prep. Unless otherwise instructed, we have partnered with Gifthealth Pharmacy so your prep can be delivered to your home. You should have received a text or phone message to contact them to arrange delivery and make payment.

If you normally take a prescribed blood thinner like Plavix (Clopidogrel), Coumadin, Warfarin, Persantine, (Dipyridamole), Eliquis (Apixaban), Aggrenox, Xarelto or Pradaxa (Dabigatran) then we have contacted your prescribing physician to make sure that it is okay for you to stop for the recommended number of days.

You will need to stop your blood thinner _____ days prior to your procedure.



FOUR DAYS BEFORE PROCEDURE:

Discontinue eating any foods with seeds, nuts, fruit or vegetables with skin and corn. Also avoid multivitamins as well as iron, herbal and homeopathic supplements (unless advised by a physician).



In addition to the SuFlave Solution, your physician has recommended that you take Miralax (generic name: Polyethylene Glycol 3350 POWDER). You will need to purchase Miralax 119 gram bottle and take 17 grams (one PURPLE capful) in 8 oz of water twice a day, beginning 3 days prior to procedure.



ONE DAY BEFORE PROCEDURE:

Clear liquids such as broth or bouillon, Jell-O, popsicles, and Gatorade (NO red or purple), tea, coffee, clear soft drinks, and water are allowed. NO SOLID FOOD OR MILK PRODUCTS.

Diabetics: Insulin Pump- Follow Instructions from Endocrinologist

Oral Diabetic or Insulin Dependent- Take half of your normal dose unless otherwise instructed.

AT 5:00 P.M.

STEP 1 Open 1 flavor enhancing packet and pour the contents into 1 bottle.

STEP 2 Fill the provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all powder has mixed well (dissolved). For best taste, refrigerate the solution for an hour before drinking. Do not freeze. Use within 24 hours.

STEP 3 Drink 8 ounces of solution every 15 minutes until the bottle is empty.

STEP 4 Drink an additional 16 ounces of water before going to bed.

IMPORTANT: If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish.

Bottles and packets not shown actual size.

CONTINUED ON BACK



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DAY OF PROCEDURE: 6 hours before your procedure

- It is recommended to discontinue all forms of tobacco products.
- Take DAY 2, DOSE 2 of SUFLAVE- Repeat Steps 1-4. *must be completed at least 3 hours prior to procedure me.*

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DAY OF PROCEDURE (Continues):

- You may have clear liquids, gum, and hard candy up to 3 hours before your procedure.
- *Stop drinking 3 hours before your procedure. You are to have **NOTHING** by mouth. 3 hours prior to your procedure.*

**** YOU SHOULD USE INHALERS, AND TAKE HEART, BLOOD PRESSURE, SEIZURE, ANTI-ANXIETY, AND RESPIRATORY MEDICATIONS (NO BLOOD THINNERS OR DIABETIC MEDICATIONS). YOU SHOULD TAKE THESE AT LEAST 3 HOURS BEFORE YOUR PROCEDURE.**

**** IF YOU ARE DIABETIC, DO NOT TAKE YOUR MEDICATIONS BUT PLEASE BRING THEM WITH YOU. YOU MAY WANT TO CHECK YOUR BLOOD SUGAR. CALL US FOR HIGH BLOOD SUGARS > 350. PROCEDURES ARE CANCELED FOR BLOOD SUGARS OF 400 OR GREATER. IF YOU ARE CONCERNED ABOUT YOUR BLOOD SUGAR DROPPING, CONSIDER PURCHASING GLUCOSE TABLETS.**

**** DO NOT TAKE HEPARIN OR LOVENOX ON THE DAY OF PROCEDURE**

**** YOU MUST HAVE SOMEONE TO DRIVE YOU TO THE FACILITY, REMAIN ON THE PREMISES AND THEN DRIVE YOU HOME.**



Colonoscopy Low-Residue Diet

Start a Low-Residue Diet 4 days before your procedure then please follow the CLEAR LIQUID DIET instructions starting the day prior to your colonoscopy.

A low-residue diet reduces the amount of food that stays in your bowels after you eat. Follow the low-residue diet for a short time before your colonoscopy to make sure your bowels are clean and empty. This lets the physician see as much of your bowel as possible during the colonoscopy.

Foods to avoid while on this diet include:

- **Corn, Fruits and vegetables with Skins**
- **Legumes, seeds and nuts**

Low-residue diet

Food Group	Recommended Foods	Foods to Avoid
Meat, poultry, fish and protein substitutes	Beef (tender or ground) Chicken or turkey (tender or ground) Eggs, Egg Beaters® Fish, seafood, shellfish, tuna Lamb (tender or ground) Fresh lean pork (tender or ground) Tofu	
Grains	Foods made with refined white flour such as white bread, bagels, English muffins, white dinner rolls, pancakes, and white, refined flour pasta Pita bread Cold cereals (corn flakes, Rice Krispies®, Special K®) White rice Tortillas (corn or flour)	Bran and Whole grains cereals and muffins. Oatmeal Quinoa
Dairy	Milk, buttermilk or lactose-free milk Soy, rice or almond milk Regular, soy, or lactose-free plain yogurt without any mix-ins Kefir Mild cheese, cottage cheese,	Yogurt with added nuts or granola mix-ins
Fats	Bacon Butter, margarine Vegetable oil, salad dressing, mayonnaise Cream or plain gravy Whipped cream Creamy peanut butter (no nuts)	Raw nuts, seeds
Other	Saltines, Melba toast, pretzels potatoes (without the skins) Sherbet, gelatin Sugar, plain hard candy Condiments Coffee, tea Carbonated beverages	Seeds, nuts, Fruits and vegetables WITH skins, corn, beans, quinoa, and legumes

CANCELLATION/"NO SHOW" POLICY FOR OFFICE VISITS AND ENDOSCOPY PROCEDURES

We understand that you may need to cancel your appointment and/or your procedure due to unavoidable circumstances. As a courtesy to our healthcare professionals and to other patients, please notify us of your cancellation as soon as possible. **When you do not call to cancel an appointment or a procedure in a timely fashion, you may be preventing another patient from receiving care...**

Cancellation/ "No Show" Policy for Office Visits

Your appointment time is reserved especially for you. Should you find that you are unable to keep your appointment, please notify our office at least 24 hours in advance. This will allow us to offer your appointment slot to another patient.

- If you fail to show up for your office visit, a \$50.00 fee* will be charged to your account. The same applies to appointments canceled with less than 24 hours' notice*.
- * This fee is not covered by insurance and must be paid in full prior to rescheduling the missed appointment.
- We understand that extenuating circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived subject to management approval.
- Patients who schedule and fail to keep three (3) appointments in the span of one year may be dismissed from the practice for "treatment noncompliance".
- All fees will be required to be paid prior to scheduling another appointment.

Late Arrival Policy for Office Visits

If a patient is 10 minutes late for an office visit, the appointment may need to be rescheduled. We will attempt to accommodate, when possible, but cannot compromise on the quality and timely care provided to our other patients. This is completely dependent on the provider's availability. You may be given the option to wait for another appointment time on the same day, if one is available. Otherwise, the appointment will be rescheduled.

Cancellation/ "No Show" Policy for Endoscopy Procedures

Due to the large block of time reserved for your procedure, last minute cancellations can create access-to-care problems, as well as, significant expenses for the office. If you need to cancel your procedure, please notify our office at least 3 days in advance.

- If you fail to show up for your procedure, or if procedure is not cancelled at least 3 days in advance you will be charged a \$250 fee*.
- * This fee is not covered by insurance and must be paid in full prior to rescheduling your procedure.
- We understand that extenuating circumstances may cause you to cancel less than 3 days prior to your scheduled procedure. Fees in this instance may be waived subject to management approval.
- Patients who cancel or reschedule the same initial procedure three (3) times may be dismissed from the practice for "treatment noncompliance".
- All fees will be required to be paid prior to scheduling another Endoscopy procedure appointment.
- Our cancellation lines for procedures are (828) 407-4128 or (828) 350-3665

We accept online requests to reschedule or cancel your upcoming appointments and procedures. This allows you to submit an email directly to our Scheduling Department with a time and date stamp of your request to help avoid a fee. Please visit us online at: <https://www.ncdhp.com/about-us/cancel-appointment>

Please sign that you have read and understand the Cancellation/ "No Show" Policy for Appointments and Procedures.

Patient Name: _____ Date of Birth: _____

Patient Signature/Legal Representative: _____ Today's Date: _____

*** Complete and bring with you the day of your procedure or office visit.**



Transportation Requirement for Endoscopy Center Procedures

You must arrange for a responsible adult driver to be present at all times during your visit at the Endoscopy Center and to drive you home after the procedure.

- The sedation may cause conditions that render driving unsafe. The sedation works like alcohol. It impairs your judgment for several hours. Until your body completely metabolizes the medication and depending on the individual body response, you may not respond as “sharp” as your normal being.
- Since you will be fasting for the procedure, your energy level may be lower on the procedure day. You may be slightly dehydrated from the bowel preparation that you will be taking on the day before the procedure. Your body will need several hours to rebuild its energy level.
- Most patients tend to drop their blood pressure to the borderline of their usual range after they receive sedation. Standing too long may cause dizziness.

Requirements to be followed:

- **Do Not Drive** or attempt to operate machinery until the following day.
- **Have a responsible adult (must be at least 18 years of age) drive you to the Endoscopy Center. They are required to remain on the premises. They are not to leave. Sedated patients will only be discharged in the care of a responsible adult.**
- **Our pre-procedure staff is required to verify your driver is present at the time of your arrival and prior to the start of your procedure.**
- **Failure of your responsible “ride” to appear in person will cause an unexpected delay or cancelation of your procedure.**
- **Transportation such as Cabs, Ubers, or the Asheville Public Bus System is NOT acceptable unless a responsible adult is with you. The driver of these service is not considered the responsible adult.**
- **If you live within walking distance from the Center, you will be discharged only in the care of a responsible adult and you still need to arrange the ride home. Walking home is not permitted.**
- **If you have transportation needs, please notify the Endoscopy Center in advance before the procedure. The Center will try to assist you in making alternative transportation arrangements if possible. You will be responsible for the cost incurred from the alternative arrangement.**
- **It is crucial for your safety as well as the community to abide by these instructions. If you attempt to drive from the premises after sedation, we are obligated to report this to law enforcement. You are considered impaired and this is ground for dismissal from the practice.**

I understand and will abide by the transportation requirements.

(Patient/Guardian Signature) Date: _____ Time: _____

As the responsible adult/rider, I understand my responsibilities as stated above:

(Signature of Responsible Adult) Cell Number: _____

PERSONAL MEDICINE FORM

Name: _____

(PLEASE COMPLETE AND BRING WITH YOU THE DAY OF YOUR PROCEDURE)

LIST OF CURRENT MEDICINES:

List all tablets, patches, inhalers, drops, liquids, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion (like Viagra, nitroglycerin).

Medication (Brand and generic Name)	Dose	How and how often you take the medicine (By mouth, under your tongue, injection, etc.)	Last taken (Time/Date)
Example: Baby Aspirin	81mg	By mouth 1 tablet once a day	5pm yesterday

Check here if additional pages are attached. []

*Please refer to your procedure paperwork for complete instructions regarding medications. There are restrictions on certain medications for example prescription blood thinners, diabetic medications, and supplements.

PERSONAL MEDICINE FORM

Name: _____

(PLEASE COMPLETE AND BRING WITH YOU THE DAY OF YOUR PROCEDURE)

LIST OF CURRENT MEDICINES (continued):

List all tablets, patches, inhalers, drops, liquids, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin, and diet supplement products. Also list any medicine you take only on occasion (like Viagra, nitroglycerin).

Medicine (Brand and generic name)	Dose	How and how often you take the medication (By mouth, under your tongue, injection, etc.)	Last Taken

Check here if additional pages are attached. []

*Please refer to your procedure paperwork for complete instructions regarding medications. There are restrictions on certain medications for example prescription blood thinners, diabetic medications, and supplements.

Checklist for the Day of your Procedure

Before you leave home for your procedure, have the following been done.....

- ☐ **Do you have a driver?**

*****Your driver MUST stay with you. This is usually a 2-hour stay.***

- ☐ **Have you followed your Diet Restrictions up to this point?**

Reminder- ONLY Clears liquids are allowed on the day of your procedure up to 3 hours prior.

*****Then NOTHING is allow in your mouth 3 hours before your procedure including gum or hard candy*****

Verify what time you stopped drinking your clear liquids. Insert your time here _____

- ☐ **If you are having a colonoscopy, did your colon prep work well?**

*****You should expect clear yellow results with No large particles (similar to Mountain Dew and able to see the bottom of the commode).***

If you have answered “NO” to any of the above questions, you MUST call our office at (828) 348-8490 prior to leaving your home. This line will be available from 7am-4pm.

Important: If you have tested positive to Covid in the last 30 days, your procedure will need to be rescheduled due to safety concerns