



TO ENSURE A SUCCESSFUL PROCEDURE, PLEASE FOLLOW ALL INSTRUCTIONS ON THIS SHEET CAREFULLY. FAILURE TO DO SO COULD RESULT IN YOUR PROCEDURE BEING POSTPONED OR CANCELLED.

PLEASE NOTIFY OUR OFFICE IF YOU HAVE ANY OF THE FOLLOWING AFTER YOUR OFFICE VISIT AND PRIOR TO YOUR PROCEDURE DATE: HEART PROBLEMS/CARDIAC EVENTS, LUNG PROBLEMS, PENDING WORKUPS WITH CARDIOLOGY AND/OR PULMONOLOGY.

1 WEEK (7 DAYS) BEFORE YOUR ESOPHAGOGASTRODUODENOSCOPY (EGD)	THE DAY OF YOUR ESOPHAGOGASTRODUODENOSCOPY (EGD)
<ul style="list-style-type: none"> • STOP TAKING THE FOLLOWING MEDICATIONS AND/OR SUPPLEMENTS: <ul style="list-style-type: none"> ◦ <u>IRON</u> AND ALL VITAMINS CONTAINING IRON ◦ <u>GLP-1 AGONISTS, SUCH AS:</u> OZEMPIC, RYBELSUS, WEGOVY, MOUNJARO, ADLYXIN, VICTOZA, BYDUREON, BYETTA, OR TRULICITY • <u>CONTACT OUR OFFICE OR YOUR PRESCRIBING PROVIDER FOR INSTRUCTIONS ON BLOOD THINNERS</u> • IF YOU ARE TAKING AN H2 BLOCKER OR PROTON PUMP INHIBITOR (PPI) SUCH AS OMEPRAZOLE, PROTONIX, ETC. YOU MUST ASK YOUR DOCTOR FOR INSTRUCTIONS ON HOLDING THAT MEDICATION BEFORE YOUR PROCEDURE. 	<p>MEDICATIONS:</p> <ul style="list-style-type: none"> • IF YOU TAKE BLOOD PRESSURE, REFLUX/GERD, OR SEIZURE MEDICATIONS, PLEASE TAKE THEM WITH A SIP OF WATER THE MORNING OF YOUR PROCEDURE. <ul style="list-style-type: none"> ◦ NO OTHER MEDICATION UNTIL AFTER THE PROCEDURE. ◦ IF YOU HAVE A QUESTION ABOUT WHICH MEDICATION(S) YOU CAN OR CANNOT TAKE, PLEASE CALL OUR OFFICE. <p>PLEASE NOTE:</p> <ul style="list-style-type: none"> • <u>NO DRIVING:</u> YOU MUST HAVE A RESPONSIBLE PERSON DRIVE YOU TO AND FROM THE FACILITY AND PLAN TO STAY WITH YOU AT HOME. • PLAN TO BE AT THE FACILITY FOR 2-3 HOURS. • WEAR COMFORTABLE CLOTHES THAT ARE EASY TO DRESS/ UNDRRESS • WEAR SHOES THAT ARE EASY TO GET ON/OFF • BRING PHOTO ID AND INSURANCE CARD • YOU CAN HAVE YOUR CELL PHONE, BUT WE MAY ASK THAT IT BE TURNED OFF DURING THE PROCEDURE • BRING YOUR READING GLASSES OR HEARING AIDS IF YOU USE THEM. • LEAVE ALL JEWELRY AND VALUABLES AT HOME • <u>BRING ALL YOUR MEDICATIONS IN THEIR BOTTLES</u>
<p>3 DAYS BEFORE YOUR ESOPHAGOGASTRODUODENOSCOPY (EGD)</p> <ul style="list-style-type: none"> • STOP TAKING THE FOLLOWING MEDICATIONS AND/OR SUPPLEMENTS: <ul style="list-style-type: none"> ◦ <u>SGLT2 INHIBITORS, SUCH AS:</u> FARXIGA, JANUVIA, JARDIANCE, INVOKANA, SYNJARDY, ETC. (SEE MEDICATION LIST) 	<p>ARRIVE AT THE FACILITY:</p> <p>SOUTHEASTERN ENDOSCOPY CENTER 2200 HAMILTON ROAD, SUITE A COLUMBUS, GA 31904</p> <p>AT THIS TIME:</p> <p>_____:____ AM/PM</p>
<p>1 DAY BEFORE YOUR ESOPHAGOGASTRODUODENOSCOPY (EGD)</p> <ul style="list-style-type: none"> • <u>YOUR STOMACH MUST BE EMPTY FOR THE PROCEDURE</u> • PLAN TO EAT LIGHTER/ LESS FOOD THAN YOU NORMALLY WOULD THROUGHOUT THE DAY. • EAT A LIGHT DINNER NO LATER THAN 8:00 PM. • DRINK PLENTY OF WATER AND STAY HYDRATED • DO NOT DRINK ALCOHOL. • <u>12:00AM/MIDNIGHT:</u> NOTHING MORE TO EAT OR DRINK(NPO). NO GUM, NO SMOKING, NO VAPING, NO NICOTINE PRODUCTS OF ANY KIND. 	

SEE FLIPSIDE OF THIS DOCUMENT FOR ADDITIONAL, IMPORTANT INFORMATION



IMPORTANT FACTS AND FREQUENTLY ASKED QUESTIONS

QUESTION(S):	ANSWER(S):
<p>Q. WHAT HAPPENS AFTER MY PROCEDURE IS ORDERED BY MY GASTROENTEROLOGIST?</p>	<p>A. ONE OF OUR SCHEDULERS AT SOUTHEASTERN ENDOSCOPY CENTER WILL REACH OUT TO YOU WITHIN 1-2 WEEKS TO GET YOUR PROCEDURE SCHEDULED. IF YOU REQUIRE A MEDICAL CLEARANCE FOR YOUR PROCEDURE, WE WILL REQUEST THE CLEARANCE FROM YOUR PHYSICIAN AND SCHEDULE YOUR PROCEDURE ONCE WE HAVE THE CLEARANCE.</p>
<p>Q. WHAT SHOULD I DO IF I TAKE A BLOOD THINNER MEDICATION? I.E.: COUMADIN, PLAVIX, XARELTO, ELIQUIS, ETC.</p>	<p>A. LET YOUR GASTROENTEROLOGIST KNOW WHICH BLOOD THINNER MEDICATION YOU TAKE AND WHICH DOCTOR PRESCRIBES THE MEDICATION. ONE OF OUR SCHEDULERS WILL GET A CLEARANCE LETTER FROM YOUR PHYSICIAN AND CALL YOU TO REVIEW WHEN TO HOLD THE BLOOD THINNER BEFORE YOUR PROCEDURE.</p>
<p>Q. WHAT SHOULD I DO IF I TAKE A GLP-1 OR SGLT 2 MEDICATION FOR WEIGHT LOSS OR DIABETES? I.E.: OZEMPIC, MOUNJARO, JARDIANCE, JANUVIA, ETC.</p>	<p>A. <u>GLP-1</u> MEDICATIONS SHOULD BE HELD FOR <u>7 DAYS</u> PRIOR TO YOUR PROCEDURE AND <u>SGLT 2</u> MEDICATIONS SHOULD BE HELD <u>3 DAYS</u> PRIOR TO YOUR PROCEDURE. IF YOU DID NOT ALREADY GET INSTRUCTIONS WITH YOUR PACKET, CALL SOUTHEASTERN ENDOSCOPY CENTER AND TALK TO A NURSE OR SCHEDULER TO REQUEST ADDITIONAL MEDICATION INSTRUCTIONS FOR YOUR PROCEDURE.</p>
<p>Q. WHAT SHOULD I DO IF I HAVE DIABETES?</p>	<p>A. IF YOU DID NOT ALREADY GET INSTRUCTIONS, ASK FOR THE DIABETIC INSTRUCTIONS SHEET WHEN YOU SCHEDULE YOUR PROCEDURE, OR CALL SOUTHEASTERN ENDOSCOPY CENTER AND TALK TO A NURSE OR SCHEDULER TO REQUEST DIABETIC INSTRUCTIONS FOR YOUR PROCEDURE.</p>
<p>Q. SHOULD I CALL SOUTHEASTERN ENDOSCOPY CENTER IF I HAVE ANY NEW HEALTH PROBLEMS AND/OR PENDING TESTS BEFORE MY PROCEDURE DATE?</p>	<p>A. YES! IT IS <u>VERY IMPORTANT</u> THAT WE KNOW OF <u>ANY</u> CHANGES TO YOUR HEALTH. CALL SOUTHEASTERN ENDOSCOPY CENTER AND SPEAK TO A NURSE TO NOTIFY THEM OF ANY CHANGES IN YOUR HEALTH STATUS PRIOR TO YOUR PROCEDURE. THIS HELPS US SAFELY CARE FOR YOUR AND PREVENT A LAST MINUTE CANCELLATION OF YOUR PROCEDURE(S).</p>
<p>Q. WHO DO I CALL IF I NEED TO CANCEL OR RESCHEDULE MY PROCEDURE?</p>	<p>A. PLEASE NOTIFY US AS SOON AS POSSIBLE IF YOU NEED TO CHANGE YOUR VISIT. CALL SOUTHEASTERN ENDOSCOPY CENTER AT 762-396-1021, EXTENSION 329, 418, OR 402 AND SPEAK TO A PROCEDURE SCHEDULER.</p>
<p>Q. HOW LONG WILL MY PROCEDURE TAKE?</p>	<p>A. YOU SHOULD PLAN TO BE AT OUR CENTER FOR 2-3 HOURS FOR YOUR PROCEDURE. WHILE WE DO OUR BEST TO STAY ON SCHEDULE AND GET YOUR PROCEDURE DONE IN A TIMELY FASHION, PLEASE BE AWARE THAT YOUR ACTUAL TIME MAY VARY. SOMETIMES PROCEDURES CAN TAKE LONGER THAN EXPECTED DEPENDING ON THE DEGREE OF DIFFICULTY AND/OR FINDINGS. WE DO ASK FOR YOUR PATIENCE AND FLEXIBILITY.</p>
<p>Q. WHERE ARE YOU LOCATED?</p>	<p>A. WE ARE LOCATED AT <u>2200 HAMILTON ROAD SUITE A, COLUMBUS, GA 31904</u>. WE ARE NEXT DOOR TO THE SOUTHEASTERN GASTROENTEROLOGY CLINIC IN THE LIGHT GRAY BRICK BUILDING.</p>