

E.G.D. Preparation Instructions (PM PROCEDURE)

1. AFTER 4 A.M. THE MORNING OF YOUR PROCEDURE, YOU MAY HAVE ONLY CLEAR LIQUIDS UP UNTIL 3 HOURS PRIOR TO YOUR ARRIVAL TIME.

- Acceptable clear liquids include:

- Beef or chicken broth
- Jell-O or popsicles (**no red, purple or orange**)
- Sprite
- 7-UP
- Ginger Ale
- Apple juice
- Water

HAVE NOTHING BY MOUTH 3 HOURS PRIOR TO YOUR ARRIVAL TIME.

****If you fail to follow these instructions, your procedure will be cancelled****

1. Arrange to take the day off of work since anesthesia will be administered. **You MUST have a responsible adult driver present at the time of arrival and during your recovery.** We cannot start the procedure without your driver present in the building. You will NOT be able to drive yourself home after the procedure. **Uber, Lyft, Taxi, bus or other forms of “public transportation” are NOT acceptable means of returning home after the procedure.** If you do not have an acceptable mode of transportation home after the procedure, your appointment will be cancelled and rescheduled to a different date.

2. All body piercings **MUST BE REMOVED** prior to arrival.

3. MEDICATION MODIFICATIONS

****PLEASE DO NOT STOP TAKING YOUR ASPIRIN****

- **Stop** Coumadin 5 days prior to the procedure
- **Stop** Pradaxa, Xarelto and Eliquis 2 days prior to the procedure
- **Stop** Plavix 7 days prior to the procedure
- **Stop** any anti-inflammatory medication 1 day prior to the procedure (including ibuprofen)
- **Stop** any arthritis medication 1 day prior to the procedure
- **DO NOT TAKE** insulin or any other oral diabetic medications the morning of the procedure. Be sure to check your blood sugar 4 hours prior to your appointment time. If your blood sugar is low, drink a glass of apple juice
- Please take ½ dose Lantus the night before the procedure (*if you are prescribed this*)
- **Continue to take any other prescription medications that are not listed above. They must be taken no later than 3 hours prior to your arrival time.**

****IF YOU ARE NOT SURE IF YOUR MEDICATIONS FALLS UNDER ANY OF THESE CATEGORIES, PLEASE CONTACT YOUR PHARMACY FOR FURTHER ASSISTANCE. ****

Your exam is scheduled on _____ at _____ am / pm

At _____. Please arrive no later than _____ am / pm

Please arrive no later than your arrival time to your appointment time.

YOUR PROCEDURE MAY BE CANCELLED AND RESCHEDULED IF YOU ARE LATE!

*******PLEASE BE FLEXIBLE. YOUR PROCEDURE TIME MAY VARY DEPENDING ON NUMEROUS FACTORS (cancellations, procedural delays, etc.) *******

Important: It is important that you contact your insurance company **5 DAYS PRIOR** to your procedure date. You may have a co-payment the day of your procedure and are responsible to verify with your insurance in advance. ***Patients calling to cancel less than 2 business days due to a high co-payment may be subject to a \$150.00 cancellation fee.***