

EGD, ERCP, GASTROSCOPY AND/OR _____ DILATION

Your Procedure is with Doctor _____ Date _____ @ _____

- 2550 Windy Hill Rd. Suite 302, Marietta (770-226-9070)
- 880 Crestmark Dr. Suite 102, Lithia Springs (678-388-2040)
- 118 Mill St. Suite 100, Woodstock (678-819-4281)

Arrival Time: _____

Scheduler: _____

The following are instructions for your procedure. Please follow the instructions carefully. You must complete the entire checklist: **No liquids or chewing gum 3 hours prior to procedure or risk delay or cancellation.** Your stomach must be empty or you risk cancellation/delay of your procedure!

Seven (7) days prior to your procedure:

- Please stop taking iron supplements or any multi-vitamins containing iron.
- Please make arrangements for an adult to stay at the facility for the duration of your procedure and drive you home.
****NO Driver = NO Procedure!**
- If you have major health problems you should discuss your health history with the anesthetist at the center. Please contact them at the center as soon as possible by calling your assigned center at the phone number above.

Please review your medications for any blood thinners (aspirin, Plavix, Arixtra, Aggrenox, Coumadin, Warfarin, Xarelto, Effient, **Eliquis**, Pradaxa, Pretal, Brilinta and others). Please stop these medications as previously instructed. **If you have been instructed to take Lovenox shots, do not take on the morning of the procedure, unless otherwise instructed.**

- **If you have not received instructions on managing these medications or have any questions please contact our office IMMEDIATELY at 678-741-5000.**

One (1) day prior to your procedure:

- Eat a light evening meal. You may drink clear liquids up to 3 hours prior to your procedure (see attached list).
- **Do not Eat or Chew anything after midnight, until after your procedure.**

******* If you are on long acting insulin, take only a half dose the evening before your procedure. *******

The day of your procedure:

- **No chewing gum or solid foods until after your procedure. Clear liquids may be consumed up to 3 hours prior to the procedure.**
- Your stomach must be empty or you risk cancellation / delay of your procedure!
- Take prescribed medications with a small sip of water with the exception of insulin and other diabetic medications.
- **Do not take any insulin or diabetic medications** the morning of your procedure, unless instructed by your physician.
- If you use an inhaler, bring it with you to your procedure.
- Please do not wear jewelry, including body piercings, or lotion to the center.

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Nothing by mouth including chewing gum, hard candy or mints 3 hours prior to procedure or risk delay or cancellation

******* Plan on a four (4) hour stay *******

A patient representative/responsible party is necessary because of the use of sedation. The doctor will not perform the procedure without knowing that a responsible party is in the waiting area.

The responsible party must:

- **Be at least 18 years of age**
- **Remain at the facility the entire time**
- **Receive discharge instructions and pertinent medical information**
- **Possibly need to assist the patient with dressing**
- **Drive the patient home**

******* If you have any questions, please contact our office at any time at 678-741-5000. *******

CLEAR LIQUID DIET INSTRUCTIONS

This diet provides foods which will leave minimal residue in the intestinal tract.

<u>GROUP</u>	<u>LIQUIDS ALLOWED</u>
Fruit Juice	Apple juice, White grape juice.
Beverages	Black coffee, tea, carbonated beverages such as Sprite® or Coca-Cola®, Gatorade®, PowerAde®, Kool-Aid®, strained lemonade. ** Make sure to AVOID all red, purple and orange coloring.
Protein	Clear broth or bouillon soups
Desserts/Sweets	Popsicles®, fruit flavored ices, flavored gelatin, Jell-O and clear hard candy. ** Make sure to AVOID all red, purple and orange coloring.
Seasoning	Lemon juice or honey for tea. Sugar for coffee. ** NO creamer.
