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.mdtecmd.com](http://www.mdtecmd.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.
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.
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.

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Patient Signature ___________________ Date ___________________
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