

PRINCETON GASTROENTEROLOGY ASSOC. PA
Call to Schedule : 609-924-1422 Fax: 609-924-7473
Preparing For Your UPPER ENDOSCOPY

7 Days before your procedure, DO NOT take anti-inflammatory medications such as Advil, Aleve, Excedrin, Ibuprofen, Motrin, Nuprin, etc unless otherwise directed by your doctor. You may take Tylenol or acetaminophen if needed.

THE NIGHT BEFORE YOUR PROCEDURE:

You may have a normal dinner **before** 8:00 PM; you may have liquids until you go to bed (before midnight)

AFTER MIDNIGHT:

Do **NOT** eat or drink anything --- **NOT** even water. Do **NOT** have breakfast on the morning of the procedure.

Your procedure is scheduled at:

Princeton Endoscopy Center, LLC, First floor
Princeton Plaza, **Suite # 104,**
731 Alexander Rd. Princeton, NJ 08540
Tel: 609-452-1111
Parking & Entrance are at the rear of the building.

University Medical Center at Princeton-Plainsboro
Medical Arts Pavillion, 5 Plainsboro Road, 2nd Fl.
Plainsboro, NJ 08536
Tel: 609-853-7500

The procedure takes about **20 minutes**, but you should plan on being present for about **1 ½ to 2 hours**.

ON THE DAY OF THE PROCEDURE:

- You must bring your **insurance card**, and **PHOTO ID**.
- Bring a **referral** for the facility, if your insurance plan requires one.
- **Do NOT drive the entire day**. Someone **MUST** drive you to and from your appointment as you will be receiving sedation which impairs your ability to drive an automobile.
- You may take a taxi **ONLY if you are accompanied by an escort over the age of 18**. The taxi driver is **NOT** an acceptable escort.
- **NO gum, NO mints, NO cough drops within 6 hours of your arrival time.**
- Please brush your teeth the morning of the procedure: rinse & spit.
- Please bring the completed forms (2 page questionnaire & medication reconciliation) to the Princeton Endoscopy Center (If your procedure is at the hospital, bring your completed medication form).

Please take all of your usual medications including your blood pressure and heart medication upon wakening with a sip of water, except for medications you were specifically told to stop.

If you are a diabetic:

_____ Obtain specific insulin instructions for the day before & the day of the procedure from your primary doctor or endocrinologist.

_____ Do **not** take your oral diabetic medications the morning of the procedure. You will receive specific instructions about when to take it when you are discharged from the Endoscopy facility.

_____ Please **TAKE** your asthma medication, AND please **BRING** your asthma medication to your procedure.

_____ Day of procedure, take all of your vitamins and supplements **AFTER** the procedure.

If you take a blood thinner/anti-coagulant:

_____ You should **NOT** take _____ for _____ days before the procedure unless you are otherwise instructed.

_____ You should continue to take your aspirin unless otherwise instructed.

Nursing Notes: _____