

EGD prep instructions

DATE: _____

Arrival Time: _____ for for registration and admitting, procedure to follow.

PROCEDURE: EGD(Esophagogastroduodenoscopy)

Your appointment is with Dr. _____.

Be sure to bring your Photo ID & Insurance cards. You will be asked for them when you check in.

****Bring a list of your medications with you to your appointment.****

If you must cancel your appointment, or have any questions regarding your prep, please call the scheduling office at **(269) 349-2266** during normal hours 8-5 Mon-Fri.

ATTENTION: IF YOU ARE ON BLOOD-THINNING MEDICATION SUCH AS COUMADIN, WARFARIN, PAVIX, PLETAL, AND AGGRENOX, PLEASE CONTACT OUR OFFICE.

A RESPONSIBLE ADULT MUST ACCOMPANY YOU UPON CHECK-IN.

- Have no solid foods or dairy after midnight the night before your procedure.
- **You may have clear liquids until 4 hours prior to leaving for your procedure.**

Because of the sedation you will receive for the procedure, you will need to avoid driving, drinking alcoholic beverages, operating power machinery, using sharp instruments, and making critical decisions the day of your procedure.

THE LIQUIDS LISTED BELOW ARE ALLOWED DURING THE PREPARATION.

Consume nothing with red dye

Coffee- NO CREAM	White cranberry juice	Jell-O (no red dye)	7-UP	Bouillon
Tea	White grape juice	Popsicles (no red dye)	Ginger Ale	Clear Broth
Gatorade	Orange Juice, no pulp	Apple Juice	Hi-C	Tang

Please bring a list of present medications and drug allergies. Please call the office if you have an allergy to latex products so precautions can be taken.

MEDICATIONS

- 1) **INSULIN** - Reduce the A.M. dosage by 1/2 on the morning of the procedure.
- 2) **COUMADIN** - Or other anticoagulants. **STOP** five (5) days prior to procedure.
PLEASE CONTACT OUR OFFICE FOR INSTRUCTIONS 269-349-2266.
- 3) **PLAVIX OR PLETAL** - **STOP** seven (7) days prior -
PLEASE CONTACT OUR OFFICE FOR INSTRUCTIONS 269-349-2266.
- 4) **ANTI-INFLAMMATORY DRUGS** - **STOP** five (5) days before the procedure.
- 5) **IRON SUPPLEMENT** - **STOP** five (5) days before the procedure.
- 6) **ORAL DIABETIC MEDICATION** - Take ½ the night before the procedure, and none the morning of the procedure.

*****All other medications may be taken as directed*****

*****Special billing notification*****

Concerning multiple billings in conjunction with your procedure.

Please take note: When an outpatient procedure is performed at a facility you will receive billings from the facility AND the physician. ALSO, if pathology is done you will also receive billings from Bronson or Borgess for handling the specimen AND from the pathologist for processing and reading.

KNOW YOUR INSURANCE

Some insurance's require a waiting period or pre-certification for inpatient and outpatient procedures. The procedure you are scheduled for is an outpatient procedure. Please check with your insurance carrier to determine if you have a waiting period or need pre-certification. If you do not obtain pre-certification and your insurance requires it, the cost of this procedure may become your financial responsibility.

Thank you