








SUFLAVE PREP(PM) You are scheduled for EGD Colonoscopy: ___ / ___ / ___ Estimated Arrival Time: ___

Dr. Philip Stack Dr. Charles Barrier Dr. Phil Tanner Dr. Randall Savell

Angel Medical Center Harris Hospital Western Carolina Endoscopy Center (Franklin)
828-349-3636

Please initial your understanding of all instructions:
_____/_____(staff)

*Pick your prep up at the Pharmacy

Medications to STOP	Medications to STOP	Information Leading to Procedure	1 DAY BEFORE PROCEDURE (Prep Day)	PROCEDURE DAY
 <p>14 DAYS PRIOR:</p> <p>Phentermine</p> <p>8 DAYS PRIOR:</p> <p>Any GLP-1 Agonists Medications for diabetes and/or weight-loss</p> <ul style="list-style-type: none"> • Trulicity • Ozempic • Mounjaro • Saxenda • Rybelsus • Wegovy • Zepbound <p>*ANY WEEKLY WEIGHT-LOSS INJECTABLE MEDICATIONS</p> <p>7 DAYS PRIOR:</p> <ul style="list-style-type: none"> • Aspirin • Vazalore • Ibuprofen • Motrin • Aleve • Meloxicam • Advil • Naproxen • BC Goody's • Diclofenac 	 <p>5 DAYS PRIOR:</p> <ul style="list-style-type: none"> • Plavix • Coumadin • Warfarin • Brilinta <p>3 DAYS PRIOR:</p> <ul style="list-style-type: none"> • Xarelto • Pradaxa • Eliquis • Savaysa 	<p>**A member of our staff will call to confirm your arrival time prior to your procedure. If a message is left, please return the call at your earliest convenience.**</p>  <p>Ride home: Confirm you have a responsible adult to drive you home after the procedure. (You may NOT ride the transit or take a taxi home.)</p>	<p>***NO SOLID FOOD TODAY!!!***</p>  <p>You can have clear liquids all day today. (See the attached clear liquid diet sheet). The more you drink, the better your prep will be.</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="976 730 1249 974">  <p>5:00PM: PART 1: Mix and drink the 1st dose of Suflave following the instructions provided by the office.</p> </div> <div data-bbox="1291 730 1522 1039">  <p>10:00PM: PART 2: Mix and drink the 2nd dose of Suflave following the instructions provided by the office.</p> </div> </div> <p>Mixing Instructions:</p> <ol style="list-style-type: none"> 1- Open 1 flavor packet and pour the contents into 1 bottle. 2- Fill the bottle with water. Shake until mixed well. For best taste, refrigerate for 1 hour prior to drinking. 3- Drink 8 ounces every 15 minutes until bottle is empty. <p>Mixing Instructions:</p> <ol style="list-style-type: none"> 1. Repeat step 1 to step 3 from Part 1 <p>**You may continue clear liquids until the allowed time in the next column.**</p>	<p>At 6AM Drink the following mixture within 30 minutes:</p> <p>117g of Miralax and 32 ounces of gatorade (or a clear liquid).</p> <p>**No Tobacco Products 6 hours prior to your arrival time**</p> <p>YOU CAN HAVE CLEAR LIQUIDS TODAY UNTIL:</p>  <p>4 Hours Prior to your Arrival time</p> <p>(No gum, candy, mints, ice chips, sips of clear liquid or chewing tobacco after the time listed above.)</p> <p>Early morning: Take your usual prescribed heart medication / blood pressure medication (NOT BLOOD THINNER) with a sip of water if applicable. Do not take any other medications before your procedure unless instructed to do so.</p>

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