



TRINITY MEDICAL MULTI-SPECIALTY GROUP

Upper Endoscopy (EGD) and/or Endoscopic Ultrasound (EUS) prep Instructions

Your procedure has been scheduled for: _____

Check in time: _____ Procedure time _____

You must cancel or reschedule 7 (seven) working days in advance in order to avoid a cancellation/reschedule fee. IF YOU DO NOT CANCEL/RESCHEDULE BEFORE PROCEDURE DATE YOU MAY BE CHARGED UP TO A \$200 CANCELLATION FEE. PHONE NUMBER FOR CANCELLING OR RESCHEDULEDING: (951) 501-4200.

You will be receiving a call from our scheduler to schedule your procedure.

What to bring

1. Insurance card, ID card and credit card or other form of payment if your insurance requires you to pay a co-pay.
2. Completed forms (if applicable) for the endoscopy center.
3. A list of all your prescription and over the counter medications
4. A responsible adult to take you home after the procedure
5. Warm socks for the procedure and flat shoes for after the procedure
6. Please avoid wearing contact lenses or bring jewelry/valuables

One week before the procedure:

1. **STOP** using **iron**, herbals and any fish oil supplements. Preferably we also advise you to stop any non-steroidal anti-inflammatory medications like ibuprofen, motrin, aleve, naprosyn for 5 days prior to your procedure. Celebrex and Tylenol are okay.
2. **If you take Coumadin, Lovenox, Plavix, Effient, Brillinta, Ticlid, Persatine or any medication that thins your blood please follow up with us as you may need to stop these medications 3-7 days before your procedure.**
 - **Lovenox (Enoxaparin) - 12 hours prior to procedure**
 - **Aggrenox (Aspirin-Dipyridamole)- 48 hours prior to procedure**
 - **Eliquis (Apaxiban)- 48 hours prior to procedure**
 - **Pradaxa (Dabigatran Etexilate) - 48 hours prior to procedure**
 - **Xarelto (Rivaroxaban) - 48 Hours prior to procedure**
 - **Warfarin (Coumadin)- 3 days prior to procedure**
 - **Brillianta (Ticagrelor) - 5 days prior to procedure**
 - **Effient (Prasugrel) – 7 days prior to procedure**
 - **Plavix (Clopidogrel)- 7 Days prior to procedure**
 - **Aspirin- you do not need to stop.**

3. **IF YOU TAKE GLP-1 AGONIST MEDICATIONS FOR TYPE 2 DIABETES OR WEIGHT LOSS, YOU MUST FOLLOW A LIQUID DIET 24 HOURS PRIOR TO YOUR PROCEDURE (see suggestions below).**

GLP-1 AGONIST MEDICATIONS:

- Ozempic
- Wegovy
- Mounjaro
- Trulicity
- Rybelsus
- Victoza
- Byetta
- Saxenda

LIQUID DIET SUGGESTIONS:

- Water (plain or flavored)
- Fruit juices (apple, white grape juice, white cranberry juice)
- Fruit flavored beverages (Lemonade, Vitamin water, Crystal light, Arizona tea, Capri Sun, Kool-Aid) (AVOID RED AND PURPLE)
- Soft Drinks (Ginger Ale, Sprite, 7-up)
- Green and Black tea or coffee (NO CREAM)
- Gatorade, PowerAde, Propel, Pedialyte (AVOID RED AND PURPLE)
- Gelatin and Jell-O (AVOID RED AND PURPLE)
- Broth (Chicken, beef, bone or vegetable broth)
- Hard Candy (Lemon drops, peppermint rounds) (AVOID RED AND PURPLE)
- Popsicles or pulp free ice pops (AVOID RED AND PURPLE)
- Italian Ices (AVOID RED AND PURPLE)

1. **Diabetics please follow below:**

- **Lantus or Long Acting Insulin:** Take only ½ the dose at **midnight before** your procedure. **Bring insulin in with you day of procedure**
- **Glimperide (Amaryl):** Hold day of procedure
- **Glucotrol (Glipizide):** Hold day of procedure
- **Glucophage (Metformin):** Hold day of procedure
- **Actos (Pioglitazone):** Hold day of procedure
- **Invokana (Canaglifozin):** Hold day of procedure
- **Januvia (Sitagliptin):** Hold day of procedure

Prep Instructions:

- **MIDNIGHT:**
 - Do not have anything to eat or drink after midnight. You may take any necessary medications with a small sip of water only.
- **PROCEDURE DAY:**
 - Do not have anything to eat or drink until after your procedure is completed

By signing this form I am confirming that I have received my prep and I fully understand instructions given to me by the medical assistant.

Patient Signature: _____ Date: _____