## **Upper Endoscopy (EGD) Prep Instructions**

#### Refer to this instruction sheet for the entire week before your Upper Endoscopy.

EGD prep instructions are extremely important for a successful procedure. If you do not follow the instructions precisely, your procedure may have to be rescheduled

### **Planning for Your EGD:**

Please read as soon as you receive this information and check off each box to indicate that you understand each item.
<ul> <li>You must have a responsible adult with you at the procedure.</li> <li>Be sure to follow your prep instructions and to bring a responsible adult driver with you. Your driver should expect to stay throughout the duration of your procedure.</li> <li>Your entire stay may take up to 3 hours. Please tell your driver that they must remain at the EGD appointment during your entire visit.</li> </ul>
☐ If you have diabetes  People with diabetes have special diet and medications instructions. Call the doctor who manages this for you for your special diet and medication instructions.
☐ If you need to reschedule Call 616.252.5775
Timeline of the Upper Endoscopy Preparation
How will I determine my EGD prep schedule?  The timeline table below will help you determine which day of the week to start your preparation.  Use a highlighter or circle the correct row to determine which day you will start the prep. The prep process will begin at the start of the day.
If you reschedule your appointment, you <b>must</b> redo the timeline table to match your new date.
My Appointment Is:
(Date/Day/Time)



### **Timeline Table**

My appointment is on a:	7 days before my appointment is a:	3 days before my appointment is a:	2 days before my appointment is a:	1 day before my appointment is a:
Monday	Monday	Friday	Saturday	Sunday
Tuesday	Tuesday	Saturday	Sunday	Monday
Wednesday	Wednesday	Sunday	Monday	Tuesday
Thursday	Thursday	Monday	Tuesday	Wednesday
Friday	Friday	Tuesday	Wednesday	Thursday

7 days before your procedure	Day/Time:	
	Fill in th	ne day according to the timeline table
Do not stop your aspirin.		
-	afe to hold and ge	nold it for the procedure. Call the doctor who et instructions on when to stop it. If you are contact your doctor.
•	•	s sulfate or polysaccharide iron complex.
Day before your procedure	Day/Time:	
	Fill in th	e day according to the timeline table
You may have your normal diet t	he day before the	procedure.
The day of your procedur	<b>e</b>	
Stop eating all solid foods after are acceptable to drink.	midnight the nig	ht before your procedure. Clear liquids
You may drink these clear liquids:		Do not drink these liquids:
☐ Gatorade <sup>®</sup> , Crystal Light <sup>®</sup> Lemonade,		☐ Alcohol
Pedialyte® or Powerade®		☐ Milk or non-dairy creamer
<ul><li>☐ Coffee or tea (black only)</li><li>☐ Carbonated or non-carbonate</li></ul>	tad aada	☐ Juice with pulp
<ul><li>☐ Carbonated or non-carbonat</li><li>☐ Fruit-flavored drinks</li></ul>	led soda	☐ Any liquid you cannot see through
☐ Apple juice, white cranberry	iuico or	Note: Nothing Red or Purple
white grape juice	Juice Oi	
□ Jell-O <sup>®</sup> or popsicles		
☐ Chicken, beef or vegetable b	oroth	

**Note: Nothing Red or Purple** 

- You may take all of your morning medicines (except for oral diabetes pills) as usual with 4 oz. of water up to 4 hours before your procedure.
- If you take oral diabetes medicine (pills), do not take the medicine the morning of your test

# 4 hours before your procedure

- Stop chewing gum
- Stop drinking all clear liquids

Bring a list of all of your current medicines with you, including any over-the-counter medicines.

