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 o	f Procedure:
Proced	ure Scheduled:
Requir	ed Arrival Time:
>	We ask all patients to arrive 1 hour prior to the estimated start time of their procedure.
Estima	ted Start Time of Procedure:
>	<u>Note:</u> The exact time for each procedure varies from patient to patient. Our physicians give each

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 <u>ONLY</u>. 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

EGD with Bravo Instructions Pre-procedure Antacid Restrictions

MARYLAND DIAGNOSTIC & THERAPEUTIC ENDO CENTER

> 621 Ridgley Ave, Suite 101 Annapolis, MD 21401 **T: 410-224-3636**

F: 410-972-2698

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.

- <u>10 days prior</u> to your procedure (at a minimum): you must stop taking Phentermine, or any medication containing Phentermine, such as Qsymia, Qnexa, Adipex-P, Suprenza, Fastin, or Phentercot.
- **7 days prior** to your procedure: You must stop taking all iron supplements, vitamins, minerals and herbal supplements.
 - Stop the following if you take them:
 - Prevacid (lansoprazole)
 - Prilosec (omeprazole)
 - Aciphex (rabeprazole)
 - Dexilant (dexlansoprazole)
 - Kapidex (dexlansoprazole delayed release)
 - Protonix (pantaprazole)
 - Nexium (esomeprazole)
 - Zegerid (omeprazole + sodium bicarbonate)
- Blood Thinner Medications:



- o **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)
- o <u>If you take Coumadin, Plavix, Pradaxa, Xarelto, Eliquis or other blood thinners</u>: 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. <u>Contact our preoperative nurse for concerns or questions</u> at 410 224-3636 Option"2"
- You may take Tylenol as needed.
- 3 days prior
 - Stop the following if you take them:
 - Over-The-Counter (OTC) acid suppressing medications such as Axid, Zantac, Pepcid, orTagamet.
 - Carafate
 - Reglan
- No smoking the day of procedure.
- <u>Blood Pressure and Heart medications:</u> 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.

EGD with Bravo Instructions **Pre-procedure Antacid Restrictions**

MARYLAND DIAGNOSTIC & THERAPEUTIC ENDO CENTER

> 621 Ridgley Ave, Suite 101 Annapolis, MD 21401 T: 410-224-3636

F: 410-972-2698

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.
- o 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.

The Day of Your Scheduled Procedure:

- Starting at midnight (12am)—NOTHING to eat.
- Stop taking antacids (Maalox, Tums, Mylanta, Gaviscon).
- 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.

After Discharge:

- 1. This monitoring test will last for 48 hours.
- 2. Please refer to the Bravo pH Recorder Discharge Instructions given to you at discharge.
- 3. Once you leave MDTEC, you may continue your medications as directed, eat, drink and go about your normal daily routine.
- 4. After the test has been completed, the diary and Bravo Receiver must be returned to DDA in Suite 201 at the Annapolis location.
- 5. You should <u>not</u> have an MRI for 30 days after this procedure.
- **6.** You can expect your results in approximately 10-14 days.
- 7. If you have any questions, please call 410-224-4887.



Patient Signature

MDTEC Medication Record Form

- This form must be <u>completed</u> 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	Date / Time of Last Dose

Date



Patient Signature

Date