

# UPPER ENDOSCOPY INSTRUCTIONS

PRINCETON GASTROENTEROLOGY ASSOCIATES

TO SCHEDULE CALL #609-924-1422 FAX #609-924-7473

## 7 DAYS BEFORE YOUR ENDOSCOPY:

Do **NOT** take **anti-inflammatory medications** such as Advil, Aleve, Excedrin, Ibuprofen, Motrin, Nuprin, etc. unless otherwise directed by your physician. You **MAY** take Tylenol or acetaminophen if necessary.

## THE NIGHT BEFORE YOUR ENDOSCOPY:

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.

## ON THE DAY OF THE PROCEDURE:

- You must bring your insurance card and photo ID.
- Bring a referral to the facility if your insurance 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 FOOD OR LIQUIDS including sips of water, gum, mints, cough drops within 6 hours of your scheduled arrival time.**
- Please brush your teeth the morning of the procedure, you can use toothpaste, just rinse & spit.
- Do not wear your contact lenses on the morning of the procedure.
- Please bring the completed forms to the facility (either the Princeton Endoscopy Center or Princeton Medical Center).
- The procedure generally takes about **20 minutes** but you should **plan on being present for about 1 ½ - 2 hours**.

## MEDICATION INSTRUCTIONS FOR THE DAY OF YOUR PROCEDURE:

\_\_\_\_\_ Please **take** your morning **PRESCRIBED** medications **with a small sip of water** as soon as you wake up, the **morning of the procedure** (except for medications you were specifically told to stop).

\_\_\_\_\_ Please **TAKE** your asthma medication(s) & please **BRING** your asthma medication to your procedure.

\_\_\_\_\_ Do **NOT** take your vitamins & supplements the morning of the procedure, but you may take them **after**.

## If you are a DIABETIC:

\_\_\_\_\_ Do **NOT** take the following **ORAL** diabetic medications the **morning** of the procedure: \_\_\_\_\_

\_\_\_\_\_ Please obtain specific instructions for the day before & the day of the procedure from your primary care doctor or endocrinologist for the following medications: \_\_\_\_\_

## If you take a BLOOD THINNER/ANTI-COAGULANT:

\_\_\_\_\_ You should **NOT** take \_\_\_\_\_ for \_\_\_\_\_ days **BEFORE** the procedure.

\_\_\_\_\_ You should **continue** to take your **aspirin** unless otherwise instructed.

## YOUR PROCEDURE IS SCHEDULED AT:

### Princeton Endoscopy Center

Princeton Plaza, **Suite #104**, 731 Alexander Road

Princeton, NJ 08540

Tel # 609-452-1111

Parking & entrance are at the rear of the building.

### Princeton Medical Center

Medical Arts Pavilion, 5 Plainsboro Road, 2<sup>nd</sup> floor

Plainsboro, NJ 08536

Tel # 609-853-7500

Nursing Notes: \_\_\_\_\_