PLEASE READ ALL INSTRUCTIONS CAREFULLY



NO DRINKING FLUIDS 3 FULL HOURS BEFORE YOUR PROCEDURE TIME

(Other dietary restrictions apply. Read all of the instructions attached.)

 BE AWARE ALL PATIENTS ARE REQUIRED TO COMPLETE COVID TESTING PRIOR TO PROCEDURE AS PER STATE MANDATE. You must take your Covid-19 test on: ______. Location: Caremount in Brewster (green glass building) Address: 185 Rt 312, Brewster, NY 10509. Hours: 8am-5:30pm. No appointment necessary, it is walk-in. Please bring your script with you. Any questions please call our office: 845-278-5223.

 24 HOURS ADVANCED NOTICE IS REQUIRED FOR PROCEDURE CANCELLATIONS. WE RESERVE THE RIGHT TO CHARGE A \$200 FEE THAT WILL NOT BE COVERED BY INSURANCE FOR UNEXCUSED CANCELLATIONS AND NO-SHOWS.

PLEASE BRING YOUR INSURANCE CARD & DRIVER'S LICENSE THE DAY OF YOUR PROCEDURE.

Appointment date: ____/____ Location: _____

Appointment time:	PLEASE ARRIVE BY:	***
***Your arrival time i	is subject to change, you will rece	eive a
pre-op phone call from a nurs	e a few days before your procedu	ire to confirm
important health h	istory as well as finalize arrival tin	ne.

WESTCHESTER PUTNAM GASTROENTEROLOGY

845-278-5223 -- www.westchesterputnamgastro.com Upper Endoscopy

***Please be advised that a minimum of 48 hours' notice must be given prior to the cancellation of any procedure in order to avoid a cancellation fee which is not covered by your insurance company. A time slot for you once you make your appointment and an anesthesia provider is scheduled to come to the office specially to administer your sedation. The notice we request allows appropriate and timely rescheduling of this staff when necessary. Our primary concern is efficient and cost effective care for all of our patients. Thank you for your cooperation in assigning us to meet this goal.

Upper endoscopy is a procedure for viewing the walls of the upper gastrointestinal tract including the esophagus, stomach, and duodenum (first portion of the small intestine beyond the stomach). Often abnormalities, which cannot be seen on x-ray studies, may be seen on endoscopy. In addition, tissue samples may be obtained if abnormalities are found that should be examined microscopically.

The instrument used is a flexible tube containing a small hollow channel and a light and lens system that permits visual and photographic inspection and the performance of biopsies. The instrument is passed through the mouth into the esophagus and stomach. Medication is given into the vein by the anesthesia provider in order to make you comfortable. Any known drug allergies or prior bad reactions to medications should be reported before your procedure begins.

Many patients have no recollection of the procedure due to sedation. Verbal discharge instructions will be given prior to administration of this sedation and written instructions will be given upon leaving the office. It is imperative that you not engage in any potentially hazardous activity for 24 hours, including driving an automobile. YOU MUST HAVE SOMEONE TO DRIVE YOU HOME. Your physician will discuss the findings of your upper endoscopy, preferably in the company of your escort, when you are fully awake.

<u>RISKS</u>

NO procedure can guarantee 100% diagnostic accuracy and all involve some risk. Serious complications are rare and consist of tearing, injuring, or perforating (putting a hole) in the esophagus, stomach or small bowel / bleeding / infection / having a bad reaction to sedation.

More commonly, mild bloating and belching and/or mild sore throat may be experienced after the procedure. The bloating sensation should resolve quickly once any retained air is passed and you should feel well upon leaving the office. The sore throat can be relieved with warm water and salt gargles and the use of lozenges. After discharge, please contact us immediately if you experience abdominal pain, elevated temperature, or more than a tablespoon of rectal bleeding. Report to the nearest emergency room for evaluation if you are unable to contact us for any reason.

If you have any questions about your procedure, please call the office. Our staff will be happy to assist you. YOUR UPPER ENDOSCOPY PREP INSTRUCTIONS BEGIN ON THE NEXT PAGE. Thank you for choosing Westchester Putnam Gastroenterology for your upper endoscopy.

WESTCHESTER PUTNAM GASTROENTEROLOGY 845-278-5223

ESOPHAGOGASTRODUODENOSCOPY (EGD) & ERCP

- <u>STOP</u> taking <u>ONLY</u> the following medications <u>3 days before your procedure</u>: Blood-thinning medications: Eliquis, Xarelto, Coumadin, Warfarin, Persantine, Plavix, Pradaxa, Ginkoba, etc.
- Please have NOTHING SOLID to eat after midnight the night before your procedure.
- You may continue to drink clear liquids up to 3 hours prior to your scheduled appointment. Do not have anything by mouth after this 3 hour cut off time, gum, candy, etc.
- For procedure scheduled before noon, take your blood pressure medication ONLY, unless directed otherwise during your pre-op phone call.
- For procedure scheduled for the afternoon, you may take your morning medications before 8 AM
- <u>DO NOT</u> take diabetic medication the morning of the procedure.
- Asthmatics should bring any inhalers with them to the office.
- Please DO NOT smoke the morning of the procedure.
- You must have someone drive you to and from the procedure.
- If you have any questions or concerns, please call the office.

YOU <u>MUST</u> FINISH DRINKING <u>ANY</u> KIND OF LIQUIDS (not even a sip of water is allowed) <u>THREE</u> (3) FULL HOURS PRIOR TO YOUR SCHEDULED PROCEDURE TIME. IF THIS IS NOT FOLLOWED, YOUR PROCEDURE MAY BE CANCELLED.

CLEAR LIQUID LIST

PLEASE: NO RED OR PURPLE DRINKS, POPS, OR JELLO!!!!

- ✓ CLEAR SODAS (Ginger Ale, 7up, Cola, Seltzer, Sprite)
- ✓ CLEAR JUICES WITHOUT PULP (apple, white grape, white cranberry)
- ✓ CLEAR SOFT DRINKS (clear sports drinks such as Gatorade, Kool-Aid, Crystal Light)
- ✓ ICE POPS
- ✓ JELLO
- ✓ CLEAR BROTHS OR CLEAR BOULLIONS
- ✓ ICED TEA
- ✓ HOT TEA OR BLACK COFFEE (NO MILK OR CREAM)
- ✓ WATER
- ✓ HARD CLEAR CANDY