

UPPER ENDOSCOPY INSTRUCTIONS

PRINCETON GASTROENTEROLOGY ASSOCIATES

TO SCHEDULE CALL #609-796-7816 FAX #609-924-7473

7 DAYS BEFORE YOUR ENDOSCOPY:

Do **NOT** take **anti-inflammatory medications** such as Advil, Aleve, Excedrin, Ibuprofen, Motrin, Nuprin, etc. unless otherwise directed by your physician. You **MAY** take Tylenol or acetaminophen if necessary.

THE NIGHT BEFORE YOUR ENDOSCOPY:

You may have a normal dinner **before** 8:00 PM. You may have liquids until you go to bed (before midnight).

AFTER MIDNIGHT:

Do **NOT** eat or drink anything --- **NOT** even water. Do **NOT** have breakfast on the morning of the procedure.

ON THE DAY OF THE PROCEDURE:

- You must bring your insurance card and photo ID.
- Bring a referral to the facility if your insurance requires one.
- **DO NOT DRIVE THE ENTIRE DAY!** Someone **MUST** drive you to and from your appointment as you will be receiving sedation which impairs your ability to drive an automobile. You may take a taxi **ONLY if you are accompanied by an escort over the age of 18**. The taxi driver is NOT an acceptable escort.
- **NO FOOD OR LIQUIDS including sips of water, gum, mints, cough drops within 6 hours of your scheduled arrival time.**
- Please brush your teeth the morning of the procedure, you can use toothpaste, just rinse & spit.
- Do not wear your contact lenses on the morning of the procedure.
- Please bring the completed forms to the facility (either the Princeton Endoscopy Center or Princeton Medical Center).
- The procedure generally takes about **20 minutes** but you should **plan on being present for about 1 ½ - 2 hours**.

MEDICATION INSTRUCTIONS FOR THE DAY OF YOUR PROCEDURE:

_____ Please **take** your morning **PRESCRIBED** medications **with a small sip of water** as soon as you wake up, the **morning of the procedure** (except for medications you were specifically told to stop).

_____ Please **TAKE** your asthma medication(s) & please **BRING** your asthma medication to your procedure.

_____ Do **NOT** take your vitamins & supplements the morning of the procedure, but you may take them **after**.

If you are a DIABETIC:

_____ Do **NOT** take the following **ORAL** diabetic medications the **morning** of the procedure: _____

_____ Please obtain specific instructions for the day before & the day of the procedure from your primary care doctor or endocrinologist for the following medications: _____

If you take a BLOOD THINNER/ANTI-COAGULANT:

_____ You should **NOT** take _____ for _____ days **BEFORE** the procedure.

_____ You should **continue** to take your **aspirin** unless otherwise instructed.

YOUR PROCEDURE IS SCHEDULED AT:

Princeton Endoscopy Center

Princeton Plaza, **Suite #104**, 731 Alexander Road

Princeton, NJ 08540

Tel # 609-452-1111

Parking & entrance are at the rear of the building.

Penn Medicine Princeton Health

Medical Arts Pavilion, 5 Plainsboro Road, 2nd floor

Plainsboro, NJ 08536

Tel # 609-853-7500

Nursing Notes: _____