

Upper Endoscopy PREP INSTRUCTIONS

- If you must cancel or reschedule your appointment, please call 678-985-2000 (72) hours prior to your scheduled appointment. There is a \$100.00 cancellation fee if you fail to cancel 72 hours in advance.

- You will be receiving IV (intravenous) sedation. You MUST have an adult companion (family member or friend) remain with you at the facility and to drive you home. You are not allowed to drive or leave the facility alone. Public transportation by yourself (taxi, Uber etc.) is not allowed.

If you fail to arrange acceptable transportation, your procedure will need to be rescheduled.

No DRIVING the day of your procedure

- **DAILY MEDICATIONS**

If you are taking Warfarin (Coumadin, Jantoven), Plavix (clopidigrel) Aspirin, Xarelto, Brilinta, Pradaxa, Eliquis, Effient, Lovenox or other blood thinners, consult with your prescribing physician to discuss the management of these medications **at least 2 weeks before your upper endoscopy. DO NOT STOP** these medications without the consent of your physician.

If you take medication for high blood pressure, seizures, asthma, thyroid disease, irregular heart beat or prednisone, you **must take your medications at 5 am.**

The Day before your exam

Do NOT eat any solid foods after 8 pm the evening before your exam. After 8 pm you may have clear liquids until 12 midnight.

- **CLEAR LIQUID**

Gatorade, Crystal Light, Pedialyte (nothing red)

Clear broth or bouillon, Coffee, tea, carbonated and non-carbonated soft drinks, strained fruit juices (no pulp), Jell-O, popsicles.

Allowed Clear liquids	Non-Clear liquids NOT ALLOWED
Gatorade, Pedialyte or PowerAde	Red or purple items of any kind
Coffee, tea (no milk or non-dairy creamer)	Alcohol
Carbonated and non-carbonated soft drinks	Milk or non-dairy creamer
Kool-Aid or other fruit flavored drinks	Juice with pulp
Apple juice, white cranberry or white grape juice	Hard Candy
Jell-O, popsicles	Any liquid you cannot see through
Strained chicken, beef or vegetable broth	

Nothing to eat or drink after midnight. No gum, candy or mints. Please refrain from smoking on the day of your exam.

Verbal instructions and copy given to patient:

Date: _____ Name: _____