

PROCEDURE INSTRUCTIONS

- Upper Endoscopy/Gastroscopy (EGD)
- EUS and/or ERCP Instructions

Elmhurst Clinic Gastroenterology

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1. Your appointment is on: (*day of the week*) _____ (*date*) _____ (*arrival time*) _____ a.m./p.m
2. You are scheduled to have your test done at (CHECK ONE):
 - Elmhurst Memorial Hospital: 155 E. Brush Hill Road. Park in Green Lot, East Entrance. 2nd floor Endoscopy registration desk.
 - North Elmhurst Location: 755 N. York St. Park in main entrance, and register at front desk.
 - Elmhurst Outpatient Surgery Center/Center for Health: 1200 South York Rd. Park in Purple Lot. Go to 1st floor registration desk. **If you do not receive your arrival time the day before your procedure by 3PM, please call the Center for Health directly at 630.758.8888.**

****Please note the facility performing your procedure will contact YOU 48-72 hours prior to your date of service to instruct you on the mandatory COVID-19 testing, NOT OUR OFFICE****

NOTE: It is the patient's responsibility to check with the insurance company to see if pre-certification is required, as well as for any questions regarding benefits, out-of-pocket costs.

Procedure Code(s): _____ **Diagnosis Code(s):** _____

****READ ALL OF THESE INSTRUCTIONS SEVERAL DAYS BEFORE YOUR SCHEDULED TEST DATE****

MEDICATIONS:

- **You may take your usual medications, including aspirin.**
- **Some Medication Exceptions:**
 - i. **DO NOT TAKE:** Iron (ferrous sulfate/ ferrous gluconate) pills, herbal supplements, multivitamins, or diet medications (i.e. Phentermine/Vyvanse) for **7 days before exam.**
 - ii. **DO NOT TAKE:** Any form of alcohol, recreational drugs and any forms of Erectile Dysfunction medications **24 hours prior to procedure.**
- **PATIENTS ON BLOOD THINNERS (ANTICOAGULANTS):** If you are on blood thinners, such as the following or any other blood thinner not listed below:
 - Apixaban (Eliquis)
 - Dabigatran (Pradaxa)
 - Edoxaban (Savaysa)
 - Warfarin (Coumadin)
 - Enoxaparin (Lovenox)
 - Heparin.
 - Rivaroxaban (Xarelto)
 - Ticagrelor (Brilinta)
 - **YOU** will need to contact your cardiologist or prescribing provider, regarding recommendations on holding these therapies prior to your scheduled procedure. This should be done **at least 2 weeks in advance**, as some medications will need to be held 5 days prior to your procedure.
- **PATIENTS ON DIABETIC MEDICATIONS:** If you are diabetic, and on medications to control your blood sugar, such as the following or any other diabetic medication not listed below:
 - Metformin (Glucophage)
 - Glucotrol (glipizide), Amaryl (glimepiride), Micronase (glibenclamide)
 - Starlix (nateglinide), Prandin (repaglinide)
 - Actos (pioglitazone), Avandia (rosiglitazone)
 - Januvia (sitagliptan), Onglyza (saxagliptan), Nesina (alogliptan), Tradjenta (linagliptan)
 - Trulicity, Tanzeum, Bydureon, Victoza
 - Invokana, Farxiga, Jardiance
 - Insulin/ Insulin Pump
 - **YOU** will need to contact your endocrinologist or prescribing provider, prior to your scheduled procedure for recommendations on adjustments to these therapies during the bowel prep process and the day of your procedure. This should be done **at least 2 weeks in advance**. Do not take your usual dose of insulin and oral diabetes medications. Bring your insulin with you to the exam.

****Adjustments to these therapies are to ensure your safety during the bowel prep process and procedure. Failure to contact these providers and make the necessary adjustments to your medications prior to your scheduled procedure date, may result in the cancellation of your procedure.****

- The following is only indicated if you are scheduled at either **ELMHURST MEMORIAL HOSPITAL OR NORTH ELMHURST** locations for your procedure. (If scheduled at Elmhurst Outpatient Surgery Center/Center for Health this does **NOT** apply to you):
 - DO NOT TAKE:** ACE Inhibitors and Angiotensin II Receptor Blockers (ARBs) night before and/or day of procedure:

- Additional Instructions:

DAY BEFORE THE PROCEDURE:

NOTHING TO EAT OR DRINK AFTER MIDNIGHT! If your procedure is scheduled in the afternoon, you may have **clear liquids only** (see below) up to 3 hours before the time of your procedure. *If you fail to keep your stomach empty for 3 hours prior to procedure time, your procedure may be **CANCELLED**.*

TRANSPORTATION

Make arrangements to have someone drive you home after the procedure. You **CANNOT** use public transportation (Uber, Lyft, Taxi). The procedure(s) involves sedation, and you will not be allowed to leave unaccompanied **NO EXCEPTIONS: YOUR PROCEDURE WILL NOT BE PERFORMED.**

WHAT TO WEAR

Wear casual clothes. Please leave jewelry and valuables at home. You may wear your dentures and eyeglasses, however these will be removed prior to the procedure. Please let the staff know that you are wearing dentures before the procedure.

WHAT TO BRING

A picture ID, proof of insurance, list of your medications and allergies, and your referral form (if your insurance requires it).

QUESTIONS/RESCHEDULING

If you have any questions, please do not hesitate to call us at 331-221-9003 (office). To cancel or reschedule, please contact the office **AT LEAST 5 Business days** prior to your scheduled procedure.

CLEAR LIQUID DIET INSTRUCTIONS:

A clear liquid diet consists of most liquids you can easily see through like water, broth and plain gelatin. These are liquid at body temperature, easily digested and leave no residue in your intestinal tract.

****Diabetic Patients:** Check your blood glucose level before all meals and at bedtime on the preparation day and on the day of the procedure. If at any time you have symptoms of low blood glucose or very high blood glucose, please call your endocrinologist or primary care physician immediately for further recommendations. Bring your blood glucose meter, test strips, and a low blood glucose treatment with you on the day of the procedure. Make sure clear liquids have calories and not labeled as “diet.”

<u>NOT ACCEPTABLE</u>	<u>ACCEPTABLE/ALLOWED</u>
<ul style="list-style-type: none">• SOLID FOOD• ANYTHING THAT IS RED, BLUE, PURPLE• DAIRY/MILK PRODUCTS/HONEY• ALCOHOL• TOMATO JUICE OR ANY FRUIT JUICE WITH PULP	<ul style="list-style-type: none">• LEMON-LIME SODA (SPRITE, GINGER-ALE, 7UP, CLUB SODA)• BROTH (VEGETABLE, CHICKEN, BEEF → <u>LIQUID ONLY, NO SOLID FOOD!</u>)• WATER• BLACK COFFEE/TEA (NO CREAMERS, DAIRY/MILK, HONEY)• APPLE JUICE, WHITE GRAPE JUICE, LEMONADE• POPSCILES, ITALIAN ICE (NOT RED, BLUE, PURPLE)• JELL-O (NOT RED, BLUE, PURPLE OR MILK-BASED)• GATORADE, PROPEL, POWER-ADE (NOT RED, BLUE, PURPLE)