



**ADVANCED  
DIGESTIVE  
CARE**

NORTHERN VIRGINIA GASTROINTESTINAL ASSOCIATES

## Colonoscopy and **SUTAB/Miralax** Instructions

Your procedure is scheduled on \_\_\_\_ / \_\_\_\_ at \_\_\_\_ : \_\_\_\_ am/pm

Check in time: \_\_\_\_ : \_\_\_\_ am/pm

**Woodburn Endoscopy Center**

3301 Woodburn Rd Suite 109  
Annandale, VA 22003  
(703) 752-2557



Go to [www.woodburnendoscopy.com](http://www.woodburnendoscopy.com)

Click "For Patient" tab at the top

Print and Fill-in all 4 "Patient Check-In Forms"

**INOVA Fairfax Hospital Medical Campus**

3300 Gallows Rd (Blue Garage, 3<sup>rd</sup> floor)  
Falls Church, VA 22042  
(571) 472-3344

\*\*Ground Floor, INOVA Professional Service Building\*\*

**McLean Surgery Center**

7601 Lewinsville Rd Suite 440  
McLean, VA 22102  
(703) 663-1428



Go to [www.onemedicalpassport.com](http://www.onemedicalpassport.com) to complete your

medical history. Upon completion of your medical


history, please contact (703) 663-1428 for phone

interview with pre-op nurse.

**\*\*If your procedure is scheduled at 2:00 PM or after, your ride MUST remain at the facility during your procedure.\*\***

**Cancellation Policy: Cancellations and/or rescheduling within Seven (7) business days incur a \$350 charge. This charge is not covered by insurance. If you need to cancel and/or reschedule, please call our office at (703) 876-0437, select option 3.**

<p><b>The Week BEFORE Colonoscopy</b></p>	<ul style="list-style-type: none"> <li>Go to the pharmacy, fill your prescription of <b>SUTAB</b> and <b>purchase 1 small bottle (7 ounce daily dose) of MiraLax (4.1 Oz(119g)) over the counter and 32 oz of Gatorade.</b></li> <li>Stop taking Iron-containing vitamins and medications.</li> <li>Stop the following blood thinners if, and only if, the prescribing Physician approves for the number of days s/he allows: Plavix, Clopidogrel, Effient, Brillinta, Coumadin, Warfarin, Pradaxa, Xarelto, and Eliquis. Please notify GI office in advance if prescribing physician does not approve stopping any of these meds.</li> <li>Avoid high-fiber foods: <b>ALL Nuts, popcorn, marmalades and seeds, including fresh fruits that contain seeds like strawberries. You MAY have COOKED Vegetables but AVOID RAW Vegetables.</b></li> <li><b><u>Please follow our instructions and disregard the instructions on the package kit.</u></b></li> </ul>				
<p><b>Two Days BEFORE Colonoscopy</b></p>	<table border="1"> <tr> <td data-bbox="329 1262 462 1373"> <p>Upon waking</p> </td> <td data-bbox="462 1262 1567 1373"> <ul style="list-style-type: none"> <li><b>Begin and remain on a strict CLEAR LIQUID Diet.</b> (see table on next page)</li> <li><b>It is very important to remain hydrated. Drink lots of liquid throughout the day.</b></li> </ul> </td> </tr> <tr> <td data-bbox="329 1373 462 1738"> <p>7:00 PM</p> </td> <td data-bbox="462 1373 1567 1738"> <ul style="list-style-type: none"> <li><b>STEP 1:</b> Open 1 <b>SUTAB</b> bottle of 12 tablets.</li> <li><b>STEP 2:</b> Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water, and drink the entire amount of water over 15 to 20 minutes.</li> </ul> <div data-bbox="574 1520 1224 1619" data-label="Image"> <p>Tablets not shown actual size.</p> </div> <p>If you are experiencing symptoms (for example nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.</p> </td> </tr> </table>	<p>Upon waking</p>	<ul style="list-style-type: none"> <li><b>Begin and remain on a strict CLEAR LIQUID Diet.</b> (see table on next page)</li> <li><b>It is very important to remain hydrated. Drink lots of liquid throughout the day.</b></li> </ul>	<p>7:00 PM</p>	<ul style="list-style-type: none"> <li><b>STEP 1:</b> Open 1 <b>SUTAB</b> bottle of 12 tablets.</li> <li><b>STEP 2:</b> Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water, and drink the entire amount of water over 15 to 20 minutes.</li> </ul> <div data-bbox="574 1520 1224 1619" data-label="Image"> <p>Tablets not shown actual size.</p> </div> <p>If you are experiencing symptoms (for example nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.</p>
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<b>The day before your colonoscopy</b>	7:00 AM	<ul style="list-style-type: none"> <li>Open 1 SUTAB Bottle of 12 tablets.</li> </ul>  <ul style="list-style-type: none"> <li>You will begin to take your second SUTAB Bottle of 12 tablets.</li> <li><b>REPEAT Step 1 to Step 4 from instructions above.</b></li> </ul>
	7:00 PM	<ul style="list-style-type: none"> <li>Mix the entire bottle of MiraLax with the bottle of Gatorade in a pitcher. Stir the solution until the MiraLax is dissolved. Begin drinking the solution. Drink ONE- 8oz glass of solution every 15 minutes until 2 GLASSES are finished.</li> <li><b>Refrigerate the remainder of solution.</b></li> <li>*If you feel nauseated during the process, take a break until your stomach settles and restart. Before retiring, drink at least three 8oz glasses of clear liquids to help prevent dehydration.</li> </ul>

<b>The Day of Colonoscopy</b>	<ul style="list-style-type: none"> <li><b>4 hours prior to your CHECK-IN time</b>, begin drinking the remaining TWO- 8oz glasses of mixed MiraLax/Gatorade: Drink ONE-8oz of solution every 15 minutes until finished. NOTE: This may be in the middle of the night or very early morning.</li> <li><b>TAKE NOTHING BY MOUTH WITHIN 3 HOURS OF YOUR CHECK-IN TIME.</b></li> <li>You may take critical medications with Clear Liquids up until 3hrs. Before your CHECK-IN time.</li> <li>You must have someone to drive you home or accompany you home on public transportation.</li> <li>You must not drive or be responsible for important decisions until the <u>morning after</u> your procedure.</li> </ul>
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**Clear Liquid Diet List:**

- Gatorade®, Powerade® (sports drinks with electrolytes are recommended to help with hydration)
- Water, tea, or coffee (No cream or milk; sugar is ok)
- Broth or Bouillon
- Jell-O®, Popsicles®, Italian ice (no fruit or cream added)
- Apple, white grape, or white cranberry juice (No orange, tomato, grapefruit, prune, or any juice with pulp)
- Soda such as Sprite®, 7-Up®, ginger ale, or any cola
- Clear hard candy, gum
- Lemonade (with no pulp), iced tea
- Avoid all **RED** and **PURPLE** liquids—they can look like blood in the colon!

**Important Notes and Helpful Hints:**

- Nothing by Mouth within 3hrs of your check-in time. This includes clear liquids, candy, and gum. Taking anything by mouth within 3hrs of check-in will cause a delay or cancellation of your procedure.
- Your exam will only be as good as your colon prep. A good sign that the prep has been effective is the transition to clear, watery bowel movements. If, 2 hours prior to your check-in time, your bowel movements are not clear (that is, if they are still solid or mostly brown), please call the phone number below for instructions.
- You may use baby wipes instead of toilet paper and Vaseline in case of a sore bottom.
- Remain close to toilet facilities as multiple bowel movements may occur. The prep often starts working within an hour but may take many hours to start working.
- You may take oral medications with water during the prep and up to 3 hours before check-in time.
- Please allow 7-10 business days for all the exam results.

**Diabetic Patients:**

- Please refer to **Diabetic Protocol** form provided by our office and Hold (do not take) your diabetic medication the morning of the colonoscopy.
- Use sugar free drinks for liquids (like Crystal Light) during the prep to avoid increases in blood sugar. Monitor and control your blood sugar closely during your prep to prevent low and high blood sugar. Note: Your procedure may need to be cancelled if your blood sugar is over 300mg/dl on arrival.

**If you have any questions AFTER you have read your instructions, please call us at**

**(703) 876-0437**

**There is a \$350 LATE CANCELLATION FEE for procedures not cancelled at least SEVEN (7) BUSINESS DAYS prior to your procedure date. Your insurance will not cover this fee; you are responsible for the payment. If you must cancel, do not call the facility where your procedure is scheduled, please call our office at (703) 876-0437 and select option 3.**