

Elsa S. Canales, M.D.

Alfredo Camero, Jr. M.D.

## EGD PREPARATION

\_\_\_\_\_ Laredo Digestive Health Center (LDHC-Suite 219) 956-728-0030

Date: \_\_\_\_\_

\_\_\_\_\_ Other Location: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

**NOTE: You may be charged \$50.00 for appointments that YOU DO NOT KEEP or CANCEL within TWO working days.**

You have been scheduled for an EGD (Esophagogastroduodenoscopy). It is a visual examination of the upper gastrointestinal tract performed with an endoscope. You will receive intravenous sedation for this procedure.

**YOU MAY REGISTER THE DAY OF THE PROCEDURE.** Please be advised that the facility will call you at the phone numbers you provided us a few days before the procedure to confirm your time of arrival and preparation instructions. Please answer the call as changes may occur in the schedule etc. Please make arrangements for someone to drive you home after the procedure. Your driver should be someone of confidence to you that can help you with the instructions given to you at the time of discharge from the facility. You are advised to leave all jewelry and valuables at home or with a family member. The facility will not assume responsibility for items that may be lost or misplaced. If you have an implanted stimulator device, please bring the control with you to turn it off during your procedure.

**FIVE DAYS BEFORE** the procedure **HOLD ANY ANTICOAGULANTS:** examples include Coumadin (Warfarin), Plavix (Clopidogrel), Trental (Cilostazol), Pradaxa, Eliquis, Xarelto, NSAIDS (aspirin, ibuprofen, Aleve, Advil, diclofenac, naproxen, Flanax, meloxicam, celebrex). If questions about which medications to hold please contact the facility. You may use Tylenol, Darvocet, Ultram, Vicodin or Tramadol for pain.

\_\_\_\_\_ To avoid interference with testing for H. pylori, you are asked to stop any PPI (proton pump inhibitor) such as Aciphex, Dexilant, Nexium, Prevacid, Prilosec, Omeprazole, Lansoprazole, Pantoprazole etc. two (2) weeks before the procedure. You may substitute by taking Pepcid, Zantac, Famotidine or Ranitidine. Also, you are advised not to use antibiotic treatment within four (4) weeks prior to the procedure.

### **DAY OF EXAM:**

1. Your stomach must be empty. **NO SOLID FOOD** after 7 p.m. the day before the procedure. You may drink clear liquids up until five (5) hours before your arrival time.
2. You may take your blood pressure medication with a small amount of clear liquid the morning of the procedure. All other medications can wait until after the procedure.
3. If you are diabetic and use insulin, you can take ½ dose of insulin the morning of the procedure and hold all other diabetes medication(s) until after the procedure. The facility or your physician may give you different instructions for your medications.
4. **Bring a list or bring all current medications** with you to the facility.

**CLEAR LIQUID DIET:** AVOID all **RED** liquids.

Allowed liquids include: water, flavored or vitamin water, black coffee, tea, lemonade, Crystal Light, Kool-Aid, clear sodas, Sprite, 7 UP, ginger ale, apple juice, white cranberry juice, white grape juice, Jell-O gelatin (not red), popsicle, snow cones, broth (beef or chicken flavor), plain hard candy, gum, gum drops, honey, sugar or sugar substitute.

**If you are unable to keep your appointment or if you have any questions regarding the procedure, please call our office between the hours of 8:00 A.M. and 5:00 P.M.**