

CENTER FOR DIGESTIVE CARE, INC

INSTRUCTIONS FOR EGD PREP

YOU ARE SCHEDULED TO GO TO: _____

ON _____ AT: _____ A.M. _____ P.M. YOUR

PROCEDURE WILL START AT APPROX: _____ AM _____ PM

- ❖ **Inform your Doctor if you have had a heart valve replacement, blood thinning medication or insulin for control of diabetes.**
- ❖ **You MUST have someone drive you home from the procedure.**

You will be given sedation for this procedure. **DO NOT** drive a car, drink alcohol, make any legal decisions or go to work for 12 hours after-wards.

All follow up appointments will be scheduled for 1-3 months after the procedure. If the Doctor needs to reevaluate you sooner, the Nurse or Medical Assistant will inform the patient.

- ❖ **NOTHING TO EAT OR DRINK AFTER MIDNIGHT, UNLESS INSTRUCTED BY THE NURSE OR MEDICAL ASSISTANT. OK TO TAKE MEDICATIONS WITH A SMALL AMOUNT OF WATER BY 5:00AM.**
- ❖ **If you are taking Coumadin, Plavix, Persantine, Motrin, Ibuprofen, Aleve, Aspirin or similar medications also, any vitamins with iron, please discuss with your doctor or nursing staff. Please take all other medications through out the preparation, unless instructed by the Doctor or Nurse.**
- ❖ **Please stop the above listed medications on _____.**

DIABETIC INSTRUCTIONS

If you are a Diabetic Patient, please inform the nurse and we will have special instructions for the Patient.

SPECIAL INSTRUCTIONS FOR DIABETICS

St Pete office: Any questions please call Winston (ext. 205), Lori (ext. 204)

Clearwater office: Any questions please call Nikki (727) 447-3100

ATTENTION:

- **PROCEDURE AND BIOPSY REPORTS ARE NOT AVAILABLE TO THE DOCTOR OR HIS STAFF FOR A MINIMUM OF 10 BUSINESS DAYS.**
- **PLEASE CONTACT YOUR INSURANCE COMPANY TO SEE IF AND WHAT YOUR OUTPATIENT SURGERY COPAYMENT WILL BE.**