



Procedure Instruction Packet

READ this instruction packet completely at least 7 days prior to your procedure!!

***Your procedure may be cancelled if these instructions are not followed.*

Date of Procedure: _____

Procedure Scheduled: _____

Required Arrival Time: _____

- *We ask all patients to arrive 1 hour prior to the estimated start time of their procedure.*

Estimated Start Time of Procedure: _____

- *Note: The exact time for each procedure varies from patient to patient. Our physicians give each patient outstanding care and undivided attention.*

Please print this packet out if you are receiving it by email.

It is important that you read the instructions a few times before your procedure. We recommend you set a reminder on your calendar 7-10 days prior to your procedure to ensure you are prepared and understand your restrictions.

Important: If you are scheduled for a colonoscopy, *follow our instructions **ONLY.** Do **NOT** follow the instructions within the colonoscopy prep kit you receive at the pharmacy.*

Following the instructions within this packet is very important. We want to ensure your procedure will be performed with success.

You will receive a confirmation call or text 72 hours prior to your scheduled procedure.

A copy of these instructions may also be found online at: www.mdtec.md.com

EGD Prep Instructions

Strict compliance with these instructions is necessary to ensure a safe and complete exam.

Medication / Diet / Tobacco Instructions: It is very important you read this section carefully. If you have any questions regarding your medications please call the MDTEC procedure coordinator at 410-224-3636.

- **10 days prior** to your procedure (at a minimum): you must stop taking Phentermine, or any medication containing Phentermine, such as Qsymia, Qnexa, Adipex-P, Suprenza, Fastin, Phentercot.
- **7 days prior** You must stop taking all iron supplements, vitamins, minerals and herbal supplements.
- **Blood Thinner Medications:**
 - **Stop** taking ibuprofen, Advil, Aleve and NSAIDs **at least 5 days prior** to your procedure
 - **You MAY continue to take:** once daily aspirin (81mg or 325mg daily)
 - **If you take Coumadin, Plavix, Pradaxa, Xarelto, Eliquis or other blood thinners:** You must obtain permission to withhold this medication prior to your procedure. This permission must come from the doctor that prescribes this medication for you. **Contact our pre-operative nurse for concerns or questions at 410 224-3636 Option"2"**
 - You may take Tylenol as needed.
- **No smoking the day of procedure.**
- **Blood Pressure and Heart medications:** Continue to take these medications as directed. Take them the day of your procedure with a **small sip of water** no less than 2 hours before procedure.
- **Acid Reflux medication:** Continue to take your acid reflux medication as directed. Take your medication the day of your procedure with a sip of water no less than 2 hours before procedure.
- **Diabetic medication:**
 - If you are taking diabetic medication by mouth, cut your dose in half the day before the procedure.
 - If you are taking insulin, reduce your insulin dose(s) to half the normal amount the day before the procedure.
 - If you have an insulin pump, please check with the prescribing physician (PCP or endocrinologist) for specific instructions.
 - Do not take any diabetic medication or insulin on the day of your procedure.
- **Bring a complete list** of your medications. **Also bring** your **blood pressure medicine** and **inhalers** with you on the day of your procedure.


Important!!

EGD Prep Instructions

The Day of Your Scheduled Procedure:

- ❖ Starting at midnight (12am)—**NOTHING** to eat
- ❖ You may only have sips of water up until 4 hours before your procedure.
- ❖ Stop drinking all fluids 4 hours prior to your procedure.
- ❖ If you come to MDTEC drinking fluids, your procedure will be cancelled.

Please be aware: If you have any questions or concerns regarding these instructions, please call the procedure coordinator at 410-224-3636 for further guidance. If you call before we arrive for the day, please leave a message and we will call you back as soon as we are able.

You must have a responsible driver who is 18 or older to accompany you and drive you home.

A taxi or shuttle is not an approved means of transportation **unless you have** a family member or friend with you. You may not drive until the day after your procedure. If you do not arrive with a driver, your procedure will be rescheduled, and you may be charged a cancellation fee.



MDTEC Medication Record Form

- This form must be **completed** prior to your procedure.
- Please list all prescriptions, over the counter medications, vitamins and supplements taken in the last month.
- Please remember to review medication instructions provided on page 1 of your procedure instructions.
- *If you have questions regarding your medications prior to your procedure, please call 410-224-3636 and ask to speak with our procedure coordinator.*

Medication Name	Dose	Frequency and Time(s) Taken	<u>Date / Time of Last Dose</u>

Patient Signature

Date



MDTEC

Medication Record Form

Patient Signature

Date