

# GASTROENTEROLOGY CENTER

OF THE SOUTH

DAVID C. PELLEGRIN, M.D.  
8120 Main Street- Suite 200  
Houma, LA 70360  
(985) 851-5206

## **INSTRUCTIONS FOR OUTPATIENT ENDOSCOPIC TESTING**

1. This procedure will be performed at Terrebonne General Hospital Atrium Endoscopy unit, or at the outpatient/short stay department located at the main hospital.
2. Nothing to eat or drink after midnight. The morning of your test, your stomach must be empty. The nurse from TGMC Endoscopy Dept. will inform you what medication to take the morning of the procedure when you are called with your time.
3. **A NURSE FROM T.G.M.C. ENDOSCOPY DEPT. WILL CONTACT YOU THE DAY BEFORE YOUR PROCEDURE TO INFORM YOU OF THE TIME TO REPORT FOR YOUR PROCEDURE. YOU WILL ALSO BE INFORMED WHAT MEDICATION IF ANY TO TAKE THE MORNING OF YOUR PROCEDURE. IF YOU HAVE ANY QUESTIONS ABOUT YOUR TIME PLEASE CALL 985-850-6256/985-850-6167.**
4. You will receive sedatives and **MUST BRING SOMEONE WITH YOU ON THE DAY OF YOUR PROCEDURE. THEY WILL NEED TO DRIVE YOU HOME.** The doctor will explain your results to you and the person with you.
5. **NO ASPIRIN, ADVIL, ALEVE, MOTRIN, BC POWDER, STANBACK, ALKA SELTZER, ARTHRITIS PILLS OR BLOOD THINNERS FOR 7 DAYS PRIOR TO THE PROCEDURE. IF YOU ARE CURRENTLY ON AN ASPIRIN REGIMEN YOU DO NOT NEED TO STOP, WE DO NOT WANT YOU TO TAKE ANY ADDITIONAL ASPIRIN PRODUCTS.**  
Continue your other medications. Do not take any over the counter medications without checking with us first. **TYLENOL IS SAFE TO TAKE UP UNTIL MIDNIGHT THE NIGHT BEFORE THE PROCEDURE.**
6. If you have any problems after the procedure or questions in regards to the prep, please do not hesitate to call us at **985-851-5206.**
7. You should check with your insurance company and inform them this procedure has been scheduled.  
**DO NOT TAKE YOUR DIABETES MEDICATIONS THE MORNING OF YOUR PROCEDURE**

**COLON PREP INSTRUCTIONS – SuTab**  
(please pick up prep 5-7 days prior to procedure)

**1. THE DAY BEFORE YOUR PROCEDURE**

- A. You must be on a clear liquid diet, (**NO SOLID FOODS**) starting when you get up in the morning. The more fluids you drink, the better your colon will be cleaned out
- B. **CLEAR LIQUID DIET (LISTED BELOW). DO NOT DRINK ANY RED FLUIDS.**  
**DO NOT EAT OR DRINK ANYTHING ELSE EXCEPT WHAT IS ON THIS LIST!**  
**YOU MUST DRINK AT LEAST 2qts OF GATORADE/POWERADE.**

**SOUP BROTH**  
**ICED TEA**  
**COFFEE**  
**LEMONADE**

**KOOL AID**  
**JELLO**  
**POPSICLES**  
**FRUIT JUICE**

**GATORADE/POWERADE**  
**POWERADE**  
**WATER**  
**SOFT DRINKS (DIET/REG)**

**1<sup>ST</sup> DOSE OF 12 TABLETS AT 2:00pm**

**2<sup>ND</sup> DOSE OF 12 TABLETS At 8:00pm**

**DOSE 1**

**Take the tablets with water**

**STEP 1** Open 1 bottle of 12 tablets.

**STEP 2** 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.



Tablets not shown actual size.



**IMPORTANT:** If you experience preparation-related symptoms (for example, nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.

**Drink additional water**

**STEP 3** Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

**STEP 4** Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

**DOSE 2**

**Take the tablets with water**

**STEP 1** Open 1 bottle of 12 tablets.

**STEP 2** 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.



Tablets not shown actual size.



**IMPORTANT:** If you experience preparation-related symptoms (for example, nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.

**Drink additional water**

**STEP 3** Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

**STEP 4** Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

**DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT!**

**2. THE MORNING OF YOUR PROCEDURE:**

- A. The nurse from T GMC Endoscopy Dept. will inform you what medication to take the morning of the procedure when you are called with your time.
- B. **DO NOT TAKE YOUR DIABETES MEDICATIONS THE MORNING OF THE PROCEDURE.**
- C. **THE NURSE FROM T.G.M.C. ENDOSCOPY DEPARTMENT WILL CONTACT YOU THE DAY BEFORE YOUR PROCEDURE TO INFORM YOU OF WHAT TIME TO REPORT FOR YOUR PROCEDURE. IF YOU HAVE QUESTIONS ABOUT YOUR TIME PLEASE CALL 985-850-6256.**