



Diplomates-American Board of Internal Medicine and Gastroenterology

EGD INSTRUCTIONS

DATE: _____ CHECK-IN TIME: _____ PROCEDURE TIME: _____

ALL PATIENTS MUST CHECK-IN ON TIME AT THE ABOVE NOTED LOCATION WITH A DRIVER. IT IS REQUIRED THAT SOMEONE DRIVES YOU TO AND FROM YOUR APPOINTMENT

__ Desert View Endoscopy Center –12595 Hesperia Road Suite 100-Victorville, CA 92395 -Tel 760-881-3350
__ St. Mary Hospital Outpatient Surgery-18300 Outer Highway 18 - Apple Valley, CA 92307-Tel 760-242-2311

For questions about your procedure, contact our office **760-881-3377** from 8:00 AM-4:30 PM Monday-Friday. **If possible, please call 7 days in advance if you need to cancel or change your appointment.** Your co-pay for this procedure is determined by your insurance plan. Call your Membership Services to confirm the amount due at check-in if applicable.

Please visit our website for more information about your up-coming procedure. Click on patient education tab.

www.hdgastro.com

You must read all Information below carefully.

IMPORTANT PRECAUTIONS:

NOTHING BY MOUTH AFTER MIDNIGHT PRIOR TO PROCEDURE with the exception of medications with a small sip of water. (**EVEN IF YOUR APPOINTMENT IS SCHEDULED IN THE AFTERNOON, NO SOLID FOOD OR CLEAR LIQUIDS**)

IMPORTANT PRECAUTIONS:

- **Diabetics:**
 - If you take a diabetes pills, **DO NOT TAKE** it on the morning of your procedure.
 - If you use long acting insulin such as lantus, NPH or 70/30, take 1/2 of your usual dose on the day before you colonoscopy. If you take these types of insulin at night take half of your usual dose the night before the colonoscopy. If your blood sugar is low, you may drink apple juice or clear liquid with sugar.
 - If you use short acting insulin such as regular or novolog, **DO NOT** take them on the morning of the procedure.
 - Check your blood sugar more frequently the day you are taking the preparation and the day of your procedure.
- **Patients taking Blood Pressure medications and or anti-seizure medication.**
 - Please be sure to take the morning of the procedure with small sip of water after your prep.
 - **IF YOU VOMIT THE MEDICATION, PLEASE INFORM THE NURSING STAFF AT TIME OF CHECK IN.**
- **Patients taking Coumadin or Warfarin.**
 - You should hold Warfarin or Coumadin for **3 days prior** to procedure, unless instructed by your provider not to do so.
 - If you are not clear on the instruction that was given to you at our office, please contact our office to clarify or determine whether you should continue these medications at least 3 days before procedure.
- **Patients taking Pradaxa (Dabigatran); Xarelto (Rivaroxaban); Eliquis (Apixaban)**
 - You should hold Pradaxa(Dabigatran); Xarelto(Rivaroxaban); Eliquis(Apixaban) for **2 days prior** to procedure, unless instructed by your provider not to do so.
- **Patients taking aspirin, anti-inflammatory pain medications (NSAID's) or Plavix (Clopidogrel) or Effient (Prasugrel)**
 - You should hold aspirin, anti-inflammatory pain medications NSAID's, Ibuprofen, Motrin, Naproxen, Meloxicam, Diclofenac) or Plavix (Clopidogrel) Effient (Prasugrel) for **7 days prior to procedure**, unless instructed by your provider not to do so.
- If you are a dialysis patient or have a prescribed fluid restriction, notify your physician before following these instructions.
- **DO NOT TAKE Iron preparations or multivitamins with iron for one week before your exam.**
 - Take ALL other prescribed medications at your normal prescribed times.
 - Leave all jewelry at home. Wear comfortable clothing and flat shoes. **No nail polish.**
 - **Bring your picture ID, co-pay fees and/or deductible payments if applicable.**

IT IS REQUIRED THAT SOMEONE DRIVES YOU TO AND FROM YOUR APPOINTMENT

The sedation you will receive during the procedure will cause you to become drowsy and possibly forgetful. Although you will feel well, you can NOT drive for 24 hours after the procedure. Plan to take the rest of the day off work or school. Avoid making important decisions during these 24 hours. To reduce possible nausea and vomiting, resume eating gradually with easily digested foods for your first meal.

Procedure Acknowledgement

I, _____, understand and acknowledge during my visit with
Patients Name

The Gastro Group on: _____, I was given verbal and written instructions for my:
Date

- **Capsule Endoscopy; Endoscopy(EGD); EUS(upper); ERCP;**

- **I AM AWARE I NEED AN ADULT TO DRIVE ME TO AND FROM MY PROCEDURE AND/OR MUST BE A MEDICAL TRANSPORTATION VAN. NO TAXI; NO CITY BUS; NO UBER; NO LYFT; NO WALKING. NO EXCEPTIONS.**
(PROCEDURE WILL CAUSE ME TO BECOME DROWSY.)

- ***I need to notify The Gastro Group on any changes of medications; insurance; Phone number prior to my procedure date.***

Procedure Consent: The risks, benefits and alternatives were explained to the patient. Risks explained include bleeding, infection, perforation, missed cancer or missed lesions, possibilities of surgery and death. The patient had the opportunities to ask questions and is willing to proceed., consent for procedure was obtained.

I understand that it is my responsibility to notify The Gastro Group if I need to cancel and or reschedule my procedure 72hrs (3days)in advance, prior to my procedure.

Please call our billing department @ 760-881-3377 ext. 202; 203; 204 or ext 206 if you have any questions about patient financial responsibility.