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PROCEDURE DATE: _____

__MATHER ___ADVANCED SURGERY CENTER OF LONG ISLAND (ASCLI)

(If you need to **cancel** your procedure, please let us know **as soon as possible**.)

LIDDC: SUFLAVE (polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution)
INSTRUCTIONS

*** FOLLOW THESE INSTRUCTIONS - NOT INSTRUCTIONS IN PREP KIT**

MORE THAN TWO WEEKS BEFORE YOUR PROCEDURE: Inform the office **(631) 751-8700 IF:**

1. You are diabetic.
2. You are allergic to latex.
3. You take blood thinning products (Coumadin, Plavix, Aggrenox, Pradaxa, Pletal, Ticlid, Brilinta, Trental, Effient, Xarelto, Eliquis).
4. You have a prosthetic heart valve, a history of endocarditis, vascular graft, prosthetic joint replacement within the last 12 months. You may need antibiotic coverage for your procedure.
5. **Make sure you have a responsible party to take you home after the procedure. We may cancel the procedure if you do not have a responsible party to take you home.**
6. **You will be called by ASCLI surgery center with your arrival time two days prior to procedure.**

A. ONE WEEK BEFORE YOUR PROCEDURE:

1. Do not take iron, iron-containing compounds, Vitamin E, fish-oil, advil, motrin, ibuprofen, aleve, naprosyn. You may
2. take Tylenol (acetaminophen).
3. If you are taking aspirin 81 mg/day (baby aspirin) you should CONTINUE this unless instructed otherwise.
4. **Blood work** should be done 7-14 days prior to the procedure. A **pregnancy test** should be done less than **7 days** prior to the procedure if you are a woman of child bearing age.
5. Avoid fruits/vegetables with **seeds**: eg tomatoes, kiwi fruit, caraway, flax, poppy, sesame etc. and corn.

THE DAY BEFORE YOUR PROCEDURE:

1. **DO NOT EAT SOLID FOOD. YOU CAN ONLY HAVE CLEAR LIQUIDS THE DAY BEFORE YOUR COLONOSCOPY.** Drink at least 8 glasses of clear liquids. These should not be red or purple. Examples include: apple juice, water, clear broth or bouillon, Gatorade, Snapple, carbonated soda, jello, ice popsicles, black coffee, black tea (sugar or sweetener is allowed-but **NO milk/creamer**). You cannot have orange juice or other liquids you cannot see through. Only clear liquids are allowed the day before the procedure. It is very important that you stay well hydrated. Call the office if you have problems or questions with the prep.

2. **SUFLAVE INSTRUCTIONS:** (call 631-751-8700 if you have questions/problems with the prep)

a. FIRST DOSE: Start at 6pm.

Step 1. Open 1 flavor-enhancing packet and pour the contents into 1 bottle.

Step 2. Fill the provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has mixed well (dissolved). For best taste, refrigerate the solution for an hour before drinking. Do not freeze. Use within 24 hours.

Step 3. Drink 8 ounces of solution every 15 minutes until the bottle is empty.

Step 4. Drink an additional 16 ounces of water during the evening.

IMPORTANT: If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish.

b. SECOND DOSE:

Step 1. Repeat Step 1 to Step 3 from step a.

Step 2. Drink an additional 16 ounces of water

If your procedure is **scheduled before 10am** drink the second dose between 10-11 pm

the night before.

If your procedure is **scheduled after 10am** finish the second dose and water 6 hrs **before** your procedure time

3. If your procedure is scheduled in the **hospital, call the evening before** for your arrival time. ☐ Mather Hospital (631) 476-2717

THE DAY OF YOUR PROCEDURE: DO NOT EAT ANY FOOD

1. **Do not eat solid food on the day of your procedure.** If your procedure is after 10 am, the second dose of SUFLAVE must be **completed 6 or more hours** before your procedure. You may not drink anything less than 6 hours before your procedure. No gum or candy. You may brush your teeth.

Take your usual morning medications with a sip of water.

2. Wear loose fitting clothes. Do not wear contact lenses, jewelry or make-up. Remove tongue piercings.
3. Bring **inhalers** with you.
4. Bring your **glasses case** with you.
5. Contact the office if you have questions or your physical condition changes (cold, fever, illness) (631) 751-8700.
6. We may **cancel the procedure if you do not have a driver to take you home.** Your driver will need to sign your discharge papers. You may **resume your normal diet** after the procedure. You **may not drive for the rest of the day/night.** You may **resume normal activities** the next day.