



**Preparation Instructions:
Upper Endoscopy (EGD)
Esophagogastroduodenoscopy**

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You are scheduled for an upper endoscopy, also known as an esophagogastroduodenoscopy. This procedure is an examination of the inside of your esophagus, stomach and first part of the small intestine. This will be done with a fiber optic endoscope, which is a flexible lighted tube that directly visualizes the inside of your gastrointestinal tract.

Physician:

_____ Ellis _____ Frank _____ Godell
 _____ Long _____ Robinson _____ Stassen
 _____ Ziebert

Procedure Schedule:

Procedure Date: _____ Prep-Start Date: _____
 Arrival Time: _____ Procedure Time: _____

Your procedure is scheduled at:

____ Austin Endoscopy Center I
 8015 Shoal Creek Blvd., Ste 300
 (512) 371-1519
 ____ Cedar Park Regional medical Center, Outpatient
 Surgery (back of hospital) (512) 528-7000
 ____ Georgetown Hospital, Day Surgery Admissions
 (512) 943-3000
 ____ Oakwood Surgery Center, 2250 Round Rock Ave.
 (512) 246-8777
 ____ Round Rock Hospital, Day Surgery Admissions
 (512) 324-1000
 ____ Seton Northwest, Day Surgery Admissions (512)
 324-6000
 ____ Seton Williamson Hospital, Main Entrance
 Admissions (512) 324-4000

Please remember to arrange for a responsible adult to be with you during the procedure. If you do not have a responsible adult driver your procedure will be cancelled and rescheduled. Review the preparation schedule below for the days preceding your endoscopy. If you need further assistance please call (512) 244-2273.

<u>1 Week Prior</u>	<u>3 Days Prior</u>	<u>1 Day Prior</u>	<u>Procedure Day</u>
<p>▶ Arrange for a responsible adult to stay with you and take you home post-procedure.</p> <p>▶ If you take fiber supplements or medications containing iron discontinue those 7 days before your appointment. This includes multi-vitamins with iron.</p> <p>▶ If you have diabetes we have provided you a Diabetic Prep Sheet.</p> <p>▶ You may continue taking your "baby" or regular aspirin. Let us know if you are on Plavix or coumadin.</p> <p>▶ STOP taking these medications: _____ _____</p>	<p>▶ Last chance to cancel appointment.</p> <p>▶ Please call our office if you need to reschedule your appointment (512) 244-2273.</p> <p><u>Clear Liquid Suggestions</u></p> <p>Water Broth Coffee or tea with NO milk Gatorade Soft drinks Juices without pulp Clear Jell-O (no pudding) Popsicles</p>	<p>▶ <u>Morning Procedures:</u> Do not eat or drink anything after midnight the evening before your procedure.</p> <p><u>Afternoon Procedures:</u> you may have CLEAR LIQUIDS but nothing to drink after 8AM the morning of your procedure.</p> <p>▶ Fill out Health History form. Bring this form with you to the appointment.</p>	<p>▶ You may take your essential morning medications unless otherwise directed by your physician. Limit liquids to a few small sips to take your meds.</p> <p>▶ Be sure to bring the following:</p> <ul style="list-style-type: none"> -Responsible adult driver to stay with you and drive you home. -Insurance Cards -Health History form -Driver's License -Any Co-Insurance fees <p>▶ Arrive one hour before scheduled procedure time.</p>