

Upper Endoscopy/EGD Instructions

Please report to:

Northside Endoscopy Center
8424 Naab Rd, Suite 3G
Indianapolis, IN 46260

Ascension St. Vincent Endoscopy Center
Entrance #1
2001 W. 86th St.
Indianapolis, IN 46260

Ascension St. Vincent
Digestive Health Center
Entrance #1
13500 N. Meridian St.
Carmel, IN 46032

On (Date): _____

Procedure Time: _____

****To have a successful upper endoscopy, your stomach must be clear of any food or liquid. This allows your doctor to view your entire stomach. It is extremely important to follow the instructions below.****

1 Week Prior	1 Day Prior	Procedure Day
<p>* Review the medication list on Page 2 and follow instructions to determine if you need to hold any medications and/or how to take your medications on the day of the procedure.</p> <p>* You were given a health history form. If you answered "Y" to any of the questions on pg. 1 of that form and haven't yet spoken to the pre-call nurse, please call 317-224-0167 to avoid potential cancellation.</p> <p>*If you have been ill or had a respiratory illness in the last week, please call 317-872-7396 to reschedule.</p>	<p>* During the day, you may eat and drink as you normally would.</p> <p>*Please confirm your driver. Public transportation such as bus, taxi, Uber/Lyft are prohibited. If you do not have a driver and are receiving anesthesia, your procedure will be cancelled.</p> <p>*Complete your paperwork or online health questionnaire</p> <p>*NO SOLID FOOD AFTER MIDNIGHT!</p>	<p>*NO SOLID FOOD!</p> <p>*You may have liquids from the approved clear liquid list below until 4 hours prior to your procedure.</p> <p>*Stop all clear liquids 4 hours prior to your procedure!</p> <p>*Arrive 1 hour prior to your scheduled procedure time with your completed paperwork.</p>

Approved Clear Liquids: No substitutions!

- Black Coffee or Tea (NO cream, milk, or non-dairy creamer)
- Apple or White Grape juice
- Jello (NO red, orange, or purple)
- 99% Fat Free chicken or beef broth (NO bouillon cubes)
- Propel, Gatorade or Powerade (clear or lemon lime ONLY)
- Ginger Ale, 7 Up, Sprite, or Diet soda
- Water

IF YOU TAKE A BLOOD THINNER, DIABETIC MEDICATION, OR WEIGHT LOSS MEDICATION (ORAL OR INJECTABLE), PLEASE FOLLOW THE INSTRUCTIONS BELOW:

PLEASE CHECK WITH THE PHYSICIAN WHO PRESCRIBED YOUR MEDICATION, PRIOR TO DISCONTINUING IT!

BLOOD THINNERS

Name of Medication	Stop taking the medication this number of days prior to scheduled date of procedure
Brilinta/Ticargelol	3 Days
Coumadin/Warfarin/Jantoven	5 Days
Effient/Prasugrel	5 Days
Eliquis/Apixaban	2 Days
Plavix/Clopidogrel	5 Days
Pradaxa/Dabigatran	2 Days
Savaysa/Edoxaban	3 Days
Xarelto/Rivaroxaban	2 Days

DIABETIC MEDICATIONS

Name of Medication	Stop taking the medication this number of days prior to scheduled date of procedure
Brenzavvy/Bexagliflozin	3 Days
Farxiga/Dapagliflozin	3 Days
Invokana/Canagliflozin	3 Days
Jardiance/Empagliflozin	3 Days
Synjardy	3 Days

GLP1/GIP's (ADDITIONAL DIABETIC AND WEIGHT LOSS MEDICATIONS – ORAL & INJECTABLE)

Name of DAILY Medication	Stop taking the medication this number of days prior to scheduled date of procedure
Byetta/Bydureon/Exanetide	1 Day
Rybelsus/Semaglutide	1 Day
Saxenda/Victoza/Liraglutide	1 Day
Soliqua/Lixisenatide/Insuline glargine	1 Day
Xultophy	1 Day

Name of WEEKLY Medication	Stop taking the medication this number of days prior to scheduled date of procedure
Byetta/Bydureon/Exanetide	1 Week
Mounjaro/Tirzepatide/Zepbound	1 Week
Trulicity/Dulaglutide	1 Week
Wegovy/Ozempic/Semaglutide	1 Week

ALL OTHER MEDICATIONS

If you're taking medication for pain, high blood pressure, seizures, asthma, thyroid disease, irregular heartbeat, or on prednisone, you may take these with a **SMALL SIP** of water, 4 hours prior to your procedure. If you use an inhaler on a regular basis, please **USE IT THE MORNING OF THE PROCEDURE** and bring it with you.

ADDITIONAL IMPORTANT INFORMATION

For questions or to cancel call: 317-872-7396
(Choose scheduling option or leave voicemail)

Please bring your completed paperwork, photo ID, insurance cards, and a form of payment for your deductible/co-pay.

(We accept VISA, Mastercard, Discover, American Express, cash, or check).

If you have a Living Will or Advanced Directive,
please bring a copy with you.

**THANK YOU FOR CHOOSING
NORTHSIDE GASTROENTEROLOGY
and
NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER, LLC
WE WOULD LIKE TO WELCOME YOU TO OUR PRACTICE
and
HOPE WE EXCEED ALL OF YOUR EXPECTATIONS!**