

# Colon Prep: SUFLAVE

Google “WWMG GI Pre-Procedure Instructions” to locate this instruction PDF file.

General Instructions	5 days before	One day before	Colonoscopy day:
<p><b>Read bowel prep instruction 1 week prior to colonoscopy.</b></p> <p><b>LATE CANCELLATION FEE \$250</b>, if cancelled within 5 business days.</p> <p>Secure a <b>driver</b> for the procedure day, no driving for 12 hrs. after procedure.</p> <p>Check insurance for requirement of referral or pre-approval.</p> <p><b>If you have implanted devices</b> such as pacemaker, defibrillator, sleep apnea stimulator, neurostimulator, etc. Please notify the office.</p> <p><b>If you have an electronic stimulator</b>, bring your remote control to turn off your stimulator.</p> <p><b>If you have an ostomy</b>, please bring spare ostomy supplies with you.</p> <p>Do not bring jewelry, money, and other valuables to your colonoscopy.</p> <p><b>SUPPLIES:</b></p> <ul style="list-style-type: none"> <li>• <b>SUFLAVE KIT 1 Box (prescription)</b></li> <li>• <b>Infant Mylicon Gas Relief Drops (simethicone) 0.5 oz (15mL) (prescription)</b></li> </ul> <ul style="list-style-type: none"> <li>• MiraLax (OTC) optional</li> <li>• Fleet enema (OTC) optional</li> </ul>	<ul style="list-style-type: none"> <li>• Start <b>low fiber diet</b> now.</li> <li>• <b>Read the instructions now.</b></li> <li>• <b>Stop following medications now:</b> oil supplements, oil capsules, and iron pills.</li> </ul> <p><b>Other medication instructions:</b></p> <ul style="list-style-type: none"> <li>• If you’re taking <b>diabetic medications</b>, please ask for special instructions.</li> <li>• If you’re taking <b>weight loss medications</b>, please ask for special instructions.</li> <li>• If you’re taking <b>blood thinners</b>, such as Plavix, Effient, Warfarin, Eliquis, Pradaxa, or Xarelto, etc. please ask for special instructions.</li> </ul> <p><b>If you have constipation:</b></p> <ul style="list-style-type: none"> <li>• Take OTC <b>MiraLAX</b> one dose in a 8 oz glass of water up to 3 times per day as needed to maintain daily soft BMs.</li> <li>• Also ask for an <b>extra dose prep</b> regimen.</li> </ul> <p><b>Questions: call (425) 259-3122</b></p>	<p><b>DO NOT FOLLOW INSTRUCTIONS INSIDE/ON THE BOX</b></p> <p><b>Clear liquid diet only (no solid foods!) for Entire Day:</b> clear fruit juice without pulp such as apple juice, white grape juice, broth, Gatorade (No Gatorade Frost), popsicles, small amounts of coffee or tea without cream. No milk, red, blue, or purple colors.</p> <p><b>If you take diabetic medication(s):</b> follow special instructions.</p> <p><b>5 PM:</b> <b>SUFLAVE DOSE 1</b> Pour one flavor packet into one of the provided bottles. Fill bottle with <u>lukewarm</u> water to the fill line. After capping bottle, shake well until dissolved. For better taste, refrigerate for one hour.</p> <p><b>6 PM:</b> Drink 8 oz of solution every 15 minutes until bottle is empty. Drink additional 16 oz of water during the evening.</p> <p><b>What to expect:</b></p> <ul style="list-style-type: none"> <li>• It may take several hours before you have lots of diarrhea.</li> <li>• If you have nausea or vomiting, slow down the pace of drinking.</li> <li>• <b>NO ALCOHOL</b></li> </ul>	<p><b><u>SEVEN (7) HOURS PRIOR TO YOUR CHECK IN TIME: SUFLAVE DOSE 2</u></b> Pour one flavor packet into one of the provided bottles. Fill bottle with <u>lukewarm</u> water to the fill line. After capping bottle, shake well until dissolved. For better taste, refrigerate for one hour. Add <b>3 mL Mylicon</b> to the above solution by using the syringe included in the Mylicon box. Draw up 0.6 mL per syringe and do it five times, which will give 3 mL total.</p> <p><b><u>SIX (6) HOURS PRIOR TO YOUR CHECK IN TIME:</u></b> Drink 8 oz of solution every 15 minutes until bottle is empty. Drink additional 16 oz of water during the morning.</p> <p>A good prep should result in urine-like CLEAR yellowish watery stool. Complete the bowel prep even if stool looks clear halfway.</p> <p><b><u>Prior to 4 hours before check-in time:</u></b></p> <ul style="list-style-type: none"> <li>• OK to drink water or clear juice.</li> <li>• OK to take <b>usual prescribed medications</b>, unless otherwise instructed for blood thinners, diabetic &amp; weight loss medicines, etc.</li> </ul> <p><b><u>Within 4 hours before check-in time:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Nothing by mouth</b>, including gum, hard candy, chewing tobacco, water, etc.</li> </ul> <p><b><u>Be sure to bring:</u></b></p> <ul style="list-style-type: none"> <li>• Medication list</li> <li>• A driver</li> <li>• Photo ID/Insurance card</li> <li>• Eyeglasses/Hearing aids</li> </ul> <p>You CANNOT drink alcohol or drive for 12 hours after the procedure.</p>

# Low Fiber Diet



As a general rule, **DO NOT** eat: nuts, seeds, raw fruits or vegetables, corn, beans, peas, lentils, whole grains, or popcorn

**If you have questions after reading all of the instructions, call us at (425) 259-3122**

**START FOLLOWING A LOW-FIBER DIET STARTING 5 DAYS BEFORE YOUR COLONOSCOPY OR OTHER GI PROCEDURE.**

FOOD GROUP	YES	NO
<b>Breads &amp; Grains</b>	White breads, bagels, rolls, biscuits, pretzels, waffles, French toast, pancakes, white rice, white pasta, peeled potatoes, sweet potatoes, baked chips, saltines or white crackers without seeds, baked items made with white flour	Whole wheat or other whole grain bread, bread with nuts, seeds or added fiber, whole grain tortillas, tortillas with seeds, whole grain corn or popcorn, whole grain pasta, brown rice, quinoa, spelt, other high-fiber grains.
<b>Gluten Free Breads &amp; Grains</b>	GF white bread, rolls, biscuits without seeds, GF cereal (no bran), GF crackers without nuts/seeds, GF tortillas without seeds, GF flours-rice, sorghum, tapioca, coconut	High-fiber gluten free bread, bran, seeds, nuts, crackers, tortillas with seeds
<b>Cereals</b>	Hot cereal: cream of rice, cream of wheat Cold cereal: Rice Krispies, Corn Flakes, Special K	Whole grain cereals, cereal with nuts/seeds, oatmeal, granola bran
<b>Meat &amp; Proteins</b>	Lean meats-beef, chicken, turkey, pork, etc. Fish, shellfish, eggs, tofu, avocado, creamy peanut, almond or other nut butters, soups with allowed meats and vegetables	Tough meats with pieces of fat, beans, peas, lentils, nuts, seeds, chunky peanut, almond or other nut butters, hummus
<b>Milk &amp; Dairy</b>	Cow's milk-plain or flavored, coconut, almond, rice and soy milk, cheese, cottage cheese, yogurt-plain or flavored, no berries, pudding, custard, ice cream	Oat milk, yogurt with berries, seeds, or granola
<b>Dairy Free Options</b>	Dairy free yogurt, cheeses, puddings, ice cream, milk alternatives, coconut, almond, soy, hemp, rice or cashew milk	Oat milk
<b>Fats, Oils, &amp; Condiments</b>	Butter, margarine, plant-based butter, cooking oils, mayonnaise, soy sauce, salad dressing without seeds, herbs, spices, plain gravy	Salad dressing with seeds, whole peppercorns, whole fennel, anise seeds, pickles, olives

# Low Fiber Diet

FOOD GROUP	YES	NO
<b>Beverages</b>	Coffee, tea, carbonated beverages, fruit juice without pulp, electrolyte beverages (Gatorade, Pedialyte), clear broth, milk, coconut, almond, rice or soy milk	Fruit juice with pulp, oat milk
<b>Sweets &amp; Desserts</b>	Clear jelly (no seeds/nuts), honey, syrup, sugar-white/brown, plain cake (no seeds/nuts), plain cookies (no seeds/nuts), Jello, pudding, popsicles, hard candy, plain chocolate (no seeds/nuts)	Dried fruit, chocolate (nuts, seeds, fruit), cake or cookies (dried fruit, nuts, seeds, coconut)
<b>Fruit &amp; Vegetables</b>	Peeled apples or applesauce without skins/seeds Canned or pureed fruit without skins/seeds Bananas, cantaloupe, honeydew melon Cooked or canned vegetables without seeds: Carrots           Asparagus tips Green beans      Pumpkin Spinach           Peeled potatoes Mushrooms       Peeled sweet potatoes	Raw fruits with skin/seeds, pineapple, berries, grapes, broccoli, cauliflower, brussel sprouts, cabbage, winter squash, beets, lettuce, dark greens, whole kernel corn, peppers, onions, raw vegetables

## ONE DAY BEFORE COLONOSCOPY OR OTHER GI PROCEDURE

**NO SOLID FOODS** for the entire day on the day before your procedure. No alcohol. Follow a clear liquid diet only.

A clear liquid diet can include:

**AVOID RED, BLUE, PURPLE COLORS**

- Clear fruit juice without pulp-apple, white grape, etc.
- Small amount of coffee or tea without milk or creamer
- Gatorade, Pedialyte, or other electrolyte drink (NO Gatorade Frost; no red, blue, or purple beverages)
- Jello (no red, blue, or purple)
- Soda (no red, blue, or purple)
- Popsicles (no red, blue, or purple)
- Clear broth (beef, chicken, vegetable, bone)
- Water

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