



North Shore Gastroenterology Associates, P.C.
233 East Shore Road, Suite 101
Great Neck, New York 11023
Tel: 516-487-2444
Fax: 516-487-2446
www.northshoregastro.com

UPPER ENDOSCOPY INSTRUCTIONS

PATIENT NAME: _____ DATE OF PROCEDURE: _____

DOCTOR: _____ LOCATION: _____

ARRIVAL TIME: _____ PROCEDURE TIME: _____

HOLD THE FOLLOWING MEDICATIONS: _____

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, WE ASK THAT YOU GIVE US 72 HOURS NOTICE. If you do not call, and fail to show up for your scheduled procedure you will be charged a "No Show Fee" of \$100.00.

You MUST make arrangements to have someone accompany you to your procedure. THIS PERSON MUST COME UPSTAIRS TO SIGN YOU OUT. Due to the effects of anesthesia, YOU ARE NOT ALLOWED TO DRIVE FOR THE REST OF THE DAY. For your safety we CANNOT allow you to take a taxi.

You may NOT go to work on the day of your procedure. You MUST stay home and rest for the remainder of the day.

****IMPORTANT: IF YOU ARE A SMOKER, WE STRONGLY ADVISE THAT YOU DO NOT SMOKE THE DAY OF YOUR PROCEDURE. SMOKING PRIOR TO YOUR PROCEDURE COULD CAUSE COMPLICATIONS WITH ANESTHESIA****

AT LEAST ONE WEEK PRIOR TO YOUR PROCEDURE:

1. If you take any blood thinners, such as Coumadin, Plavix or Aspirin on a daily basis, you must notify your Doctor **IMMEDIATELY!** These medications **MAY** need to be discontinued prior to your procedure.
2. If you take Insulin, you must discuss with your Doctor whether or not you need to hold off taking or reduce your morning dose the day of the procedure.
3. **STOP** taking any vitamins containing iron and/or iron supplements **ONE WEEK** prior to your procedure.

THE DAY OF THE PROCEDURE:

1. **HAVE NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR PROCEDURE. NOT EVEN WATER.**
2. **YOU SHOULD TAKE YOUR BLOOD PRESSURE AND/OR HEART MEDICATIONS EARLY IN THE MORNING WITH A SMALL SIP OF WATER. If you must take other medications on the day of the procedure, please call our office.**
3. Do not apply any lotion to your chest, arms, or legs. Please do not wear any lipstick.
4. **FEMALE PATIENTS:** Please be aware that on the day of your procedure, you may need to provide a urine sample.