



* Peter Kvpil, MD * Shail Maheshwari, MD * Apurv Varia, MD * Matthew Clark, MD * Rambabu Chalasani MD * Avais Chatha, MD

Dr. Avais Chatha, MD, FACP PREPARATION FOR ENDOSCOPY (EGD)

FACILITY: _____ **DATE:** _____ **ARRIVAL TIME:** _____

IF YOU ARE SCHEDULED AT HOSPITAL, THE NURSE WILL CALL WITH YOUR ARRIVAL TIME 1-2 DAYS PRIOR TO YOUR PROCEDURE

- _____ **DAYS PRIOR TO YOUR PROCEDURE:** STOP TAKING ANY WEIGHT LOSS MEDICATIONS / INJECTIONS OR YOUR PROCEDURE WILL BE CANCELLED (EX: OZEMPIC, MOUNJARO, SEMAGLUTIDE, PHENTERMINE)
- **5 DAYS PRIOR TO YOUR PROCEDURE:** STOP TAKING ANY VITAMINS, SUPPLEMENTS, OR NSAIDS (IRON SUPPLEMENT, FISH OIL, ADVIL, MOTRIN, IBUPROFEN, ETC)
- **DIABETIC PATIENTS:** IF TAKING LONG-ACTING INSULIN, TAKE ½ OF YOUR NORMAL DOSE ON THE DAY OF PREP. HOLD ALL ORAL DIABETIC MEDICATIONS ON THE DAY OF THE PREP.
- PLEASE HOLD BLOOD THINNER _____ FOR _____ DAYS PRIOR TO PROCEDURE
- OK TO **TAKE ROUTINE MEDICATIONS SUCH AS BLOOD PRESSURE MEDICATIONS** WITH A SMALL SIP OF WATER, AT LEAST 2 HOURS PRIOR TO PROCEDURE, UNLESS ADVISED OTHERWISE

NOTHING TO EAT OR DRINK AFTER MIDNIGHT ON THE DAY BEFORE YOUR PROCEDURE. HOWEVER, YOU MAY HAVE A CLEAR LIQUID DIET UP TO 2 HOURS PRIOR TO YOUR PROCEDURE TIME. NOTHING BY MOUTH AFTER THAT. PLEASE SEE CLEAR LIQUID DIET EXAMPLES BELOW. NOTHING WITH ANY RED, BLUE, OR PURPLE DYE. NO ALCOHOL. NO DAIRY.

EXAMPLES OF CLEAR LIQUIDS:

- Water (*plain or flavored*), tea and coffee (*no milk, no creamer or other dairy*)
- Pedialyte (*no red or purple*)
- Clear chicken broth and consommé
- Apple juice and white grape juice
- Lemonade and limeade (*no pulp*)
- Sprite, 7-up and Ginger Ale
- Gatorade, Powerade and Kool-Aid (*no red or purple coloring*)
- Jell-O and ice popsicles (*no red or purple coloring, no fruit or pulp, no dairy*)
- Coconut water (*no coconut milk*)



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THE DAY OF THE PROCEDURE: NO GUM, NO CANDY, NO TOBACCO. FOLLOWING PROCEDURE, YOU ARE ABLE TO RESUME A NORMAL DIET, UNLESS INSTRUCTED OTHERWISE.

TRANSPORTATION: YOU CAN NOT DRIVE YOURSELF HOME. YOU WILL NEED A RESPONSIBLE FAMILY MEMBER OR FRIEND OF AT LEAST 18 YEARS OR OLDER TO TAKE YOU HOME FOLLOWING YOUR PROCEDURE. YOU ARE NOT ALLOWED TO USE A RIDE SHARE COMPANY SUCH AS UBER, LYFT, OR TAXIS. YOU CAN USE A MEDICAL TRANSPORT SERVICE IF YOU ARE UNABLE TO FIND A RIDE. **YOUR PROCEDURE WILL BE CANCELLED IF YOU DO NOT HAVE APPROPRIATE TRANSPORTATION.**

PLEASE GIVE THE OFFICE AT LEAST 2 DAYS OF NOTICE FOR ANY CANCELLATION OR RESCHEDULING TO AVOID A CANCELLATION FEE, UNLESS IT IS AN EMERGENCY.

PLEASE NOTE: IF BIOPSIES ARE TAKEN DURING YOUR PROCEDURE, PLEASE ALLOW UP TO 7-10 BUSINESS DAYS FOR OUR OFFICE TO OBTAIN THE RESULT(S).

PATIENT FINANCIAL RESPONSIBILITY - WHO YOU MAY OWE:

PLEASE EXPECT TO RECEIVE 3 – 4 BILLS FOR YOUR PROCEDURE AS DISCUSSED BELOW:

1. PHYSICIAN SERVICES/ PHYSICIAN FEES: PERFORMANCE OF THE PROCEDURE BY THE PHYSICIAN
2. FACILITY FEES: LOCATION OF SERVICE
3. ANESTHESIA: SEDATION FOR THE PROCEDURE PROVIDED BY ANESTHESIA PROVIDER
4. PATHOLOGY: FOR ANY BIOPSIES, REMOVAL OF TISSUE, AND/OR POLYPECTOMIES.

****IF YOU HAVE ANY QUESTIONS REGARDING YOUR FINANCIAL RESPONSIBILITY FOR THE PROCEDURE, PLEASE CONTACT THE OFFICE'S BILLING DEPARTMENT FOR FURTHER INFORMATION.**

***FOR ANY QUESTIONS OR CONCERNS, PLEASE CALL THE OFFICE AT
936-321-5440.**