

## Upper Endoscopy (EGD) Preparation

Upper endoscopy enables the physician to look inside the esophagus, stomach, and duodenum (first part of the small intestine). The procedure might be used to discover the reason for swallowing difficulties, nausea, vomiting, reflux, bleeding, infection, tumors, indigestion, abdominal pain, or chest pain. Upper endoscopy is also called **EGD**, which stands for esophagogastroduodenoscopy (eh-SAH-fuh-goh-GAS-troh-doo-AH-duh-NAH-skuh-pee).

**Consult your Primary Care Physician if you are taking or have the following medical concerns:**

**Coumadin/Jantoven/warfarin:** Stop it four (4) days before your EGD **if approved by your physician prescribing it. Do not take this medication on the day of your procedure. Ask your physician when to resume this medication**

**Plavix (clopidogrel)/Pradaxa/Pletal (cilostazol)/Effient and Eliquis;** Stop it three (3) days before EGD-**only if approved by prescribing physician**

**Brilinta:** Stop five (5) days before EGD- **only if approved by prescribing physician**

**Aggrenox:** Stop three (3) days to five (5) days prior to EGD- **only if approved by prescribing physician**

**Xarelto/Savaysa:** Stop 24 hours before EGD- **only if approved by prescribing physician**

**Dialysis Treatment:** Alternate treatment may be used.

**\*\*Anti-Seizure Medication:** Take at least 2 hours before the scheduled EGD with a small sip of water.

**\*\*Blood Pressure/Heart Medication:** Please take your morning dose at least 2 hours before your EGD with a small sip of water.

**Insulin:** You may need to adjust your insulin dosages. Please speak with your monitoring physician for further instructions. **Ask your physician when to resume your insulin.**

**Inhalers:** Please bring your "rescue" inhaler to your appointment, even if you have not needed to use it for some time.

**Heart Valve Replacement/ Pacemaker with Internal Defibrillator**

### DAY BEFORE EGD

If you have been holding your Coumadin/Jantoven/Warfarin you will need a PT/INR (lab test) taken 24 hours prior to exam if requested by physician.

### DAY OF EGD

1. Nothing by mouth after midnight except approved **medications listed above\*\*** with a sip of water. You may brush your teeth and rinse with water. **NO GUM, MINTS OR LOZENGES. NO CHEWING TOBACCO**
2. **You will be medicated and you need to bring someone with you to drive you home.**
3. Bring a current list of medications; if Menstruating please use a tampon if possible.

**On the day of your procedure, report to the following unless otherwise instructed by your physician:**

**The Endoscopy Center of Topeka, 785.354.1254**  
2200 SW 6<sup>th</sup> Avenue, Suite 103  
Topeka, KS 66606

Check-in Date: \_\_\_\_\_  
Check-in Time: \_\_\_\_\_  
KMC Gastroenterology, 785-354-8518

**If you are unable to keep your appointment, please notify the office within 48 hours prior to your scheduled procedure.**