

PROCEDURE INSTRUCTIONS

- Upper Endoscopy/Gastroscopy (EGD)**
- EUS and/or ERCP INSTRUCTIONS**

Online Instructions:

www.eehealth.org/services/gastrointestinal/patient-instructions/

Endeavor Health Gastroenterology

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1. **Your appointment is on:** (day of the week) _____ (date) _____ (arrival time) _____ a.m/p.m
2. You are scheduled to have your test done at:

- Elmhurst Memorial Hospital:** 155 E. Brush Hill Road. Park in Green Lot, East Entrance. 2nd floor Endoscopy registration desk.
- North Elmhurst Location:** 755 N. York St. Park in main entrance and register at front desk.
- Elmhurst Outpatient Surgery Center/Center for Health:** 1200 South York Rd. Park in Purple Lot. Go to 1st floor registration desk. **If you do not receive your arrival time the day before your procedure by 3PM, please call the Center for Health directly at 630.758.8888.**

NOTE: It is the patient's responsibility to check with the insurance company to see if pre-certification is required, as well as for any questions regarding benefits, out-of-pocket costs. Please see attached sheet for procedural code information.

Procedure Code(s): _____ **Diagnosis Code(s):** _____

****READ ALL OF THESE INSTRUCTIONS SEVERAL DAYS BEFORE YOUR SCHEDULED TEST DATE****

DAY BEFORE THE PROCEDURE:

- **NOTHING TO EAT OR DRINK AFTER MIDNIGHT!**
- If your procedure is scheduled in the afternoon, you may have clear liquids only (see below) **up to 3 hours** before the time of your procedure.
- **If you fail to keep your stomach empty for 3 hours prior to procedure time, your procedure may be CANCELLED.**

TRANSPORTATION

Plan to have someone drive you home after the procedure. You **CANNOT** use public transportation (Uber, Lyft, Taxi). The procedure(s) involves sedation, and you will not be allowed to leave unaccompanied **NO EXCEPTIONS: YOUR PROCEDURE WILL NOT BE PERFORMED.**

WHAT TO WEAR

Wear casual clothes. Please leave jewelry and valuables at home. You may wear your dentures and eyeglasses; however, these will be removed prior to the procedure. Please let the staff know that you are wearing dentures before the procedure.

WHAT TO BRING

A picture ID, proof of insurance, list of your medications and allergies, and your referral form (if your insurance requires it).

QUESTIONS/RESCHEDULING

If you have any questions, please do not hesitate to call us at **331-221-9003 (office)**. To cancel or reschedule, please contact the office **AT LEAST 7 Business days** prior to your scheduled procedure. Please see attached cancellation policy.

MEDICATION(S) → OK TO TAKE BEFORE THE PROCEDURE:

- **Aspirin**
- **Statins & Seizure medications → OK to continue**
- **BETA BLOCKERS → OK to continue**
- **ACE INHIBITORS, ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) & COMBINATION DRUGS THAT CONTAIN AN ARB → OK to continue**

MEDICATION(S) TO HOLD → DO NOT TAKE BEFORE THE PROCEDURE (READ BELOW):

- **Iron** (ferrous sulfate/ ferrous gluconate), **Herbal Supplements & Multivitamins - HOLD 7 days (1 WEEK) prior to the procedure.**
- **Ozempic, Wegovy, Mounjaro, Trulicity, Rybelsus, Victoza – HOLD 7 DAYS (1 WEEK) prior to the procedure.**
- **Jardiance, Invokana, Farxiga, Steglatro, Brenzavvy - HOLD 4 DAYS (96 hours) prior to the procedure.**
- **ANOREXIANTS (Weight Loss Medication - i.e., Phentermine/Vyvanse) - HOLD 7 days (1 WEEK) prior to the procedure.**
- **DO NOT TAKE:** Any form of **Erectile Dysfunction** medications for **3 days (72 hours) prior to the procedure UNLESS prescribed for Pulmonary Hypertension.**
- **DO NOT TAKE:** Any form of **alcohol and recreational drugs 1 DAY (24 hours) prior to the procedure.**

PATIENTS ON BLOOD THINNERS (ANTICOAGULANTS)

- **YOU** are responsible for contacting your **cardiologist** or **prescribing provider**, regarding recommendations on holding these therapies prior to your scheduled procedure.
- This should be done **at least 2 weeks in advance**, as some medications will need to be held 5 days prior to your procedure.
- ***IF you forget to stop your blood thinner, your procedure WILL be cancelled and rescheduled*.**

PATIENTS ON DIABETIC MEDICATIONS (ORAL/INJECTIONS)

- **HOLD ORAL diabetic medication(s) the DAY BEFORE and DAY OF procedure OR per MD discretion. ****This will be reviewed with you when scheduling procedure**!****
- **IF YOU TAKE INSULIN**
 - **YOU** will need to contact your **endocrinologist** or **prescribing provider**, prior to your scheduled procedure for recommendations on adjustments to these therapies during the bowel prep process and the day of your procedure.
 - This should be done **at least TWO WEEKS in advance.**
 - Bring your insulin with you to the exam.
- ***Adjustments to these therapies are to ensure your safety during the bowel prep process and procedure. Failure to contact your providers and make the necessary adjustments to your medications prior to your scheduled procedure date may result in the cancellation of your procedure*.**

CLEAR LIQUID DIET

<u>NOT ACCEPTABLE</u>	<u>ACCEPTABLE/ALLOWED</u>
<ul style="list-style-type: none"> • SOLID FOOD • ANYTHING THAT IS RED, BLUE, PURPLE • DAIRY/MILK PRODUCTS/HONEY • ALCOHOL • TOMATO JUICE OR ANY FRUIT JUICE WITH PULP 	<ul style="list-style-type: none"> • LEMON-LIME SODA (SPRITE, GINGER-ALE, 7UP, CLUB SODA) • BROTH (VEGETABLE, CHICKEN, BEEF → <u>LIQUID ONLY, NO SOLID FOOD!</u>) • WATER • BLACK COFFEE/TEA (NO CREAMERS, DAIRY/MILK, HONEY) • APPLE JUICE, WHITE GRAPE JUICE, LEMONADE • POPSCILES, ITALIAN ICE (NOT RED, BLUE, PURPLE) • JELL-O (NOT RED, BLUE, PURPLE OR MILK-BASED) • GATORADE, PROPEL, POWER-ADE (NOT RED, BLUE, PURPLE)

****Diabetic Patients:** Check your blood glucose level before all meals and at bedtime on the preparation day and on the day of the procedure. If at any time you have symptoms of low blood glucose or very high blood glucose, please call your endocrinologist or primary care physician immediately for further recommendations. Bring your blood glucose meter, test strips, and a low blood glucose treatment with you on the day of the procedure. Make sure clear liquids have calories and not labeled as “diet.”