PREP FOR ESOPHAGOGASTRODUODENOSCOPY (EGD)
FLEXIBLE SIGMOIDOSCOPY

DAY BEFORE PROCEDURE:

1 **NO SOLID FOODS ALL DAY**.

2**. CLEAR LIQUID DIET ALL DAY**. Examples: Black coffee, tea, apple juice, white grape juice, soft drinks, Gatorade, Tang, bouillon (chicken, beef or vegetable), plain Jell-O, Popsicles, and hard candy. **NO RED DRINKS, RED JELL-O, OR RED JUICES. NO MILK OR MILK PRODUCTS.**

3. At 2:00 p.m. TAKE TWO (2) **Dulcolax tablets**.

4. At 7:00p.m. take one (1) 10 ounce bottle of **Citrate of Magnesia.**

DAY OF PROCEDURE:

1.**Do not eat or drink anything**, not even water. You may brush your teeth.

*** If this procedure is scheduled for 12 noon or later, BEFORE 8: a.m., you may have a clear liquid breakfast, then NOTHING TO EAT OR DRINK, NOT EVEN WATER, until after your procedure.

2. SPECIAL INSTRUCTIONS FOR ROUTINE MEDICATIONS:

Heart Medicines	Take with a sip of water only
Blood Pressure Medicine	Take with a sip of water only
Insulin	_____
Blood thinner	Stop 5 days before procedure
Aspirin or aspirin like products	Stop 5 days before procedure
Advil, Motrin, Ibuprofen, Naprysn, Goodies, BC's et.	Stop 5 days before procedure
Iron Preparations	Stop 5 days before procedure
Vitamin E	Stop 5 days before procedure
Oral Diabetic Medicines	Hold morning of procedure
Other	_____

3. IF YOU ARE DIABETIC: CHECK YOUR BLOOD SUGAR PRIOR TO COMING TO THE OFFICE FOR YOUR PROCEDURE.

4. Take one (1) Plain Fleet Enema (green and white box). Be finished one to one-and–a–half (1–11/2) hours before you are due for your procedure.

5 **REPORT** to: **2675 N. Decatur Road**, **Suite 506, Decatur, GA 30033**

or

Dekalb Medical Center (go through ER entrance)

Arrival Time _____ Scheduled time _____ Day _____ Date _____

6**. NO RIDE – NO PROCEDURE. SOMEONE MUST ACCOMPANY YOU, AND DRIVE YOU HOME.**

7. Bring a list of all of your medications Prescription and over the counter)

8. Plan to be at the office or hospital 1 ½ to 2 ½ hours.

9. If you have any further questions or need to reschedule, please call the office at **(404) 299-1679** as soon as possible. Ask to speak to _____

You will be required to pay any outstanding balances or co-pays prior to the procedure being performed.