



PROCEDURE PREPARATION INSTRUCTIONS

Procedure Date: _____ **Estimated Arrival Time:** _____

Procedure: Colonoscopy Endoscopy

Location:

Memorial Hermann Surgery Center 23920 Katy Freeway #200 Katy, TX 77494 -281-644-3200

Memorial Hermann Hospital 23900 Katy Freeway, TX 77494 -281-644-7200

Please call Anesthesia prior to your procedure to obtain a quote of financial responsibility _____

Your procedure(s) will take approximately 30-45 minutes to complete. Your total time at the facility will be approximately 3.5 – 4 hours. For your safety you will not be permitted to drive yourself home after the procedure. **Please make arrangements to have a responsible adult accompany you and drive you home. Using an Uber/Taxi will not be permitted for the drive home.**

The time given for your procedure when scheduling is an estimated time subject to change per facility.

The facility will call to confirm your appointment day and arrival time prior to your procedure. If you are given a different arrival time at that moment, please arrive at the time which was given to you by the facility staff.

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Please be aware that Facility, Dr. Maher, Anesthesia, and Pathology fees will all be billed separately. The quote given to you by Dr. Maher’s office may not include Facility, Anesthesia, or Pathology fees. **You are responsible to find out what your financial responsibilities are prior to your procedure from all entities.** _____.

All procedures must be cancelled or rescheduled at least 48 business hours prior to the procedure time. Failure to do so will incur a \$100 late cancellation fee. _____.

Pre-Procedure Instructions

- All blood thinners must be stopped 5 - 7 days prior to procedure unless instructed otherwise.
- **Stop** Fiber supplements, Vitamins, Iron supplements, Aspirin-like products such as Aspirin 81 mg, Advil, Ibuprofen, Aleve, and certain Arthritis medications five (5) days prior to your procedure.
- Diabetic medications, including insulin, **must not be taken the morning of your procedure.**
** Please check your blood glucose level in the morning prior to your arrival.
- Diet pills such as phentermine must be **stopped** for 14 days prior to the procedure.



Dietary Preparations for COLONOSCOPY

(_____) *****2 days prior foods you can eat:** Chicken, turkey, fish, eggs, creamy peanut butter, wheat (no grains)/white bread, green apples, pears, pasta, cooked/steamed vegetables. *******(Focus on what you can eat!) Do not eat any foods or beverages that are colored **red, blue, or purple.**

DO NOT EAT: Fruits containing seeds, whole grains, and nuts, do not eat corn or raw vegetables; rice, beef, milk/milk-based products.

The day prior to your procedure you will be on a clear liquid diet (_____)

Clear Liquid Options: (No Jell-O, or Smoothies)

Plain water Apple Juice White grape juice strained lemonade (no pulp)
Black Coffee (no cream) Tea (no cream) sugar is ok Clear Sodas (Sprite, Mountain Dew, etc.)
Sports Drinks (excluding red, blue and purple colored drinks) Broth (chicken, bouillon, consommé)

The evening before your procedure (_____)

You will start your first SUTAB dose at 6:00 p.m. – 7:00 p.m. done with the 1st dose!

- Add cool drinking water to the 16 oz. line on the container.
- For your **first dose**, open 1 bottle of 12 tablets. Swallow one pill at a time with a sip of water. You have 30 min to finish all the tablets.
- **Within the next 30 minutes:** drink TWO 16 oz. containers of water. (6:30 pm -7:00 pm)

The morning of your procedure (_____)

You will start drinking the second dose 6 hours before your scheduled procedure time.

With a procedure time of _____ you will start drinking your **second dose** at _____ / _____ done!

Repeat the above instructions for the second dose except go by the new times. Please be aware that if the time of your procedure changes, so will the time you start your second dose of the prep.

You may not have anything by mouth after you have completed your prep.

Biopsy results: will be sent through the **portal** 10-14 days after the procedure(s). If you do not use the portal or have not heard from us within 10-14 days call the office. Be aware that due to HIPPA guidelines we cannot leave a detailed message. The date of your procedure you will get a folder with images and information of what the doctor saw. Instructions on how to follow up will also be included, be sure to review them.

If you have any questions or concerns, please contact our office at 281-945-5190 x 103 my name is Maggie



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