



Midwest GI Health PH: 816-836-2200

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ESOPHAGOGASTRODUODENOSCOPY (EGD) PREP SHEET

PATIENT: _____

DOCTOR: _____ LOCATION: _____

PROCEDURE DAY: _____ DATE: _____

ARRIVAL TIME: _____ PROCEDURE TIME: _____

AT LEAST A WEEK BEFORE YOUR PROCEDURE: Check with your prescribing doctor to make sure it is safe to **HOLD** prescription blood thinners, such as Coumadin®, Plavix®, Pradaxa®, Xarelto®, Warfarin, Eliquis® or iron supplements. Please get permission to stop these **4 days prior** to your procedure.

NPO STATUS: During your procedure you will be administered either general anesthesia or heavy sedation. For your safety, it is essential you follow these guidelines:

- **No GUM, CANDY, MINTS, CIGARETTE SMOKING or TOBACCO USE 4 hours prior to your arrival time.**
- **NOTHING TO EAT OR DRINK AFTER MIDNIGHT.**
- **If your procedure is in the afternoon, NO FOOD after midnight but you may have clear liquids only until _____. You must remain fasting after this time.**

THE DAY OF YOUR PROCEDURE:

- If you take insulin or oral diabetic medication, you are advised to **HOLD** and **DO NOT TAKE** on the day of your procedure. Bring it with you.
- Take any routine heart, blood pressure or seizure medication with a **SMALL** sip of water at least two hours before your procedure.

YOU MUST HAVE WITH YOU:

- A responsible adult to drive you home. This individual must be present when you check-in and stay at the facility during the procedure or your procedure will be **CANCELLED**.
- A list of all medications you are now taking, including over-the-counter products and herbal supplements.
- A list of any allergies you have.
- If you have a Pacemaker/AICD please bring in your Pacemaker/AICD card.

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**Any questions, please contact us at:
MIDWEST GI HEALTH: 816-836-2200**