

Patient Name: _____

Appointment Date: _____

Check-In Time: _____

Appointment Time: _____

EGD PREPARATION
(FOR PATIENTS WITH GASTROPARESIS OR POSSIBLE DELAYED GASTRIC EMPTYING)

Your provider has decided that an esophagogastroduodenoscopy (EGD) examination is necessary to evaluate your upper digestive tract. To achieve a thorough examination, it is required that your stomach be empty. Food particles inside your stomach can hide important conditions that may be present. Your provider has identified that you are at risk for delayed gastric emptying.

Please read the following instructions carefully at least one (1) week prior to your procedure.

Important

- **The day of your procedure, do not consume ANY solid food or drink any clear liquids three (3) hours prior to your procedure.**
- **No chewing gum or tobacco chew are allowed the day of your procedure.**
- **If any of these items are consumed within three (3) hours of your procedure, your procedure may be cancelled.**

Special Considerations:

Please contact our office immediately if you have any of the following medical conditions and have not discussed them with us:

- If you take any medications that prevent your blood from clotting
 - Such as Coumadin (Warfarin, Jantoven), Plavix, Pradaxa, Effient, Xarelto (Rivaroxaban)
- History of excessive bleeding during previous surgery or dental extraction

GENERAL INFORMATION:

Please comply with the following instructions listed below:

1. **Bring all completed forms from your packet.**
2. **YOU WILL NEED A RESPONSIBLE DRIVER TO TAKE YOU HOME.** Due to the sedation given for your procedure, you cannot drive for the remainder of the day.
 - If you choose to take a taxi, UBER, Lyft or other ride service, you **MUST** still be accompanied by a responsible adult.
3. Bring in your insurance cards and a photo ID, such as a Driver's License so that we may assist you in billing our services.
 - **All co-pays, co-insurances and deductibles are due at the time of service.**
 - **Please be prepared to pay these fees on the day of your procedure.**
4. Leave all jewelry and personal valuables at home.
5. Bring any reading glasses and/or hearing aids to your procedure.
6. **Bring your inhalers if you use them.**
7. Contact Information: If you are coming from out of town or staying at a place other than your main residence, please call our office and leave a number where you will be staying in case we need to contact you.

If you have any questions regarding your procedure or these instructions, please contact our office at (775) 884-4567.

The day before the procedure: ____/____/____

- **You must start a CLEAR LIQUID DIET first thing in the morning.**
- **NO SOLID FOODS THE DAY PRIOR TO YOUR EXAM** to ensure your stomach is empty prior to procedure.
- **NO RED, PURPLE, OR GREEN COLORED CLEAR LIQUIDS**
- **NO SOLID FOODS, COFFEE, DARK COLAS, MILK OR MILK PRODUCTS ALLOWED**
- **NO ALCOHOL**
- Take all your normal prescription medications unless advised otherwise.
- Clear liquids allowed: water, clear fruit juices, soft drinks, strained soups and bouillon, Jello-O, Popsicles, black coffee or tea and Lifesavers.

The day of the procedure: ____/____/____

- **DO NOT EAT ANYTHING!**
- You may have small amounts of clear liquids such as water, clear sodas, clear fruit juices and bouillon.
- **YOU MUST HAVE NOTHING BY MOUTH THREE (3) HOURS BEFORE THE PROCEDURE**
- Take your usual AM medications (high blood pressure medication, etc. (up to three (3) hours before the procedure with small sips of water.