

Gastroenterology Specialties, PC
UPPER ENDOSCOPY DIRECTIONS 4 HR GRIFFIN

Patient Name: _____ DOB: _____

Location: _____ Physician: _____

Day and Date: _____ Procedure time: _____

Admit time: Please check in 45 minutes before your procedure time.

General instructions:

1. You will be contacted the week prior to the procedure to review your medical history and instructions, unless you have been seen in the office within 30 days.
2. Have a list of your medications available when the nurse calls. Medication instructions will be given to you at that time.
 - **Blood thinning medications such as Warfarin (Coumadin), Plavix, Pletal, Heparin, Aggrenox or Effient MAY need to be held for 5 days prior to the procedure.**
 - Aspirin **MAY** need to be held or the dose reduced prior to the procedure.
 - Arthritis medications such as Celebrex, Ibuprofen (Advil, Motrin, Nuprin) or Naproxen (Aleve) may need to be held prior to the procedure.
3. Do not stop any medications prior to your procedure unless you have been instructed to do so.

THE DAY PRIOR TO YOUR PROCEDURE:

1. You may eat and drink the day prior until midnight. **NO** solid food after midnight.

THE DAY OF YOUR PROCEDURE:

1. You may have **CLEAR LIQUIDS ONLY** until 4 hours prior to your procedure, and then stop drinking.
 - *Clear liquids include water, broth, clear juices without pulp, black coffee, tea, sports drinks, flavored waters, Kool-Aid, soda and Jell-O (no fruit or toppings). Drink as much as possible throughout the day. Nothing red, blue or purple colored. **NO** SOLID FOODS, MILK OR DAIRY PRODUCTS.
2. Take only the medications you have been instructed to take prior to your procedure.
3. If you are diabetic, check your blood sugar before you come and bring the result with you.
4. You **MUST** bring a responsible adult to drive you home after your procedure. No public transportation.
5. Please review your post-procedure instructions before resuming any medications.