

**Upper Endoscopy (EGD) Instructions**

*Patient Name:* \_\_\_\_\_ *Appointment Date:* \_\_\_\_\_

*Location:* **Hunterdon Endosurgery Center** *Registration Time:* \_\_\_\_\_

**Physicians Office Building, 2<sup>nd</sup> Floor, Suite 204**

**1100 Wescott Drive, Flemington, NJ 08822** *Stop Solid Foods/  
Start Clear Liquids at:* \_\_\_\_\_

**908-483-4000** *Stop Clear Liquids at:* \_\_\_\_\_

**\*\*Any questions prior to the procedure, please call our scheduling department at (908) 483-4000\*\***

Now that you are scheduled for an upper endoscopy (EGD), it is important that you contact your insurance company and ask what your coverage will be for the procedure and if a referral is necessary.

**Important Notes:**

- You will need to arrange for transportation from the procedure and **MUST** be accompanied by a responsible individual. You cannot drive for the remainder of the day following your procedure.
- Please plan on discharge being approximately 2 hours from your registration time.
- Should you have an Advanced Directive (living will) and would like it to be a part of your chart, please bring it with you on the day of your procedure.
- If you have a CPAP machine bring it the day of your procedure.

**Preparation:**

Please note the time in which you are to stop solid foods. Your meal prior to the stop time should be light. Clear liquids may be consumed up to four (4) hours prior to your registration time.

**Clear Liquid Diet: *Suggested:*** Water, Black Tea, Black Coffee, Clear soda (7up, Sprite, Ginger Ale), White Grape juice, White Cranberry juice, Clear Broth (chicken or vegetable); Lemon & Lime Flavors of Jell-O, Italian Ices, Kool Aid, Popsicles, Gatorade

***Not Allowed:*** No Milk or milk products, No Dairy products, No red/purple/blue colored liquids, No alcohol, No solid food

**Medication Instructions:**

1. Let your scheduler know:
  - a. If you are on any anticoagulants (blood thinning) medications (Coumadin, Heparin, Persantine, Plavix, Lovenox, etc.) and/or inflammatory medications (Vioxx, Celebrex, Naprosyn, etc.)
  - b. If you have a pacemaker or an implanted defibrillator
  - c. If you are diabetic: speak with your primary physician for the best management of your diabetes medications for the day before and the day of your procedure.
2. **STOP** using Aspirin products 5 days prior to the procedure (includes all aspirin, baby aspirin, ibuprofen, Motrin, Advil, Nuprin, and Aleve). Tylenol may be used.
3. Take all medications as prescribed except the following medications below:

Medication	Stop Date	Medication	Stop Date
1.		4.	
2.		5.	
3.		6.	