EGD Instructions

4 days prior to the procedure, hol		Steroidal anti-inflaminatory medications.
Brilanta	Aggrenox	Arixtra
Coumadin	Persantine	Ticlid
Pradaxa	Fragmin	Argatroban
Dalteparin	Diclofenac	Difusinal
Ketoprofen		
It is	OK to continue aspirin 81 mg	g or 325 mg daily.
If you are diabetic:		
1 Do not take your oral med	ication on the day of your pro	cedure.
2. If you take insulin, take ½ o	of your usual dose the day bef	fore the procedure and hold your insulin the
day of your procedure.		
3. If you have an insulin pum	p, call your prescribing physic	ian for dose adjustments.
Day PRIOR to Procedure: Take a	l routine medications as you i	normally would, unless otherwise instructed as
above **If you are on Ozempi	c or Mounjaro, you must stor	these medications ONE WEEK prior to your
	procedure.	
Day of Procedure-All patients: Take Thyroid, Heart, Blood Pressure, Anti-Seizure, Breathing and /or Transplant		
Medications with a small sip of water before coming to the procedure. When you return home, you may take		
all regular medications as usual.		
all regular medications as asaan.		
		ne night before your procedure.
If your procedure is scheduled	after 1:30 PM, no solid foo	ds after midnight and you may have clear
liquids before		
	r	agos, apple or white grape juice lemonade.
Clear liquids include: black coffee, tea, carbonated beverages, apple or white grape juice, lemonade,		
limeade, broth, Ensure Clear-Peach Flavor, Gatorade/Crystal light/Sobe/Powerade, Jello, and popsicles. Avoid Alcohol, all RED or PURPLE, Solid Foods or Milk/Milk Products.		
popsicles. Avoid Alcohol, all	RED or PURPLE, Solid Fo	oods or Milk/Milk Products.
**NO ILLICIT DRUG USE 24	nours prior to procedure	Please do not wear any make-up,
cologne, and perfume or aft	ershave day of procedure	
Someone will need to bring you	to and from the procedure. Yo	ou cannot drive yourself and NO TAXIs.
	A unit can adv	
Date:	Arrive at: _	
	Is a scoop control Dr. Suits	200, 917 219 0225
Digestive Health Center of B	edford, 1600 Central Dr, Suite	2 (Charlein at Main Admissions)
Harris HEB Hospital, 1600 Ho	ospital Parkway; 817.848.2778	3 (Check in at Main Admissions)
		duce at 017 267 9/70 pyt: 122
**If you have	any questions, please call An	drea at 817.267.8470, ext: 122 our procedure without a 2 day advanced notice.
You may be charged a \$100 fee	if you reschedule or cancel y	our procedure without a 2 day advanced notice.