

SUFLAVE™

(polyethylene glycol 3350,
sodium sulfate, potassium chloride,
magnesium sulfate, and sodium
chloride for oral solution)
178.7 g/7.3 g/1.12 g/0.9 g/0.5 g

GastroCare LI

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DEPOSIT DAY OF PROCEDURE: _____ \$

Appointment Date: ___/___/___ Time: _____ AM/PM Arrival Time: _____ Location: _____

NOTE: Before beginning the following steps, have your prescription for Sufllave filled at the pharmacy.
****Please advise your physician prior to your appointment if you have any problems with your heart valve or if you have a heart murmur.***

YOU CANNOT DRIVE THE DAY OF YOUR PROCEDURE.

5 days before procedure: DO NOT TAKE Aspirin or aspirin type products: Coumadin (warfarin), Advil, Aleve, Motrin, Ecotrin, Plavix (clopidogrel bisulfate), Xarelto (Rivaroxaban), Effient (prasugrel), Pradaxa (dabigatran), Eliquis (apixaban). You will need clearance from your Cardiologist prior to stopping these medications.

****Medications for Diabetes** should be brought with you the day of the procedure to be taken after the procedure. Check with your doctor about possibly adjusting your dosage the day prior to the procedure**

1 week before procedure: DO NOT TAKE Ozempic, Wegovy or Monjaro.

4 days before procedure: DO NOT TAKE Jardiance, Invokana, Farxiga, and Stegletro.

DO NOT EAT food containing seeds for **five days prior** to your procedure which includes but not limited to: sesame, poppy seeds, strawberries, peppers, etc.

THE DAY BEFORE YOUR PROCEDURE:

DRINK ONLY CLEAR LIQUIDS FOR BREAKFAST, LUNCH AND DINNER- NOTHING RED OR PINK IN COLOR

Clear liquids include- JELLO, APPLE JUICE (NO PULP), TEA/COFFEE (NO MILK OR NON DIARY CREAMER), CLEAR BROTH (VEGETABLE, BEEF, CHICKEN), SODA (GINGER ALE, SPRITE, 7UP), WATER LEMONADE (NO PULP), GATORADE (G2 LOW SUGAR) AND POPSICLES. ****SOLID FOODS, MILK, AND MILK PRODUCTS NOT ALLOWED****

NO EATING OR DRINKING THE MORNING OF YOUR PROCEDURE

DIRECTIONS FOR TAKING SUFLAVE THE DAY BEFORE YOUR PROCEDURE:

The day before your procedure at _____ 3 pm

1. Open one flavor enhancing packet and pour the contents into 1 bottle. Fill up the container with lukewarm water up to fill line. Shake solution until fully dissolved. (For best taste, refrigerate solution for an hour prior to drinking.)

3. Drink 8 oz of solution every 15 mins until bottle is empty.

4. You must drink 1 more 16 oz. glass of water over the next hour.

Repeat the above steps at _____ 11 pm.

Day of procedure: You will receive intravenous sedation and this will impair your driving ability. You must make Arrangements for someone to take you home after the procedure. **You cannot drive the day of the procedure.**

******Prescribed medication to be taken the morning of the procedure:** Any medication for heart disease (not listed above), for high blood pressure and asthma with a **small sip of water.**