KATY STOMACH DOCTOR
JAMES MAHER, M.D.
GASTROENTEROLOGY

SUFLAVE PREPARATION INSTRUCTIONS

Procedure Date: _____ Estimated Arrival Time: _____Appointment time: _____

Procedure: Colonoscopy Endoscopy

- ☐ Memorial Hermann Surgery Center- Katy 23920 Katy Freeway #200 Katy, TX 77494 281-644-3200 (Lone Star Anesthesia: 1-888-717-5383)
- ☐ Memorial Hermann Hospital- Katy 23900 Katy Freeway Katy, TX 77494 281-644-7222 (Anesthesia Billing: 281-644-8815)

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 arrange for a responsible adult to accompany you and provide transportation.** Using an Uber/Taxi will not be permitted to be used after the procedure by the facility.

The scheduled time provided for your procedure is an estimate and may be subject to change by the facility. The facility will contact you to confirm your appointment date and time prior to the procedure. If you receive a different arrival time from the facility, please arrive at the time specified by their staff. We will not notify you of any changes to your appointment time, as such updates are communicated directly by the facility.

Please be aware that fees for the facility, Dr. Maher, anesthesia, and pathology are billed separately. The estimate provided by Dr. Maher's office does not include these additional charges. **It is your responsibility to clarify and understand your financial obligations with all involved entities prior to your appointment.**

**ALL PROCEDURES MUST BE CANCELED/RESCHEDULED AT LEAST ONE WEEK PRIOR TO THE PROCEDURE DATE. FAILURE TO DO SO WILL INCUR A $200 LATE CANCELLATION FEE.*

Pre-Procedure Instructions

- All blood thinners and aspirin 81mg must be stopped 5-7 days prior to procedure date unless instructed otherwise.
- Stop fiber supplements, vitamins, iron supplements, 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.
- Phentermine must be stopped 14 days prior to the procedure.
- Tirzepatide(mounjaro)and Semaglutide(ozempic) must be stopped 1 week prior.

**Clearance will be requested for patients currently taking blood thinners, including aspirin 81mg.*

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Two days prior to procedure:

Foods you can have: Chicken, turkey, fish, eggs, creamy peanut butter, wheat(no grains)/white bread, green apples, pears, pasta and cooked/steamed vegetables.
DO NOT EAT: Fruits with seeds, whole grains, nuts, corn, raw vegetables, rice, beef, lettuce, beans, broccoli, high fiber foods, milk/milk based products or anything colored red, blue or purple.

Day before the procedure: Clear liquid diet only

Clear liquid options:(No smoothies)

Water Apple juice White grape juice Strained lemonade(no pulp)
Black coffee(no creamer) Tea Clear sodas(Sprite, Mountain dew, etc)
Sport drinks (excluding red, blue and purple drinks) Broth (chicken, bouillon and consomme)
Jello Popsicles Ensure clear nutritional drinks Boost breeze

Evening before procedure:

You will start your first SUFLAVE dose at 6:00pm(DO NOT follow instructions on prep box)

- Pour (1) flavor enhancing packet into 1 of the bottles provided in the kit.
- Fill the bottle with lukewarm water up to the fill line. Gently shake the bottle until all powder is fully dissolved. For best taste, refrigerate the solution 1 hour before drinking.
- Drink 8 ounces of solution every 15 minutes until the bottle is empty.
- Drink an additional 16 ounces of water after the prep is complete. DONE!

Morning of procedure:

You will start drinking the second dose 6 hours prior to your procedure time. Nothing to drink 2 hours prior to your procedure time!

With a procedure time of _____you will start drinking your second dose at_____/_____.
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 prep.

Following your procedure, you will receive a copy of the images along with a summary of the findings as observed by the doctor. Biopsy results will be sent through the portal 14 days after the procedure(s). If you don't use the portal or have not heard from us within 14 days, call our office. Be aware that due to HIPPA guidelines we cannot leave a detailed message. Further follow up instructions will follow after the results have been finalized.

If you have any questions or concerns, please contact our procedure scheduler at 281-717-8660 or procedures@katystomachdr.com.

X_____
Patient signature of acknowledgment