

Upper Endoscopy/EGD Instructions

Please report to: Northside Endoscopy Center
8424 Naab Road, Suite 3-G
Indianapolis, IN 46260

Procedure 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>* If you have had significant illness/respiratory illness in the last week, please call 317-872-7396 to speak with the medical assistant.</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.</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 and absolutely nothing to drink, chew, or smoke 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 <u>this</u> number of days prior to 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 <u>this</u> number of days prior to date of procedure |
|---------------------------|---|
| Brenzavvy/Bexagliflozin | 3 Days |
| Farxiga/Dapagliflozin | 3 Days |
| Invokana/Canagliflozin | 3 Days |
| Jardiance/Empagliflozin | 3 Days |
| Synjardy/Januvia | 3 Days |

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

| Name of DAILY Medication | Stop taking the medication <u>this</u> number of days prior to 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 <u>this</u> number of days prior to 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, American Express, Discover, Cash and check.

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

**THANK YOU FOR CHOOSING
NORTHSIDE GASTROENTEROLOGY**

**WE WOULD LIKE TO WELCOME YOU TO OUR PRACTICE
and
HOPE WE EXCEED ALL OF YOUR EXPECTATIONS!**