



Albany Gastroenterology Consultants, P.C.

YOUR PROCEDURE IS SCHEDULED AT:

- ___ ENDOSCOPY CENTER - 1375 Washington Avenue, Albany (2nd Floor, Suite 201)
- ___ ST. PETER'S HOSPITAL - 315 South Manning Boulevard, Albany (4TH Floor, Ambulatory Surgery)
- ___ ALBANY MEMORIAL HOSPITAL - 600 Northern Boulevard, Albany (Main Entrance – Outpatient Registration)
- ___ ALBANY MEDICAL CENTER - 47 New Scotland Avenue, Albany (Outpatient Registration)

PATIENT NAME: _____ PHYSICIAN: _____

PROCEDURE DAY/DATE: _____

PROCEDURE TIME: _____ ARRIVAL TIME: _____

PREPARED BY: _____ Ext. _____

Preparation Instructions:
Upper Endoscopy (EGD)
Esophagogastroduodenoscopy - Halo

*Please remember to arrange for a responsible adult to be with you during the procedure. If you do not have a responsible adult driver, your procedure will be cancelled and rescheduled. Review the preparation schedule below for the days preceding your upper endoscopy.

*If you have a change in insurance prior to your procedure, you must notify the office immediately. If you need further assistance, please call (518) 438-4483.

1 Week Prior	3 Days Prior	1 Day Prior	Procedure Day	Day After Your Procedure
<p>Arrange for a responsible adult to stay with you and take you home post-procedure.</p> <p>PPI (i.e. Nexium) should be taken twice a day for 7 days prior.</p> <p>****IF YOU ARE AN INSULIN DEPENDENT DIABETIC, YOU MUST NOTIFY THIS OFFICE WHEN YOUR PROCEDURE IS SCHEDULED.</p> <p>You may continue your "baby" or regular aspirin. Let us know if you are on Coumadin, Plavix or Lovenox. NSAID's are not to be taken for 7 days prior.</p> <p>STOP taking these medications:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Last chance to cancel appointment.</p> <p>Our office requires a minimum of 48 hours notice when canceling or rescheduling a procedure.</p> <p>Please call our office if you need to reschedule your appointment: 518-438-4483</p>	<p>Morning Procedures: Do not eat after midnight the evening before your procedure.</p> <p>Afternoon Procedures: If your procedure is scheduled for 12:00 noon or later, you may have CLEAR LIQUIDS up to 6 hours prior to your procedure.</p> <p style="text-align: center;"><u>Clear Liquid Suggestions</u></p> <p style="text-align: center;">Water Broth or bullion consomme Coffee or tea with NO milk *Gatorade *Soft Drinks *Juices without pulp *Clear Jell-O (no pudding) *Popsicles or Italian Ice *NOTHING RED OR PURPLE</p>	<p>You may take your essential morning medications unless otherwise directed by your physician. Limit liquids to a few small sips to take your meds.</p> <p>Arrive one hour before scheduled procedure time.</p> <p>NO DRIVING – you must have a responsible adult to assist you in getting home. You cannot drive. If you do not have a responsible adult to assist you in getting home, the procedure will be canceled.</p> <p>Do not drive, operate machinery which requires alertness, or sign legal documents for 24 hours after the procedure, then only if you feel alert, i.e. no dizziness or drowsiness.</p> <p>BIOPSY RESULTS: Please call our office if you have not heard from us within 10 business days following your procedure.</p>	<p>The day after your procedure you will be on a liquid diet for 24 hours and then progress to a soft diet for six days.</p> <p>SOFT DIET: Avoid any food that you find hard to chew. To make food easier to chew and swallow, you can grind or puree it with a blender or food processor. Ground chicken or beef with gravy Cottage cheese Smooth peanut butter Soft-cooked or scrambled eggs Ice cream or ice milk without fruit or Nuts Milkshake Yogurt (plain or with soft fruits) Macaroni, pasta or noodles Mashed potatoes Soft bread Broth or bouillon Cream soup with soft vegetables Vegetable juice (tomato or V8) Soft well cooked vegetables without Seeds or skins Applesauce Custard or pudding Popsicle Butter or margarine Salad dressing</p>