

Gastro Health
Gastroenterology Gastrointestinal Endoscopy Hepatology
(239) 939-9939

PREPARATION FOR UPPER ENDOSCOPY

Your procedure date is: _____

The facility you are to report to: _____

Please arrive for the procedure at: _____

You must have someone drive you home. You will be unable to drive for 24 hours.

Please follow these instructions carefully. You will either follow A or B depending on the time of day your procedure is scheduled for, not both.

A- If your procedure is scheduled in the morning before noon, do not eat, drink or chew anything after midnight on _____.

B- If your procedure is schedule in the afternoon on _____, you may have one cup 8 oz of clear liquid of your choice. Example: Coffee or Tea (no milk or cream), Popsicles (not red), Jell-O (not red), Broth, Gatorade, 7-Up/Ginger ale/Soda, Juices (apple, white grape) **before _____ am. Do not eat or drink anything after _____.**

- If you have diabetes, or you take blood thinners, please refer to special instructions given to you.
- If you take blood pressure or heart medications make sure to take them on the day of your procedure.
- If you are asthmatic, please bring your inhalers.
- Please bring a list of all your medications with the dosage, your insurance card, and glasses with you.

Please refrain from smoking the day of the procedure

Your procedure will take approximately 30 minutes. You will then spend thirty minutes to an hour in the recovery room. You will be able to resume normal activities the day after the procedure unless otherwise instructed.

Please call our office if you have any questions about the preparation
239-939-9939