



# UPPER ENDOSCOPY INSTRUCTIONS

For EGD, EUS, and ERCP procedures

| PROCEDURE DATE | ARRIVAL TIME                                 | PROCEDURE TIME |
|----------------|----------------------------------------------|----------------|
|                | Will be provided by procedure location staff |                |

## 1. YOUR PROCEDURE

|                                                                   |                                                              |                                                                                          |
|-------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>EGD</b><br>Esophagogastroduodenoscopy | <input type="checkbox"/> <b>EUS</b><br>Endoscopic Ultrasound | <input type="checkbox"/> <b>ERCP</b><br>Endoscopic Retrograde<br>Pancreaticoduodenoscopy |
|-------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------|

## 2. CHOOSE YOUR PROCEDURE LOCATION

|                                                                                                                                        |                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>HCA South Tampa Hospital</b><br>2901 W Swann Ave, Tampa, FL 33609   (813) 873-6400                         | <input type="checkbox"/> <b>Tampa Bay Endoscopy Center</b><br>4809 N Armenia Ave, Suite 100, Tampa, FL 33603   (813) 658-5037  |
| <input type="checkbox"/> <b>St. Joseph's Hospital - Main</b><br>3001 W Dr Martin Luther King Jr Blvd, Tampa, FL 33614   (813) 870-4000 | <input type="checkbox"/> <b>AdventHealth Carrollwood</b><br>7171 N Dale Mabry Hwy, Tampa, FL 33614   (813) 932-2222            |
| <input type="checkbox"/> <b>New Port Richey Surgery Center</b><br>9332 SR 54, Suite 100, Trinity, FL 34655   (727) 848-0446            | <input type="checkbox"/> <b>BayCare Surgery Center - Trinity</b><br>2020 Trinity Oaks Blvd, Trinity, FL 34655   (727) 372-4055 |
| <input type="checkbox"/> <b>Trinity Hospital</b><br>9330 SR-54 E, Trinity, FL 34655                                                    |                                                                                                                                |

## 3. EATING AND DRINKING BEFORE YOUR PROCEDURE

### IF YOUR PROCEDURE IS IN THE MORNING

Nothing to eat or drink starting at midnight.

### IF YOUR PROCEDURE IS IN THE AFTERNOON

No solid food starting at midnight.

Clear liquids are allowed until 3 HOURS BEFORE your arrival time. Nothing by mouth after that.

Diabetic patients: nothing by mouth 2 HOURS BEFORE your procedure.

## 7. MEDICAL CLEARANCE & REMINDERS

- If medical clearance was requested, have it faxed to the office at 813-644-3307. Your procedure may be cancelled if it is not received.
- The hospital or procedure location staff will contact you with your arrival time.

Procedures not cancelled within 3 business days will incur a \$150.00 fee.

## 4. MEDICATION ADJUSTMENTS

| WHEN                     | MEDICATION                          | INSTRUCTIONS                                                                                                                                                     |
|--------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WEEKS PRIOR</b>     | Blood thinners                      | If you take Coumadin, Plavix, Xarelto, Eliquis, Brilinta, or another blood thinner, contact the prescribing physician for written clearance and/or instructions. |
| <b>STOP 7 DAYS PRIOR</b> | GLP-1 medications                   | Ozempic, Wegovy, Rybelsus, Mounjaro, Zepbound, Trulicity, Victoza, or Saxenda.                                                                                   |
| <b>STOP 7 DAYS PRIOR</b> | Phentermine / weight-loss medicines | Adipex-P and combination weight-loss medicines containing phentermine.                                                                                           |
| <b>STOP 7 DAYS PRIOR</b> | Aspirin                             | Full-dose aspirin and aspirin-containing products. Baby aspirin (81 mg) is NOT stopped — keep taking it as usual.                                                |
| <b>STOP 7 DAYS PRIOR</b> | NSAIDs                              | Advil, Motrin (ibuprofen), Aleve (naproxen), and similar anti-inflammatory pain relievers. Tylenol (acetaminophen) is okay.                                      |
| <b>STOP 7 DAYS PRIOR</b> | Vitamins                            | Stop all vitamins 7 days before your procedure.                                                                                                                  |
| <b>STOP 5 DAYS PRIOR</b> | Iron, fish oil, and fiber           | Stop iron, fish-oil supplements, and fiber products such as Metamucil, Citrucel, Benefiber, or psyllium.                                                         |
| <b>STOP 3 DAYS PRIOR</b> | SGLT-2 inhibitors                   | Jardiance, Farxiga, Invokana, or Steglatro.                                                                                                                      |

**IMPORTANT: Do not stop prescription blood thinners or diabetes medicines unless your prescribing clinician or procedure team gives specific instructions.**

## 5. MEDICATION INSTRUCTIONS FOR THE DAY OF PROCEDURE

### DIABETIC PATIENTS

- Insulin-dependent: may take insulin if necessary, but at half the usual dose with close glucose monitoring. Keep a sugary clear liquid available if needed to regulate blood sugar.
- Non-insulin-dependent: hold oral diabetic medication until after your procedure.

### OTHER MEDICATION & CONDITIONS

- Unless your doctor gave other instructions, prescribed medication(s) may be taken as scheduled with a small sip of water at least 4 hours before the procedure. Take nothing else by mouth until completed.
- Asthma patients: bring your inhaler.
- Take all seizure and blood pressure medication that morning unless otherwise specified.

## 6. IMPORTANT SAFETY & TRANSPORTATION

- Tell your doctor** if you have had a heart valve replacement, take blood thinners, or use insulin.
- You MUST** have a responsible adult drive you home; your driver must be 18 or older and remain onsite.
- No Uber**, Lyft, taxi, or public transportation.
- Do not drive**, work, sign legal documents, or make important decisions for 24 hours.