

EGD with BRAVO on medications

Your Procedure is with Doctor _____ Date _____ @ _____

- 2550 Windy Hill Rd. Ste 302, Marietta ***Arrive 45 mins in advance of your scheduled time
- 880 Crestmark Dr. Ste 102, Lithia Springs
- 118 Mill St. Ste: 100 Woodstock Scheduler _____

The following are instructions for your procedure. Please follow the instructions carefully. You must complete the entire checklist: **No liquids or chewing gum 3 hours prior to procedure or risk delay or cancellation.** Your stomach must be empty or you risk cancellation/delay of your procedure!

Seven (7) days prior to your procedure:

The physician has indicated that you will be undergoing this procedure while on antireflux medications. Therefore it is ok to continue any PPIs such as Nexium, Prevacid, Omperazole, Protonix, etc. As well as H2R blockers such as Pepcid, Zantac, and Tagamet and over the counter antacids such as Tums, Maalox, Mylanta, Roloids, etc.

- Please stop taking iron supplements or any multi-vitamins containing iron
- Please make arrangements for someone to be able to stay at the facility for the duration of your procedure and drive you home
- If you have major health problems you should discuss your health history with the anesthetist at the center. Please contact them at the center as soon as possible 770-226-9070

Five (5) days prior to your procedure:

If approved by the prescribing physician stop taking aspirin, Plavix, Coumadin, Effient or Pradaxa.
If you have not received instructions on managing these medications please contact our office immediately.

- Review all the endoscopy consents and fill out health history, if you did not do so recently at the office.

One (1) day prior to your procedure:

- Eat a light meal. You may drink clear liquids up to 3 hours prior to procedure see attached list.

Do Not Eat or Chew anything after midnight until after procedure

******If you are on insulin take only a half dose the evening before your procedure.*

The day of your procedure

No Chewing gum and No solid foods until after your procedure. Clear liquids may be consumed up to 3 hours prior to procedure.

- Your stomach must be empty or you risk cancellation/delay of your procedure!
- Take prescribed medications with a small sip of water with the exception of insulin and other diabetic medications.
- Do not take any insulin or diabetic medications** the morning of you procedure.
- If you use an inhaler bring it with you to your procedure.
- Please do not wear any jewelry including body piercings, or lotion to the center.

******If you have any questions, please contact our office at any time at 678-741-5000. ******

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Continued on back

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*******Plan on a 4 hour stay*******

A patient representative/responsible party is necessary because of the use of sedation. The doctor will not perform the procedure without knowing that a responsible party is in the waiting area.

The responsible party must:

- Be at least 18 years of age
- Remain at the facility the entire time
- Receive discharge instructions and pertinent medical information
- Possibly need to assist the patient with dressing
- Drive the patient home

**CLEAR LIQUID DIET INSTRUCTIONS
CLEAR LIQUID DIET**

This diet provides foods which will leave minimal residue in the intestinal tract.

*[**If you are having a colonoscopy or flexible sigmoidoscopy, please do not use any artificially colored red, purple or orange liquids such as Punch flavored Gatorade® or Red Popsicles®.]*

FOOD GROUP

FOOD ALLOWED

Fruit juice	Apple, White grape
Beverages	Coffee (no milk), tea, carbonated beverages such as Sprite® or Coca-Cola®, Gatorade®, Powerade®, Kool-Aid®, strained lemonade
Protein	Clear broth or bouillon soups
Desserts/Sweets	Popsicles®, fruit flavored ices, flavored gelatin and clear hard candy (make sure to avoid all artificial red coloring)
Seasoning	Lemon juice or honey for tea, sugar for coffee

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