

STILLWATER MEDICAL CENTER
Esophagogastroduodenoscopy (EGD) Exam—TASwafford

INSTRUCTIONS

Report to the Surgery Center Check-In Desk at:

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** take any pills, liquid stomach or esophagus medicines the morning of this exam.
2. **Do not** smoke, use any tobacco products, or chew gum the morning of the exam.
3. **Do not** eat any food or drink anything after bedtime the night before this exam.
4. **Do not** take arthritis medicines (Motrin, ibuprofen, Advil, naprosyn, Aleve, naproxen, Voltaren, Arthrotec, aspirin, & vitamin E) Iron, Vitamin’s containing iron, and bulk (fiber) laxatives (Metamucil, Citrucel, Effersyllium, etc.) for **3 DAYS** prior to your procedure. **It is okay to take Tylenol.**
5. **Do** take your Heart and Blood Pressure medications with a small amount of water at least 2 hours prior to your procedure.
6. 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 the DOCTOR PERFORMING THIS PROCEDURE if you CANNOT STOP these medications five days before your procedure.
7. If you are Diabetic, **Do not** take your insulin, byetta, or “Diabetic Pill” the Morning of the exam.
8. **Do** stop all diet pills 7 days prior to procedure.
9. **Please notify the nurse and doctor if you are having a PEG tube placed or have a history of prosthetic heart valve, endocarditis, or synthetic vascular graft (grafts less than 1 year old).**

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 405-372-1480**, and ask for the On Call Endoscopy nurse to be paged.

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: 3/11, 12/14, 6/17, 4/18 Reference: For Use On:	STILLWATER MEDICAL CENTER Esophagogastroduodenoscopy (EGD) Exam—TASwafford Patient Instructions	Patient Label (Pt Name, V#, MR#, DOB, DOS, Age, Sex, Loc, Physician)
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