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.

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

❖ 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.
Upper Endoscopy (EGD) Patient Instructions

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: