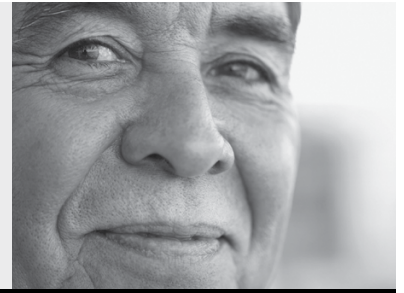


# Endoscopy Preparation



 **PRESBYTERIAN**

## **IMPORTANT!** Please read these instructions one week prior to your procedure

It will take you several days to prepare for this test. You may also need to stop taking certain medications up to a week in advance. Please read these instructions well in advance of your procedure date. We recommend that you post these instructions in a visible location at home to remind you of the various steps you will need to take.

You will need to take the day off from work.

**You will need someone to drive you home after your procedure. You cannot drive yourself home because you will be receiving sedation medication.**

We require that you contact us at least 72-hours before your scheduled test if you wish to cancel your test.

**Presbyterian Medical  
Group Gastroenterology  
(505) 224-7000**

## **Patient responsibility**

- If there are any changes with your insurance(s), please notify our office prior to your procedure date.
- After your procedure is scheduled, you may receive a call from the Presbyterian Registration department to verify your information and insurance coverage. You may call the department with registration questions at **559-1009**.
- If you need financial assistance with the cost of the procedure, or if you have financial or billing questions, please call 923-6600.
- If your insurance requires a referral, it must be current at the time of your procedure, or you may be liable for payment.
- Remember to bring your insurance card(s) with you the day of your procedure.

### **If you are taking blood thinners**

- Five days prior to your procedure, stop any Coumadin (warfarin), Plavix (clopidogrel), Persantine (dipyridamole), or Ticlid (ticlopidine).
- Three days prior to your procedure, stop any Xarelto (rivaroxaban) or Pradaxa (dabigatran etexilate).
- Two days prior to your procedure, stop Eliquis (apixaban) use. Do not discontinue these medications without instructions from your cardiologist, prescribing physician or Coumadin clinic. Contact the prescribing physician for instructions. If your physician does not want you to stop these medications, please notify our office at 224-7000.
- If you are diabetic, please contact your prescribing provider for diabetic medication instructions.

**DO NOT** take the following medications:

- **Alka Seltzer, Pepto Bismol, iron supplements.**

### **The night before**

- Do not eat after midnight.
- You may have clear liquids up until 4 hours prior to your procedure time.
- If you develop a cold, fever, cough, sore throat or chest pain before your appointment, please notify our office.

### **On the day of your procedure**

- **DO NOT EAT ANY SOLID FOODS.**
- Small amount of water/clear liquids may be consumed up to 4 hours prior to your procedure time.
- **DO NOT EAT HARD CANDY.**
- **DO NOT CHEW GUM.**
- By 6 a.m. the day of your procedure, please take your blood pressure, cardiac and seizure medications.
- Bring inhalers, reading glasses, and hearing aids if you use them.
- Remove all jewelry and leave valuables at home.

*CONTINUED ON BACK*

## Upper Gastrointestinal Endoscopy

### What you should know:

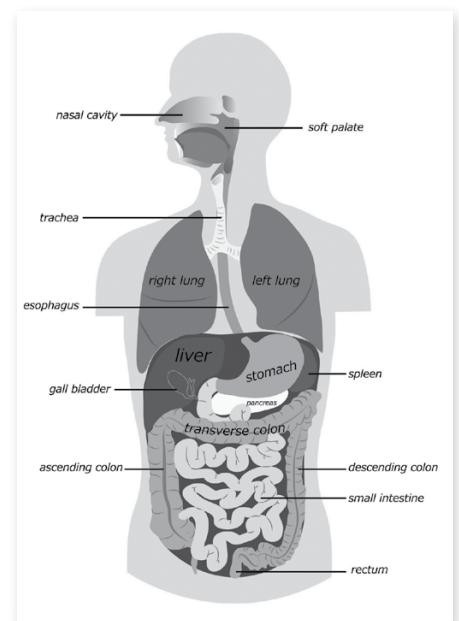
- Upper gastrointestinal (gas-tro-in-TES-ti-nal) endoscopy (en-DOS-ko-pe) is also called esophagogastroduodenoscopy (EGD). This is a procedure to examine the lining (walls) of the upper gastrointestinal tract (GIT). The upper GIT includes the esophagus (food pipe), stomach, and duodenum (first part of the small intestine). EGD is used to help diagnose diseases and other problems that affect the upper GIT. These may include inflammation (swelling), infections, tumors, ulcers (sores), bleeding, or polyps (growths).
- With EGD, caregivers use an endoscope to help see the lining of the upper GIT. An endoscope is a thin fiberoptic metal tube with a light and tiny video camera on the end. This gives caregivers a clear view of the esophagus, stomach, and duodenum while watching the images on a monitor. A small amount of tissue may be taken from the upper GIT and sent to the lab for tests. Your caregiver may also remove polyps or foreign objects, place a stent (tube), or treat bleeding during the endoscopy. With EGD, diseases of the upper GIT may be diagnosed and treatment given to relieve your symptoms.

### Risks:

- EGD is a common and safe procedure. You may have infection, or more pain or bleeding as the scope goes inside your upper GIT. You may also have a slow heartbeat, decreased blood pressure, increased sweating, or fainting (passing out). Your esophagus, stomach, or duodenum may get punctured or perforated (torn). This may be due to increased pressure while the scope and air are passing through them. Following your caregiver's advice during and after the procedure may decrease your chances of having any problems.
- Without this procedure, diseases may not be diagnosed and proper treatment may not be given. The signs and symptoms you have may continue and worsen. You may have problems swallowing, eating, or digesting food that may lead to other serious medical problems. Ask your caregiver if you are worried or have questions about your procedure, medicine, or care.

Call our office at 224-7000 if you have the following symptoms after your procedure:

- Nausea
- Vomiting
- Fever
- Chills
- Bleeding
- Abdominal pain



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