

Upper Endoscopy (EGD) Patient Instructions

DATE: _____ **ARRIVAL TIME:** _____ Take Elevator B to **4th Floor Atrium Towers Endoscopy Lab**

IMPORTANT: PLEASE READ CAREFULLY. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN YOUR PROCEDURE BEING CANCELED, RESCHEDULED, OR REPEATED.

- ❖ Since anesthesia is used during an EGD procedure, it is necessary for a responsible adult (family member or friend-**18 years and over**) to accompany you home.
- ❖ **Both you and your responsible adult should be prepared to stay at the hospital at least 3 hours from check-in to discharge. If they cannot stay during your procedure, your procedure will be canceled.**

On occasion, unforeseen circumstances may cause a delay in your procedure start time. We respect your time and appreciate your patience during these circumstances.

- ❖ **Please leave all valuables and jewelry (including earrings) at home--please bring protective cases for eyewear and hearing aids--wear comfortable clothing.**

If you have any questions about the cost of the procedure, you should contact your health insurance co. as soon as possible. You can also call Pre-service at Ochsner for **co-pay and deductibles at 504-842-0550.**

- ✓ Please bring a picture ID, insurance card, & copayment.

Medication	What to do
Anticoagulant/blood thinning medication Aggrenox, Brilinta, Effient, Eliquis, Xarelto Lovenox, Plavix, Pletal, Pradaxa, Ticlid,	Follow instructions from the scheduling nurse <u>Stop taking N/A prior to the procedure</u>
Coumadin through Ochsner's Coumadin Clinic	Follow instructions from the Coumadin Clinic

- ❖ **You may continue to take Aspirin until the day before your procedure or as directed by scheduling nurse.**
- ❖ **If you are diabetic see the attached instruction sheet regarding your daily medication.** Continue to monitor your blood sugar. When you begin clear liquid diet, you may drink beverages with sugar as your source of glucose.
- ❖ **If you are a female under the age of 60, please be prepared to provide a urine sample on arrival.**

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The day before procedure **DATE:** _____

BY 7:00 PM Eat a light evening meal. **No solid food after 7.00pm.** You may have clear liquids until midnight.

Please look over the **clear liquid diet** and purchase any necessary items.

CLEAR LIQUID DIET

Water, tea/**coffee (no milk or creamer)**

Clear soda (coke/sprite, ginger ale, root beer) regular and sugar-free

Jell-O, plain or fruit flavored (no pieces of fruit or toppings)

Clear juices (apple juice, white grape juice) no pulp

Sports drinks (Gatorade, Power Aid)

Clear broth soups (100% fat free beef, chicken, or vegetable)

Snowball, popsicles (no pieces of fruit, toppings or pulp)

- ❖ **Avoid dairy products (milk, creamer or smoothie) of any kind (liquid or powder)**
- ❖ **Do not drink alcohol, RED colored liquids, or drinks containing pulp**
- ❖ **No gum chewing or hard candy on **day of procedure****

The day of the procedure **DATE:** _____

If your appointment is in the afternoon you may have clear liquids until _____.

- ❖ **6 am** If you take HEART, BLOOD PRESSURE, SEIZURE, PAIN, LUNG (including inhalers/nebulizers), ANTI-REJECTION (transplant patients) or PSYCHIATRIC MEDICATIONS, please take the morning of procedure with a **sip of water** except for **diabetic (if asked to hold)**.
 - ✓ **If you take your medications at a different time other than in the morning, please take medications at your regular scheduled times as directed by your doctor.**
 - ✓ **If you begin taking any **blood thinning medications**, please contact the scheduler listed below as soon as possible.**

If you have questions regarding the prep or need to reschedule please call

Endoscopy Scheduling Department (504) 842-4030 between the hours of 7 am and 5 pm. For problems related to your prep between 5pm and 7am contact Ochsner On-call at (504) 842-3155 or 1-800-231-5257.

Notes: _____