

STILLWATER MEDICAL CENTER  
**Esophagogastroduodenoscopy (EGD) Exam—SSA**

**INSTRUCTIONS**

Check in at the main registration desk at the front of the hospital.

Time: \_\_\_\_\_ Date: \_\_\_\_\_ Day: \_\_\_\_\_

EGD stands for Esophagogastroduodenoscopy. It is an exam, which allows your physician to examine your esophagus, stomach and duodenum.

1. **Do not** smoke, use any tobacco products, or chew gum the morning of the exam.
2. **Do not** eat any food or drink anything after bedtime the night before this exam.
3. **Do not** take arthritis medicines (Aspirin, Motrin, Aleve, Ibuprofen, Naprosyn, Naproxen, Voltaren, Arthrotec, Advil, & vitamin E), Iron, Diet Pills, and Fish oil for **7 days** prior to your procedure.
4. If you are taking prescribed BLOOD THINNERS (Plavix, Coumadin, etc) YOU MUST CALL your medical doctor to see if you can temporarily STOP TAKING THEM. YOU MUST ALSO NOTIFY DR' S OFFICE IF YOU CANNOT STOP these medications **5 days** before your procedure.
5. **Do** take your regular medications (except for those instructed to stop) with a small amount of water at least 2 hours prior to your procedure.
6. If you are Diabetic, **Do not** take your insulin, byetta, or "Diabetic Pill" the Morning of the exam. You may take ½ the normal dose of your insulin the night before the procedure.
7. **Please notify** the nurse and doctor if you are having a PEG tube.

Please be sure you have someone to drive you home, as you will not be permitted to drive after the procedure if you are given any type of sedation. We are not permitted to discharge patients to taxicabs or buses. Please make arrangements with family or acquaintances. If you have any questions, **Please call 742-5653** or after 3p.m. you may call **372-1480**, and ask for the On Call Endoscopy nurse to be paged and speak with her.

I have received these instructions for an EGD exam.

\_\_\_\_\_/\_\_\_\_\_  
Patient's Signature or Person Authorized to give Consent/Relationship      Date      Time

\_\_\_\_\_  
Signature of Person Giving Instructions      Date      Time

Original to Medical Records, Copy to Patient

Reviewed/Revised: Reference: For Use On:	STILLWATER MEDICAL CENTER <b>Esophagogastroduodenoscopy (EGD) Exam—SSA</b> Patient Instructions	Patient Label (Pt Name, V#, MR#, DOB, DOS, Age, Sex, Loc, Physician)
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