

PREPARATION FOR ENDOSCOPY

Your Endoscopy is scheduled for: _____ @ _____ with Dr. _____

Please report to:

- 250 Hospital Parkway, Main Hospital 1st floor Radiology Department
- 270 International Circle, Building 2 North 2nd Floor Reception area

PLEASE DO NOT EAT ANY SOLID FOOD AFTER MIDNIGHT BEFORE YOUR PROCEDURE

5 DAYS BEFORE THE EXAMINATION

1. **If you take Aggrenox, Plavix, Coumadin (Warfarin) please let the care provider know.**

THE DAY OF THE EXAMINATION

1. **Nothing by mouth 4 hours** before the exam.
2. You may take your medications as you normally do with **small sips of water** unless directed otherwise by your physician.
3. **Diabetic patients:** If you use insulin, take $\frac{1}{2}$ of your usual dose in the morning or you may check with your Primary care provider.
4. **Arrive promptly** to your scheduled appointment.
5. **You must have someone to drive you home at the time of check-in.** (Your driver can not leave the hospital campus). The hospital regulation **prohibits** you from driving yourself home or taking alternative transportation (bus or taxi).
6. **If no one is available to take you home, your exam will be cancelled.**

FOLLOWING THE EXAMINATION

1. You should plan on light activity for the remainder of the day.
2. No driving or working.
3. You may return to your normal activities the day after your exam.
4. You will be able to eat normally **unless** instructed otherwise.

<p>To cancel or reschedule your appointment please call 408-972-6599 <u>5 days prior to exam</u> For Questions regarding your exam, please call 408-972-6599 (Do not call the advice nurse)</p>



ITEMS CONSIDERED AS CLEAR LIQUIDS

Jello:	Lime, Lemon and Orange flavored
Soda:	7-up, Sprite, Ginger-Ale and Gatorade
Popsicles:	Orange and Green colors
Boullion/Broths:	Chicken, Beef or Vegetable flavored
Juices:	White Cranberry, White Grape or Apple Juice
Tea:	With Sugar Only (No Milk, Cream or Non-Diary Products)

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